

A Midland doctor tells you why he's leaving Canada for U.S.

by Shirley Whittington
Dr. Cleston Eden has practised medicine in British Columbia, Manitoba and Holland. Four and a half years ago, he chose Midland as a town in which to live and practise his profession.

In that time, he has established a close relationship with his patients, many of whom he regards as friends.

He is President of the Simcoe County Medical Association and was a Member of Council for the OMA. Until very recently, he held a share in Midland's only medical clinic.

In his spare time, Eden enjoyed skiing and boating.

It seems like a good and satisfying life—so why is Eden leaving Canada to practise medicine in Houston Texas?

Like scores of other Canadian doctors, Eden feels he's being professionally strangled by the long arm of bureaucracy. "I'm tired of non-medical personnel in the government telling me how I should practise medicine," he says. The growing army of paper shufflers has affected his income, his professional self-esteem, and his relationships with patients and fellow health care professionals.

Eden admits that his income is above the Ontario average, but adds that physicians' incomes have actually decreased over the past four inflationary years. He says that he makes less for a house call than a TV repairman, electrician or plumber. Doctors who put in a 50-55 hour week earn less per hour than airplane pilots, teachers or dentists.

"My conclusion," he says "is that society doesn't value my services very highly—mainly because it doesn't pay for them directly."

OHIP the culprit
OHIP appears to be the chief villain in the tragedy of Ontario's disenchanted doctors. It's a system which allows wasteful misuse of physicians services, and which demands tons of paper work—most of which is illogically set up. Ten per cent, of a doctor's OHIP fee goes for administration of this paper mountain.

The Ministry of Health is also awash in administration. "In 1978-79," says Eden, "The Ministry will have a budget of four billion dollars—one third of the provincial budget. Twenty-three per cent of this budget goes toward administrative costs."

Eden adds, "The administrative monster compiles medical data on you and your family." How that data could be used—or misused—is, for Eden, a matter for grim speculation.

Further, says Eden, government checks of lab tests or x-rays ordered by a doctor are frustrating and professionally demeaning. "Why should I have to explain to a bureaucrat why I ordered particular specific tests?" asks Eden.

Under the OHIP system, extra time spent with a patient must be accounted for—right down to the minute. There is no better way to undermine a physician's morale.

"And," says Eden, "because we are paid by the government, the government reflects blame back on us. They try to say we keep patients in hospital too long. There's no advantage for a doctor, if he keeps his patient in hospital. A surgical fee is a one-time thing. And we are paid more for office or home visits than we are for hospital ones."

Too Much Administration
Last week, Eden outlined his reasons for leaving Canada to a Rotary Club luncheon meeting. In his speech, he took aim at hospital administrative staffs which are expanding "even in the face of frozen hospital budgets". He blamed the widening administrative wedge for the deterioration of nurse-physician cooperation. "Even para-medical personnel and technicians criticized a doctor in his handling of a case—the elite of a profession

devoted to healing are becoming the victims of whisper campaigns of the third help."

At the moment, Dr. Eden feels we are at the top of a health care roller-coaster, and there's no way to go but down. "The ministry has reached a turning point. Hospital budgets will be held to a 4.2 increase in 1978, which will result in a reduction of staff, beds and patient services."

Eden fears a gloomy future. He foresees salaried doctors currying favour with politicians in order to get good posting. "You will not choose your doctor as in the past, but one will be assigned to you according to the area in which you live."

He talks about reduced emergency services and nursing care, delays in admissions, and transfers to distant places in order to make use of special equipment. "Money won't ease your problem, but political influence probably will."

Exodus
So, in mid-December Dr. Cleston Eden, like hundreds of other Canadian doctors will be leaving this country for one where socialism has not run rampant, and where people realize the value of medical services because they have to pay for them.

"There's no medical Charge system in Texas," he says. Medicare looks after those over 65; Medicaid attends to people on welfare. Others belong to

private health plans, if they want to.

Eden is saddened by the apathy of other members of his profession. Only 25 doctors turned out to a recent District 5 OMA meeting. (District 5 comprises Dufferin, Muskoka, Simcoe, Peel, York and Mississauga Counties.) "How," asks Eden, "can we hope to make any change for the good of medicine when only two per cent have any knowledge or interest in what is really happening to their profession?"

Dr. Peter Brasher, an area surgeon, takes an interest. "The people who are going," he says grimly, "are the people we can least afford to lose." He tells of a top rank specialist from Toronto's Princess Margaret Hospital who is on his way to West Virginia. He knows two other radiologists, with international professional reputations, who are leaving the country. He notes, with a certain bitterness, that increasing numbers of young medical graduates are taking out U.S. licenses. "And you can't blame them. Down there, they have half the work, no hassles, better pay—and a better climate."

