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HOSPITALS PAY HUNDREDS OF THOUSANDS OF DOLLARS TO CONSULTANTS, PUBLIC AUDITOR FINDS

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Recent reports of our public hospitals paying consultants hundreds of thousands of dollars in fees is not simply disturbing from the point of view of the appropriate use of the public health care dollars. It is particularly disturbing in view of the fact that many hospitals ask our medical leaders to undertake onerous, stressful, 24/7 positions as chiefs of various departments including emergency departments for compensation that can only be described as insulting. The ongoing justification for the low remuneration offered by many hospitals is the ongoing cry of lack of funds.

In some busy community hospitals they believe Chiefs of Emergency departments should occupy the position for salary stipends prorated to two days per week. This completely overlooks the fiduciary duty that goes with such a job. Once you sign on, if someone doesn't show up for their shift the chief must cover. If someone cannot take call due to sickness or unexpected absence, the chief of the department must take the call. It doesn't matter that he or she may have already worked 60 or 70 hours that week. If the department is having a problem or is overcrowded or not moving appropriately in the middle of the night the chief must go in. The administrators and the consultants all go home.

It's time the chiefs of our hospitals worked together as a team and require disclosure of what their particular hospital spends on consultants (and for what exactly), before any of them accept remuneration for their leadership and the supervision and responsibility of delivering timely accessible patient care that can only be described in some instances, as demeaning.

Currently, the legislation we have, while it permits the services to be provided and to be paid for outside the public purse, it prohibits a radiologist from interpreting an MRI or a Cat Scan that is performed anywhere other than in a public hospital setting. It is for this reason that private business have partnered with public hospitals to provide the services. Once the service is provided on hospital premises any radiologist can then be given the scans to interpret and report. The time is overdue to change the regulations and allow our Radiologists to interpret Cat Scans and MRIs performed in their own clinics for non-OHIP patients.

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