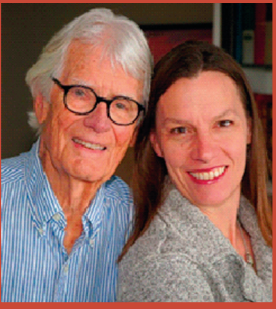


HEALTH CORNER



Why Flying Is Safer Than Surgery

By Diana Gifford

Many of us have the experience of boarding a plane with a prayer that the pilot has had enough sleep. With your surgeon, it's a similar problem. Few people get to choose who will do their surgery. Even if you've gone to the trouble of arranging a referral to the best, how can you know the doctor hasn't hit a rough patch? Maybe a crumbling marriage? Or a punishing work and travel schedule that simply has your surgeon fatigued? What can you do?

As individual patients, not much. In fact, wait lines are often so long there's a disincentive to jeopardize that precious surgery date. But as for airline pilots, health care systems have safeguards to ensure surgeons are in good working order. But they are a looser and more opaque.

Working hours for pilots are strictly regulated by law. Residents in training often work 24-hour shifts despite known fatigue risks. Fully trained surgeons often have no legally mandated work-hour limits. Schedules are set by hospitals and departments. Is there a culture of bravado among doctors, that they tolerate this?

When there's a near miss in an airplane, the pilot faces the same consequences as passengers. When a surgeon makes an error, there no co-surgeon to prevent or correct it, and reporting of incidents is rare for fear of lawsuits.

Physicians are trained to diagnose and to treat. They are not trained to admit vulnerability. Yet, the profession is showing serious strain. More than half of Canadian doctors report feeling burned out, with many contemplating early retirement. In the United States, the numbers are similar. Across Europe, countries have begun to notice alarming levels of depression, addiction, and even suicide among doctors.

Why then does the public know so little about existing programs that support doctors and their families. Even healers need help when the going gets rough. We should be broadcasting the programs that care for doctors. And they do exist.

The Ontario Medical Association offers a confidential Physician Health Program for doctors, residents, and medical students dealing with mental health challenges, addictions, or professional stress. Other provinces in Canada have comparable services. The U.S. has the Federation of State Physician Health Programs. In Europe, the NHS Practitioner Health service in England, the Practitioner Health Matters Programme in Ireland, and programs in the Netherlands, Norway, and France provide support.

Spain offers a particularly sobering example. In the 1990s, several high-profile physician suicides shocked the medical community there. The profession realized that denial and silence were killing their own, and that patients, too, were at risk. In response, the medical colleges created the Programa de Atención Integral al Médico Enfermo, or "Comprehensive Care Program for the Sick Doctor." It has become a model across Europe, combining confidentiality with structured monitoring to ensure doctors get well and return to practice.

The model is strikingly consistent across jurisdictions, offering confidential support, separate from licensing bodies, to encourage doctors to step forward. Where risk to patients is clear, reporting obligations to regulators remain. But the central aim is prevention: address problems before they spiral into impairment, mistakes, or withdrawal from practice.

Should the public know more about these programs? My answer is yes. Not to fuel distrust, but to build confidence. A doctor who seeks help is not a doctor to be feared; quite the opposite.

Still, it is easy to see why some bristle. Shouldn't the system be stricter, not gentler, with impaired physicians? Isn't there a danger these programs "protect their own"? Such suspicion misreads the design. These programs are protective, for doctors and patients. Alas, medicine clings to its culture of invincibility, and that's why flying is safer than surgery.

This column offers opinions on health and wellness, not personal medical advice. Visit www.docgiff.com to learn more. For comments, diana@docgiff.com. Follow on Instagram @diana_gifford_jones

Patients demand Ford government reimburse wrongful charges at Ford's private clinics: more than 160 people

Patients who have been wrongfully charged for surgeries and diagnostic tests at private clinics were joined by more than 160 supporters at the Ontario Legislature today for a "Day of Action" to demand answers and action. When he announced his government's plans to vastly expand privatization of Ontario's public hospitals' surgeries and diagnostic tests, Premier Ford said that no patient would ever have to pay with their credit card, only their OHIP card. When asked if patients would have to pay anything if they had surgery at a private clinic, he swore it would be "100 per cent" covered. "We're never gonna waver from that". Such extra-billing and user fees are banned under the Canada Health Act and Ontario's Public Medicare protection laws, yet increasingly, the private clinics are charging patients with impunity, the Ontario Health Coalition reports.

In June, the Ontario Health Coalition sent a formal letter to the Minister of Health and to the Ministry with formal complaints from fifty patients who had been charged for care in private clinics. To date, not a single patient among those who made the complaints reports having been contacted to investigate their complaint.

Bruce Awad was charged more than \$1,000 for extra tests and lenses when he went for cataract surgery at a private clinic in Windsor. He was one of the patients included in the formal complaint to the Minister in June. "I am very upset that the government has not tried to contact me to investigate about this complaint," he said. "The complaint is serious. I am alleging that the government has misled us, lied to us about not having to pay for health care in Ontario, and I had to pay significantly. I think the government has to be held accountable for this."

