CMA board finalizes response to federal abortion bill

Patrick Sullivan

The CMA Board of Directors has given final approval to a brief outlining the association's stand on Bill C-43, the abortion legislation introduced by the federal government last fall. It will be presented to the House of Commons legislative committee studying the bill early in the new year.

The abortion issue dominated the board's December meeting as members discussed the brief and background information in detail. The brief will be presented by a delegation headed by Dr. Marcien Fournier, the president, and Dr. Judy Kazimirski, the board chairman.

It will restate physicians' opposition to the placement of abortion — a medical procedure — in the Criminal Code. The CMA says abortion is the only medical procedure accorded such treatment. Judith Bedford-Jones, a lawyer on the CMA staff, told CMAJ that any medical procedure can result in criminal prosecution if performed, for example, in a criminally negligent manner. However, no other medical procedure is mentioned specifically in Canada's Criminal Code.

The brief will also address the problem of criminal and civil charges against doctors, and especially the harassment of physicians by those holding extremist views on this highly politicized issue. Many physicians are concerned this will happen if the bill passes in its original form.

Eike Kluge, PhD, the CMA's director of medical ethics and law, said the bill threatens the nature of the doctor-patient relationship. As well, "It will have a chilling effect on the medical profession because of the perceived effect of having criminal
law standing in the wings."

Doug Geckie, the CMA’s director of communications and government relations, outlined the association’s possible responses to the bill but warned that it will be “extremely difficult” to stop the legislation because of the government majority in the House of Commons. Even though a free vote has been promised for everyone except cabinet ministers, Geckie said the government would not have proceeded with the bill unless it was sure it had the votes necessary for passage. However, he did say that the association’s detailed study of the issue and legislation, including a major legal review, has indicated that it may be possible to amend the bill in a manner acceptable to the House, the Senate, the public. For instance, he said it may be possible to amend the bill to protect physicians from legal harassment.

There seemed to be a clear consensus among board members that the legislation is an attempt to transfer the pressures created by the abortion issue. “The bill is designed to get the government off the hot seat and to put the medical profession and women who want abortions on it”, said Dr. Ruth Collins-Nakai, a past president of the Alberta Medical Association. She is also concerned about the accessibility of abortion services, an issue not addressed in the legislation.

“A lot of us don’t like abortion, but we recognize it is better done [by a physician] in a hospital than [by a nonphysician] in a back room”, she said. “I think we have a big problem with access.”

The recriminalization of abortion worries Dr. Henry Gasmann, past president of the Ontario Medical Association. He thinks the added pressure placed on doctors by the bill may convince some to cease performing abortions. “Relatively few doctors perform abortions in Canada, so they are exposed and relatively easy targets for pressure groups”, he said. “Most physicians would not be willing or able to tolerate the pressure they would face [because of this legislation].”

The legislative committee is expected to begin hearings on Bill C-43 in January; the bill must

CMA affiliates seek observer status on CMA board

The CMA’s affiliated societies would like to have a stronger voice within the association and have asked for observer status at meetings of the CMA Board of Directors. The societies, ranging from the Canadian Academy of Sport Medicine to the College of Family Physicians of Canada and the Canadian Association of Radiologists, say they would like to send a representative from their Committee of Affiliates to board meetings so that they will have greater understanding of, and input into, CMA decisions. They made the request during a Dec. 7 meeting with the CMA’s Executive Committee, attended by 23 of the CMA’s 36 affiliated societies.

“We want to be part of a strong, united profession”, said one physician in explaining the request.

However, Dr. John Bennett, the CMA’s associate secretary-general, said the association has concerns of its own. “The lack of participation by affiliate societies in General Council meetings is worrying”, he said. “Your representative to General Council [it is the CMA’s governing body and meets once a year — Ed.] should be chosen carefully. You shouldn’t pick good old Joe because he lives in the city where the meeting is being held.”

Bennett said delegates sent by affiliates “often do not have the vaguest idea what their society stands for on an issue”.

Dr. Jeffrey Nisker of the Society of Obstetricians and Gynaecologists of Canada, who cochaired the meeting with Dr. Marcien Fournier, the CMA president, was concerned about the number of affiliates not represented at the December meeting. “We’re missing some of the smaller societies that do not seem to take this seriously”, he said. “They don’t accept that the CMA is the parliament of Canadian medicine as we do.”

