

The sales crew at Achilles Mazda "Western Daze" helped out with the singing last Saturday left to right are Neil Georgeff, Phil Grahame, sales manager, Eddy Lewis, Rajiv Shad, and Peggy Grace (seated), Junior Pelitis The Achilles Mazda band played Country & Western hits for most of the day.

## BRAMPTON'S CHEAPEST MATTRESS SALE WIDE SELECTION OF COTTAGE MATTRESSES

			ILOGES
Bed Frame (39-54) Limit 2 Single Mattress Spring Con	Per Customersugg	\$3900	SALE PRICE \$1999
SINGLE SET		<sup>\$</sup> 159 <sup>00</sup>	\$79,00
Double Mattrone Carrier of	53	4900	\$11900
Double Mattress Spring Con- Queen Mattress	struction	.\$25900	\$129°°
Ollean Sat		.\$318°°	\$149 <sup>00</sup>
Orthopedic Twin Mattress Se	WITH DUDOU	.\$399°°	\$199 <sup>00</sup>
Double Set (25 Year Warran	MAIT. & BOX	\$59900	\$199 <sup>00</sup>
Sealy Double Set Orthopedic	C (I imit 2 Per Customer)	\$699°°	\$25900
ocaly Queen Set		\$647°°	\$29900
Orthopedic King Set (20 year	r Warranty) s <sub>1</sub>	⁵735 <sup>∞</sup> 299 <sup>∞</sup>	\$349°°
Ommons Queen Set		70000	\$499°°
QUEEN ORTHOP	FDIC SET \$140	7 <i>99</i>	\$49900
		99°°	\$49900
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**CLEARANCE SALE!** Country Mattress Sleep Shop

QUEEN ST

Hills doctors deplore 'social contract' By Oksana Buhel

Following the resignation of two doctors from the active medical staff of Georgetown and District Memorial Hospital, Dr. Alex Furness, president of the medical staff at the hospital, wrote a letter to Halton North MPP Noel Duignan deploring the effect the proposed social contract will have on local doctors and patients.

Furness was concerned the social contract would prevent new doctors from coming to town, would eliminate after-hour premiums until 11 p.m. and prevent graduate doctors training for specialists from helping out. He also worried the "proposals may result in the rest of the doc-. tors quitting (the active medical staff) and then we have NO emergency coverage."

The provincial government is attempting to cut \$1.6 billion from healthcare costs through part VIII of the Social Contract Act and through sections 1 and 2 of the Expenditure Control Plan Statute Law Amendment Act (ECP-SLAA). introduced by Minister of Health, Ruth Grier, June 14.

Doctors are concerned about the concealed manner in which the bill was introduced for first reading, as well as the impact the proposed laws will have on doctors and the public. During a June 15 press conference, Dr. Tom Dickson, president of the Ontario Medical Association, said he "didn't think anyone noticed this Act, introduced almost at the end of the sitting." He described the piece of legislation as "so wide ranging, so awful."

One proposal is an annual \$250,000 billing threshold on the amount which can be billed to OHIP. After this amount, doctors will receive a lesser fee for services rendered. Doctors wishing to implement annual fees must conform to a set of rules set forth by the

from 9 a.m.-5 p.m., and fend for yourself after that.

Furness did not specify why the doctors resigned, but added "we were given reasons and we bent over backwards to address these concerns."

To add to the problem, Furness said two other doctors are talking of moving their practice to the United States.

"I believe doctors, as members of the community, should provide service for the community," Furness insisted. "It's a pity certain doctors don't see it that





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installation of a maximum number of times patients may receive particular insured services, and the regulation of fees according to the basis of the class of physician and the location where services are provid-

We made an agreement to work together, and the government is cancelling out on its part. It (the government) is bargaining in bad faith." Dickson agreed, stating "this isn't collective bargaining - it's a farce, a hoax." Now that two

Georgetown doctors have resigned from the active medical staff of the hospital, leaving only nine doctors to provide emergency services, Furness is particularly concerned. "We have two problems - the influx of population and the lack of doctors to cover emergency services," Furness said. Doctors on active medical staff are able to uncon-

ditionally use hospital facilities, even if their practice is not at the hospital. In return, doctors are required to provide emergency services when necessary. With respect to doctors not on active staff, Furness stated "a lot of us were carrying the can for some others, and we had to interrupt our own practice to do so."

He added doctors are beginning to revert to the "Toronto Plan" - service