"Usually, in any type of complaint with a government or organization, somebody investigates the complaint to verify the validity of it. But nothing has been done and it seems like they don't care. It seems like they think I'm going to forget about it or go away," he continued. "But \$1,100 is not something I'm going to forget. Especially when Doug Ford, on national television, said almost word-for-word that Ontarians won't have to pay with their credit card, only their OHIP card. That's a lie.... I'm just not going to go away and forget about the money I had to spend. I'm going to fight this until I get justice."

Dr. James Deutsch's wife was charged \$7,850 for cataract surgery at a private clinic in Toronto. He is also one of the people who made the formal complaint to the Ministry in June and he has never been contacted for an investigation. His wife Judith passed away in April and Dr. Deutsch made the complaint on her behalf. "I believe that they took advantage of her desperate situation and convinced her to opt for a more expensive lens and type of procedure for each eye. She was scared to go walking outside. She was not in a position to question," he said. "Having the profit incentive and leeway to charge more for a procedure can lead to situations like this, of selling services that are not necessary."

"We are demanding that the Ford government reimburse all the patients who have been wrongfully charged for surgeries and diagnostic tests in private clinics," said Natalie Mehra, executive director of the Ontario Health Coalition. "Patients are being lied to at the private clinics about wait times in public hospitals to convince them to pay outrageous charges. They are being told that OHIP-covered surgery has poor outcomes or is substandard to manipulate them into paying on average \$3,500 – \$4,000 per eye at private cataract surgery clinics. They are being convinced that lenses that are not related to cataract surgery are somehow required for good outcomes for that surgery. Seniors on fixed incomes are having their savings wiped out, being forced back to work in retirement, or taking loans to pay for their surgeries. These things that should never happen in Canada."

"Mr. Ford has repeatedly made promises that have turned out to be untrue," she added. "He promised guardrails. In fact, there are no guardrails. We made formal complaints and nothing happened. Some patients have waited four months. Some have waited more than a year. They didn't even contact the patients to investigate. No one has been reimbursed."

The Coalition is demanding that all patients must be repaid for wrongful charges, the offending clinics be fined and subject to the suspension of their OHIP billings and loss of their licenses, as is required per the Commitment to the Future of Medicare Act (2004). The Coalition has researched under used operating rooms in public hospitals as a solution and found that the majority of their operating rooms are closed the majority of the time because they are not being given the funds to run them at full capacity. They are calling for the Ford government to ramp up funding and capacity in public hospitals and stop their expansion of for-profit clinics.

Ms. Mehra went on to clarify key patient information to counter the manipulative and false information patients are being told in order to convince them to pay:

Patients should be warned that wait lists for cataract surgery in public hospitals are not long. Eighty percent of Ontario patients with the most urgent needs get their surgery within 47 days (7 weeks), according to Ontario's wait times tracking website. The lowest priority patients are operated on within 104 days (14 weeks).

There is no "basic" lens. Physicians must assess and test all patients to determine the necessary individualized lens that the patient needs. This individualized lens is covered by OHIP.

Extra tests and lenses are not needed for cataract surgery. Lenses that clinics are trying to sell for thousands of dollars are generally not to do with cataract surgery but other types of vision correction or changes. We hear from patients that some have good outcomes and some do not. Please research independently, not using commercial clinic websites, if you are being sold other types of lenses.

Cataract and intraocular lens exchange surgeries are covered by OHIP regardless of how the surgery is performed (e.g., by laser or scalpel). Private clinics that claim otherwise are not telling the truth.

Patients cannot be told to pay for unnecessary extra measurement tests and upgraded lenses to get the medically necessary surgery.

No private clinic can tell patients that they can get care faster if they pay a fee.

OHIP covered cataract surgery has good outcomes. Patients can have confidence in it.

Eye drops required for cataract surgery are covered by OHIP.

Santa Claus Parades

~ 2025 ~

AJAX ~ Sat Nov 22nd @ 6pm
BEAVERTON ~ Sat Nov 29th @ 6pm
BOWMANVILLE ~ Sat Nov 15th @10am
CANNINGTON ~ Sat Nov 29th @11am
COBOURG ~ Sat Nov 29th @6pm
COURTICE ~ Sun Dec 7th @12pm
NEWCASTLE ~ Sun Nov 16th @5.30pm
ORONO ~ Sat Nov 22nd @10am
OSHAWA ~ Sat Nov 15th @6pm
PORT HOPE ~ Sat Nov 29th @1pm
PORT PERRY ~ Sat Dec 6th @5pm
PICKERING ~ Sat Nov 22nd @10am
SUNDERLAND ~ Sat Dec 13th @7pm
T.H.E.E Farmers - Wed Dec 3rd @TBA
TORONTO ~ Sun Nov 23rd @12.30pm
UXBRIDGE ~ Sat Nov 15th @11am
WHITBY ~ Sat Dec 6th @10am



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