Message from the CAG President

William G Paterson MD FRCPC
President, Canadian Association of Gastroenterology
Department of Medicine, Queen's University, Kingston, Ontario

En français voir page 439

These are not easy times for gastroenterologists and their patients. The reduction in medical school graduates resulting from the implementation of the Bayer-Stoddard report has led to a nationwide shortage of physicians. In addition, new medical graduates are more inclined to opt for a shorter work week. This shortfall in human resources, combined with restricted access to endoscopic facilities, has resulted in serious access problems for patients with digestive illness'.

Under the leadership of Desmond Leddin (Canadian Association of Gastroenterology [CAG] Past President), the CAG pursued three initiatives to fully document the scope of the problem and provide a framework for moving toward solutions. The first was a detailed manpower analysis including a census of who was providing digestive health care in Canada, expected number of upcoming retirements and current number of physicians in gastroenterology (GI) training. The second was a nationwide Practice Audit in Gastroenterology (PAGE IV) to quantify wait times for consultation and endoscopic services based on specific diagnosis. The third was a consensus conference to establish evidence-based target maximal wait times for digestive health care services based on reason for referral. The results of these initiatives, which were presented at our recent Canadian Digestive Diseases Week (CDDW), paint a rather disturbing picture. Census data obtained under the direction of Dr Paul Moayyedi (McMaster University, Hamilton, Ontario) revealed that Canada currently has approximately 1.8 gastroenterologists per 100,000 population, which ranks among the lowest in the western world. Perhaps more concerning is the fact that a disproportionate number of our members are closing in on retirement. Dr Moayyedi estimates that given the current number of GI training positions in Canada, the number of practicing gastroenterologists will actually decline by approximately 10% in the next five to 10 years. This is particularly troubling given that the PAGE IV practice audit documented quite clearly that we currently meet our rather conservative wait time targets in only a minority of patients referred to us with digestive health problems.

While the CAG must maintain its important role in research and education, it is clear that now we need to be more politically active to ensure that quality and timely care will be available to patients with digestive disorders. To this end, CAG, in collaboration with our provincial association colleagues, has been actively pursuing media opportunities to get our message out. We have also written to the Honorable Tony Clement, Federal Minister of Health, as well as to all the provincial Ministers of Health outlining the scope of the problem and demanding that patients with digestive disorders be included in the new government's patient wait time guarantee. In addition, we have written to the President of the Royal College of Physicians and Surgeons of Canada, and the Deans of all the medical schools, informing them that increased training positions in GI are immediately required.

The CAG is realistic in its expectations, but believe that at the least we need to have the number of GI training positions in Canada increased, as well as better access to physician extenders and endoscopic services. Unfortunately, governments remain focused on wait times for the five so-called priority areas. It will therefore take a sustained and concerted effort to get digestive health problems on their radar. To be successful in this lobbying effort, it is clear that we need the support of our patients. Needless to say, governments are invariably suspicious of physicians asking for more, but will take notice if patients become vocal. Although we have important allies in a number of lay groups, there is currently no strong single voice for digestive diseases as a whole. The Canadian Digestive Health Foundation (CDHF) has the potential to be a key ally in promoting allocation of appropriate resources to digestive diseases and sciences. For this reason, the CAG plans to devote significant resources to help the CDHF become a vibrant and profitable organization. I would encourage all our members to generously support the CDHF through an annual contribution when they renew their CAG membership. We, as well as our patients, should also be vocal in our own communities, by insisting to our local Member of Parliament and Member of Provincial Parliament that digestive disorders be included in any wait time guarantee initiative.

As we advocate for better access for our patients for digestive health care services, it is critical that we have our own house in order with respect to providing high-quality, evidence-based care that makes optimal use of limited resources. To this end, the endoscopy committee of the CAG, under the chairmanship of Dr David Armstrong (McMaster University), has begun working on an important nationwide initiative to improve the quality of endoscopic services. In addition, the CAG will continue to vigorously pursue its missions in education and research, to help practicing gastroenterologists provide the best possible care to their patients.

In closing, I think we should all keep in mind that resource limitations and the frustrations they cause are not unique to GI. Our medical, surgical and nursing colleagues are also under considerable strain because of resource limitations. We need to be cognizant of this in our interactions with our patients and other health care workers, and ensure that the frustrations inherent in working in an under-resourced system are not misdirected.