Quebec physicians and the government yoke:
the Social Affairs minister responds

The Dec. 15, 1982 issue of CMAJ carried an article entitled “Quebec physicians toil under the government yoke” (127: 1212–1215) that prompts me to formulate the following comments.

First, the author, Zoe Bieler, did not interview me or, to my knowledge, any government official prior to publication. Although I am generally correctly interpreted from statements made on other occasions, I would have been happy to comment upon the specific statements collected by the author. I would need a great deal of space to state my case completely, but I shall limit myself to certain specifics.

I believe that we can no longer afford the growing expenses of, not the basic principles behind, our health system. High-quality universal health care can and must be maintained even if doctors, nurses, civil servants and ministers must learn new ways of doing things. Over the past year hundreds of specific rationalization projects have been put forward, and many of them have been completed. True, these projects often mean changing routines and habits, but they also mean a more efficient use of human, material and financial resources. As far as medical treatment is concerned, I believe greater efficiency is possible and that we should strive to achieve it; but I could never tolerate any kind of government intervention in the doctor–patient relationship.

I was happy to learn that Dr. Augustin Roy is still interested in providing adequate medical services for remote areas. He was calling for action as far back as 1971, but unfortunately nothing was ever done except in very specific instances in which the government had to take action. Dr. Roy himself suggested nothing less than obligatory conscription for new doctors (Le Devoir, Aug. 20, 1980, page 7). This is a much more radical solution than the one put forward by the Quebec government, and probably less efficient and more disturbing for the doctors. And as for the $750 000 fund set up by the Fédération des médecins spécialistes du Québec (FMSQ) to promote incentives for physicians to practise in remote areas, it is a commendable gesture, but, as it was created in June 1982, it is still too soon to judge its effectiveness.

One could question the medical profession’s surprise concerning the disincentive measures announced in June 1982. Upon presenting Bill 27 to the National Assembly I was quite clear and specific about my intention to take action before the 1982 medical graduates started practising. During the final reading of Bill 27 I was also quite clear and specific about the nature of the action that was forthcoming. On Feb. 26, 1982 a document exploring the distribution of doctors and also outlining possible government action was officially forwarded to the Fédération des médecins omnipraticiens du Québec (FMOQ), the FMSQ and the Professional Corporation of Physicians of Quebec asking for their comments; it was also made public and announced by a press release entitled “Désignation des territoires en pénurie de médecins: la Loi 27 en marche!” (“Designation of territories lacking doctors: Bill 27 at work!”). I sincerely wish that the disincentive measures had not been necessary, but after 10 years of talk the disparities between cities and remote areas were growing worse, not better.

I take exception to Dr. Georges Boileau’s statement that the regulations deriving from Bill 27 “could come anytime and surprise us”. I have repeatedly stated that all those concerned will be consulted, and I have always been true to my word. Dr. Boileau also speaks of “total instability” in our laws, which, he says, change “every few months — or even overnight”. In the past 2 years Bill 27 has been the only major piece of legislation to come from the Department of Social Affairs. This hardly seems excessive or unstable.

Finally, I must point out that differences of opinion and diverging objectives have, at the very least, as much to do with the existence of different groups of physicians as with government moves aimed at dividing them. The physicians themselves, not the government, created and maintain these groups. Our society faces trying times, and doctors, who perform a fundamentally important task within society, are affected in many ways by our difficulties. I, and the government I represent, are interested in working with the doctors to solve our problems.

Pierre-Marc Johnson, MD
Minister of Social Affairs
Government of Quebec

Toxic reaction to phenytoin following a viral infection

It has recently been recognized that acute respiratory tract infections caused by influenza A virus and other agents can significantly increase the half-life of theophylline and result in signs of toxic reactions to theophylline.1 It is possible that this phenomenon may be due to a decrease in hepatic cytochrome P-450 enzyme levels following viral infection, vaccination and other events that stimulate host defence mechanisms.2,3 Should this prove to be the case, a variety of drugs that are metabolized by the hepatic cytochrome P-450 system should be similarly affected. One case of a toxic reaction to warfarin following influenza vaccination has already been reported.4 We recently saw a toxic reaction to phenytoin following an apparent viral infection.

Case report

A 52-year-old woman with partial seizures secondary to an arteriovenous malformation had been free of seizures while taking phenytoin, 400 mg/d, which maintained a serum phenytoin level of 16 µg/ml. Following her summer vacation the patient suffered an influenza-like illness characterized by headache, fatigue,