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## Letter from Canada

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## Letter from Canada

There are differences between Canada and the United States beyond population, geography, and culture that are perhaps of more interest and are more apparent to a physician. In Canada, for many decades, the diagnostic services and treatment facilities of public health have been available and free to physicians and patients. In more recent years, and varying somewhat from province to province, free pathology services have been provided for all whether in or outside of hospitals, as well as free cytology interpretation services. Within the last ten years we have seen develop in each of the provinces a compulsory hospital insurance service. Even more recently two provinces have introduced a form of medicare and the Hall Commission has made its recommendations for long range establishment of a national system of "free" medical care.

The reaction of the medical profession as to what has already taken place and what it contemplates is about to take place has certainly varied with individuals but, in general, it has been favourable to the principles involved in making good health care and hospitalization available to everyone. It is true that a large number of physicians have migrated and others have made preparations for departure to the United States to escape the regime of socialized medicine. However, most doctors feel that these changes in Canada are inevitable no matter which government is in power. The medical profession is doing its best to try to obtain the most equitable type of scheme when it does come.

All these social changes in medical care are threatening to raise moral problems. All hospitals remain private institutions at present. However, since the Government is paying their per

diem rate it is largely controlling all expenditures including capital expenditures. It is also keeping the medical audit and other statistics so that it is not hard to foresee a time when it may well decide to step a little further into the very control of medicine within the hospital.

Such an issue has already arisen in a small town where the only hospital serving the area is a Catholic institution. The physicians who practice there desire to carry out procedures not permitted by the code of Catholic hospitals, such as sterilizations, and these doctors have been able to raise considerable publicity and apparent sympathy for their cause. Perhaps as a result of this, there has been a move to establish a body of doctors entirely outside of hospital staffs and hospital controls. This body would pass judgment on sterilizations, etc., with the recommendation that the doctor be given the right to carry out their recommendations in any hospital, thus, bypassing the control of hospital regulations. This is not yet a reality but it is a threat in the future.

In one of our hospitals the regulation of mandatory consultations for a D & C, hysterectomy, and others, was being so operated as to eliminate personal responsibility for the procedure involved. Consultation had, in effect, become merely a rubber stamp. As an experiment, this hospital dropped the mandatory portion of its consultation requirements and left it to individual doctors to call consultations when it was felt necessary, thus returning responsibility to the individual. However, the Department of Obstetrics and Gynaecology goes through each chart individually, checking history for indication and pathology for results. This detailed checking

of all charts has proved far more effective than the previous system in preventing surgery of questionable necessity or morality.

There are three Catholic Physicians' Guilds in Canada but currently only the one in Manitoba is affiliated with the National Federation. However, I believe all members subscribe to THE LINACRE QUARTERLY. Several years ago the Manitoba Guild staffed a booth at the national C.M.A. convention and recently the Guild in British Columbia held as part of the official C.M.A. program a panel discussion on medical practice in a Catholic hospital. Excellent cooperation was obtained from the executives of the C.M.A. and this may help establish a precedent for the inclusion in future scientific programs topics pertinent to religion, ethics and medicine.

In non-Catholic hospitals tubal ligation is a frequent procedure, requiring only the written consent of the parties involved and of two consultants. It is nearly a routine procedure at third caesarean. So-called "therapeutic" abortion is becoming less frequent as the consultants seem to be finding less reason to be able to justify it; however, press releases from our official medical organizations would give the impression that the

medical and legal professions were 100% in favour of making abortion and sterilization legal procedures.

The absence of a moral code in helping to regulate people's lives is reflected by the statements of some doctors. Their suggested remedies for the current epidemic of illegitimacy and the rising venereal disease rate are the provisions of sex education by the schools and birth control information in the schools. Pregnancy is presented as the problem, the immorality is not even recognized.

It is in a background such as this our Guilds have had the largest roles to play—not to enter into a newspaper debate with these suggestions but to develop leadership of thought in all fields and to educate the public by cooperating with people of all faiths, advocating moral solutions to all problems.

This is our problem in Canada and I am sure it is not ours alone, nor for long. By further communication I am sure we can help each other meet local problems and provide leadership to overcome the decline of morality throughout the world.

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