He has this to say about Cles Eden. "He's a level-headed person, and an extremely capable general practitioner. Our loss is most definitely Houston's gain."

Meanwhile Eden is pulling no punches about

why he's leaving his country. His biggest regret is leaving his patients. They will be looked after by Dr. Bruno Golisky, a recent U of T graduate, who is coming to Midland on January 2. Now that he has severed professional ties

with the community, Eden says "We are looking on it as a great adventure—a new experience."

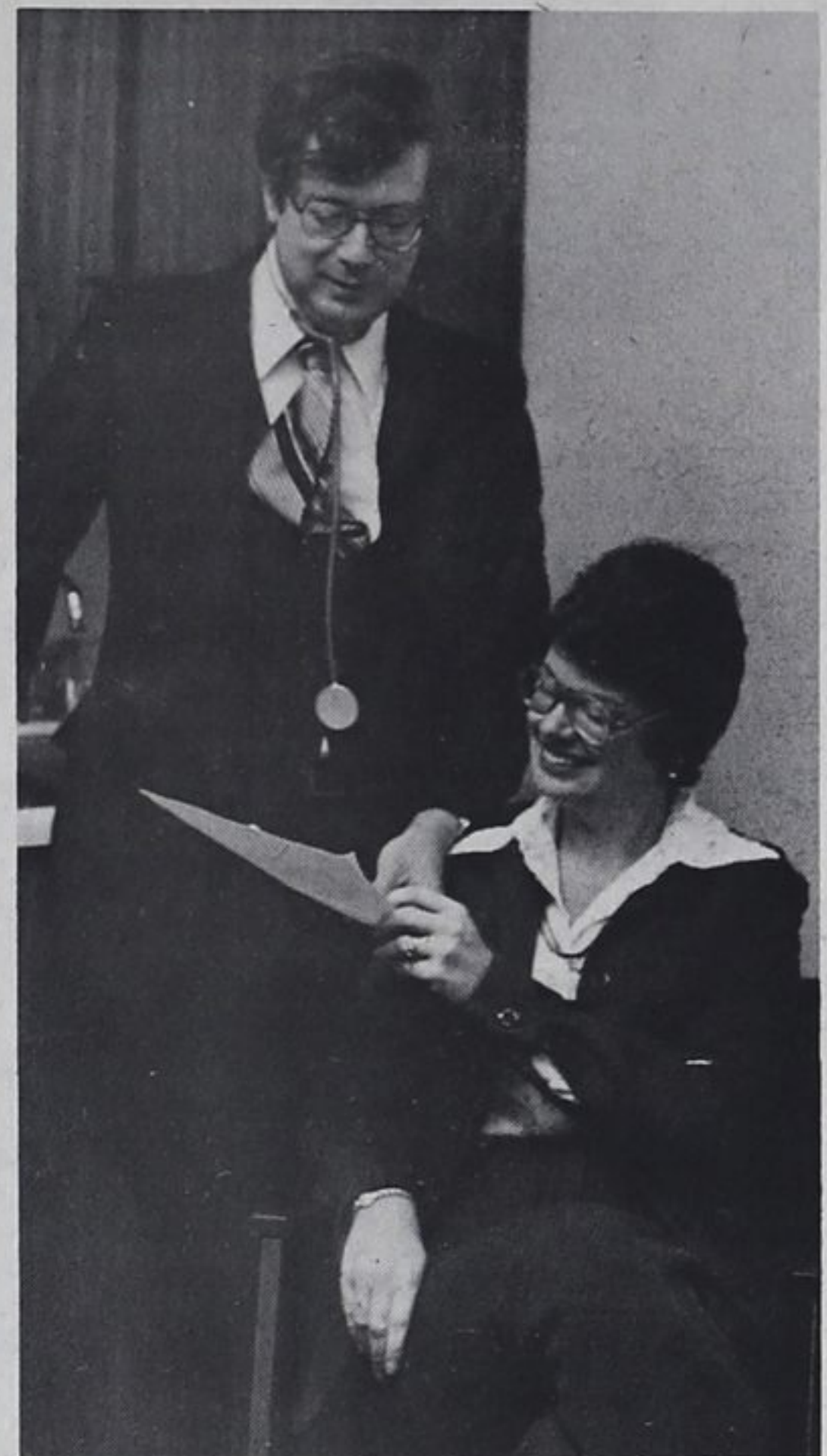
And yet, he says, "There may be one day in Canada, a new wind which sweeps out some of our social welfare

policies, cleans up the immense wastefulness of Federal and provincial

bureaucracies—a day when Canadian people can reassert their in-

dustrial vigor and self-reliance. If this day comes, and I really hope

it does, those of us who have left may look back with envy and regret."



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