Although the issue of observer status will not be discussed until the March meeting of the board, Nisker did attend the December board meeting as representative of all affiliate societies.

Fournier said participation by the affiliates is important. “For me, it is nice to know that I have people behind me [when I make a statement on a health care issue]”, he said.

Nisker noted that several affiliates were asked for input as the CMA developed its response to the federal government’s abortion legislation. He said this “pooling of thought” is important because “it allows the Canadian medical establishment to speak with one voice on this issue”.

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MD Management Canada’s third-largest mutual-fund group, CMA board told

MD Management Limited is now Canada’s third-largest mutual-fund group, the CMA Board of Directors was told at its December meeting, and the roughly $3.5 billion the company is currently managing for Canadian physicians will likely grow to $4 billion by the end of 1990. The CMA’s wholly owned subsidiary is now responsible for more than 10% of Canada’s $30-billion-plus mutual-fund market.

Vice-President Ron Bannerman, who also serves as company secretary, provided a synopsis of MD Management’s various investment plans and said that if Income Tax Act changes that have been proposed are passed, they will allow additional flexibility for physicians making pension plan arrangements.

Bannerman said the changes are “particularly attractive” for high-income salaried Canadians and will let MD Management provide additional services for salaried physicians. “If the changes become law, members of a so-called ‘top-hat’ pension plan will be in a position to receive tax assistance well in excess of the current limits prescribed for all other tax-assisted retirement savings vehicles”, he said. Since many salaried physicians do not belong to the CMA, the proposed service — its introduction depends on passage of the legislation — could help bring new members into the association.

receive final approval from the House of Commons and Senate before becoming law. CMAJ will present full details about the CMA brief after it has been presented to the committee.

The board’s Dec. 8 and 9 meeting also marked a historic occasion for the CMA, as Drs. Clément Richer and Paul Desjardins took their seats as Quebec Medical Association (QMA) representatives on the CMA board, joining Dr. Richard Jacob, the QMA president. The two represent, respectively, Quebec’s federations of general practitioners and medical specialists. Their presence followed the signing of a major agreement by the CMA, QMA and the two federations last Aug. 23. To make way for the new board members, former QMA representatives Drs. Georges Hooper and Bruno L’Heureux tendered their resignations. A small group chaired by Fournier is currently studying ways the operations of the QMA and two federations might be more closely integrated.

Decisions made by the board Dec. 8 and 9 included:

* Endorsement of the Position Statement on Violence and Injuries in Ice Hockey prepared by the Canadian Academy of Sport Medicine (see page 157);
* A recommendation that the Council on Health Care appoint a “small committee” to study the issue of disability certificates. Many patients ask doctors to sign these for income tax purposes. “It’s one thing for us to sign these and let the tax department make the decision”, said Dr. John O’Brien-Bell, the CMA past president. “It’s another thing when we sign and are perceived by the patient to make the decision, too.”

B.E. (Woody) Freamo, the company president, told the board he is worried that younger physicians are delaying establishing retirement savings plans. “We would like them to set aside even $100 a month for this purpose, simply to get them in the habit of saving”, he said. “While it will be costly for us to have these new, small accounts, that is a secondary consideration to our mandate to convince young people to save.”

The board also received a report outlining legal and financial relationships between the CMA and its subsidiaries. Several recommendations contained in the report will be discussed at future board meetings.

• The board accepted the resignation of Dr. Hugh Scully, a former OMA president, because of his recent appointment as chairman of the CMA’s Council on Economics;
• The CMA will inform the Canadian Hospital Association it wishes to be identified as an adviser in the development of the new Credentialling Criteria: Guidelines for Health Facilities, but not as an endorsee;
• The board approved a 1990 operating budget that predicts the CMA will have a small — $69 000 — revenue surplus this year after allocation of $1 million to association reserves;
• It received an update on a possible CMA-sponsored national bicycle helmet campaign for which funding would be sought from outside sources. A detailed campaign proposal will likely be ready in mid-1990.