Media Release

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ASSOCIATION OF ONTARIO NEUROLOGISTS WARN OF CRISIS IN NEUROLOGY

(February 27, 2008, Toronto, Ontario) – Dr. Ranjit Singh, President of the Association of Ontario Neurologists (AON), held a media conference today to warn about the crisis in neurology. Neurologists are specialist medical doctors trained to provide non-surgical care for patients with neurological disorders. They are invaluable contributors to the cost-saving and life-saving care of disabling – and sometimes lethal – conditions. With ever more complex treatment possibilities and a soaring prevalence of neurological disorders, Ontario neurologists find themselves – more often than not – working long hours in order to service an expanding, aging population with increasingly complex neurological problems. Joining Dr. Singh at the media conference was the Association's Vice President, Dr. Keith Meloff.

"We are facing a crisis in neurology," said Dr. Singh, "for the following three reasons. First, the population of Ontario grew 4.6% from 2002 to 2006, and with this increase came a crushing expansion in the numbers of elderly. Serious and often disabling conditions such as dementia, stroke, and afflictions of the peripheral nervous system – ALS, peripheral neuropathies, etc. – preferentially affect the burgeoning older population. Simultaneously, a more sophisticated public is demanding detailed evaluation of neurological symptoms, including specialist consultation."

The second reason, according to Dr. Singh, is that the number of neurologists has not kept pace. "Why are there are so few medical specialists in neurology in Ontario? Last year was a bumper crop for neurologists – a total of 27 non-visa trainees across Canada completed the grueling five-year neurology program required after medical school. Yet few new neurologists from 2007 were added to Ontario. Why? Part of the reason for this certainly relates to the last agreement between the Ontario Medical Association and the Ontario Ministry of Health and Long-Term Care. Although many MDs saw significant increases in incomes through changes in the fee schedule, neurology did not."

Neurologists currently earn what a family doctor practicing in a Family Health Team might make. In fact, Ontario neurologists are estimated by internal Ontario Medical Association data to warrant at least an overall 11% increase in fees just to compensate for previous neglect. This makes it hard to convince new – or, indeed, existing – neurologists to stay in Ontario. It is even more disheartening to see how Ontario compares with other provinces. Ontario's neurologists ranked fifth in the country in fee-for-service revenue in 2005-2006. Clearly, there is little attraction to practice in Ontario relative to other large jurisdictions in Canada.

"The third reason for the crisis," said Dr. Singh, "is that the aging of the existing work force only serves to compound these problems. A sizeable proportion of the approximately 240 neurologists in Ontario are at – or fast approaching – retirement age."

Should Ontarians care? "I believe there are many reasons to care," said Dr. Meloff. "Ample evidence demonstrates that the best and most economic care for patients with neurological diseases is delivered by neurologists. By their very actions, the Ontario Ministry of Health and Long-Term Care is, in effect, rationing patient care by making Ontario undesirable. Therein lies our struggle. While the cheapest form of care is neglect, it comes with an immensely personal cost. The global cost of care for Ontario patients seen by neurologists is about $55 million dollars a year. If this seems already unacceptable, we ask, *What is the cost of the crisis we now face? Can we neglect the needs of our patients, who by virtue of their health problems, can often not advocate for themselves?*"

To put this into perspective, 25 cents for each of the 220 million empties returned to the liquor and beer stores of Ontario last year would cover the global cost of care for Ontario patients by neurologists. Merely to inject some stability and certainty into neurological services would cost pennies a bottle more. In concrete terms, an additional $30 million would do more than provide stability for care.

"Simply put, now – when most needed – new trainees are not considering Ontario as a career choice," said Dr. Meloff. "There is a struggle for the best care of patients suffering disabling neurological disease, and it can be measured in dollars for care – provided, denied or rationed. It is for the public to choose how their health dollars are allocated, but it is our struggle – as neurologists – to provide that care for our patients. We urge the Ontario Minister of Health and Long-Term Care to bring reason and morality into this discussion before it's too late."

Dr. Singh agreed. “The best care for patients with neurological diseases is that which is provided by neurologists. If patients with neurological disorders are to obtain adequate medical care in the future, the Ontario Ministry of Health and Long-Term Care must change how they treat neurologists. Action must be taken immediately to stabilize the provision of care for patients with suspected or established neurological disorders, while increasing access. It is the only reasonable and moral choice.”

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The Association of Ontario Neurologists represents the majority of neurologists in the province. Its mandate is to ensure the best possible neurological care for the citizens of Ontario and to represent the interests of its members. To learn more, please visit the Association’s Web site at www.aoneuro.on.ca.

Backgrounder

❖ Neurology deals with the diagnosis, investigation and management of diseases of the central (brain and spinal cord) and peripheral (limb nerves) nervous systems. Neurologists are the experts who diagnose and treat neurological problems arising in these structures, and are the best choice to diagnose neurological disorders. They are not neurosurgeons but often work closely with them.

❖ Neurological problems include Stroke, Alzheimer's Disease, Parkinson's Disease, ALS, Headache and Migraine, Epilepsy, Multiple Sclerosis, etc.

❖ Neurology is a difficult specialty and requires extensive training. Other doctors depend on their expertise.

❖ The CT scan and MRI, while useful and invaluable as tools, cannot replace the clinical skills of a neurologist, since they focus on taking a good history and examining patients.

❖ Neurologists recognize that there is an increased need for their diagnostic skills, as the incidence of chronic and disabling neurological disorders increase.

❖ Community-based clinics run by neurologists are desperately needed to treat patients with Parkinson's Disease, Alzheimer's Disease, Epilepsy, Stroke and Multiple Sclerosis. Care for these patients is now inadequate and can only be provided by neurologists if appropriate funding and incentives are provided. The addition of nurses and physician assistants to such clinics would also be of great value in expediting treatment.

❖ There are less than 200 neurologists actively practicing in the province. By the year 2020, Ontario will need at least 100 more, as neurologists here are 50 years old on average. The province is currently short 40 neurologists.

❖ Waiting times for appointments to see neurologists are now at an all time high of six to 12 months. This is unacceptable for both neurologists and patients.

❖ The Government must find ways to keep our neurologists here and convince those who have left to return. They must also be willing to make the commitment to provide funding for the appropriate number of trainees.

❖ Neurologists are now one of the lowest paid specialties in Ontario. This must be addressed by the upcoming Ontario Medical Association/Ministry of Health and Long-Term Care negotiations in order to make the specialty viable and attractive once again.

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