



The System Can be Tamed!

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Few people seem to show up at my clinic with tales of how wonderful socialized medicine is. Tough decisions, physician shortages and an expanding myriad of rules and exceptions even serve to confuse us doctors of how best to function in this system. What follow is some suggestions to help you navigate this complex system.

Emergency departments are chronically overcrowded, because to move people out of emergency beds requires waiting for overcrowded hospital wards to come empty. Emergency departments determine who gets seen first based on need, and not time of arrival. Some people wait minutes, most wait hours. Sometimes it is difficult to decide if your problem warrants a trip to the emergency. It may be worth a quick visit to your doctor, walk-in clinic or call to the health advisory number to decide if emergency is where you should be. The advantage of a “pre-visit” is that if the clinic physician feels that you need to be further assessed, they may perform some preliminary testing and write a letter to the emergency physician, which may help get you through the triage process.

If you feel that you must complain about deficiencies in the system, do it in a way that is effective. Yelling at the clerk or nurse will generally not fix things and only add to everyone’s stress. Systemic changes result from sharing your views with your local political representative or taking your hospital complaints to the appropriate administrator. Change is possible.

If you find yourself in the position of having to pay for your medication, my advice is to shop around. The cost of your prescription can vary greatly, depending on the pharmacy and the product. A low “dispensing fee” does not always mean that the product fee is a bargain.

If you find yourself in the position of waiting to see a specialist, whose appointment seems months away, you may want to consider alternatives. I have a growing group of patients who have found themselves in the position of moving to a new community, but finding it necessary to travel back to see me for medical problems. It is very difficult to for physicians to track wait times for specialists. Although you cannot make an OHIP appointment directly with a specialist, you can assist yourself and your doctor by calling around and finding out who is seeing patients sooner.

When you children receive shots from anyone other than their doctor, take the time to ask the name, lot number and expiration date of the product they are being injected with. Give the information to your child’s doctor at the next opportune time. It is the only semi-complete medical record around. You will be glad you did when it come time to apply for university, a job or travel

Walk-in clinics are everywhere in this City. They are meant for the occasional minor emergency, and provide care at a different level. Some people keep a regular doctor and use walk-in’s extensively. This is a form of double-doctoring that wastes scarce resources. Patients, who willingly choose to receive the bulk of their health care in walk-in clinics, are being replaced in practices with complex patients on waiting lists. The requirements for a walk-in to keep “ongoing” health records are sketchy. Your “outside use” of services beyond your regular GP, are being tracked, reported and acted on. There is that sub-set of patients whose medical records are mostly empty due to lack of visits, but claim to be afflicted with numerous conditions and insist that the system should function to their own level of convenience. In British Columbia a new incentive is being brought forward in which three visits to a walk-in clinic assigns you to that clinic permanently, and frees up valuable primary care resources.