

Dr. Brendan Lewis - Speaking Notes
Rheumatology Media Statement
April 29, 2010

Good morning,

Thank you for attending today's public information session. Over the past month, a number of health care issues have gained considerable public attention in the province. To date we have discussed challenges related to General Internal Medicine, Emergency Room Services, Primary Care and Psychiatry.

Today, we are discussing the challenges facing Rheumatology in Newfoundland and Labrador.

Before I begin, I'd like to address comments made by Health Minister Jerome Kennedy in reference to last week's psychiatry information session.

During question period in the House of Assembly, the Health Minister accused three psychiatrists of quote; "trying to paint a picture that is inaccurate."

I want to take this opportunity to assure the Minister and the public that the issues we are bringing forward are true and accurate. They are real stories about real problems that affect physicians and our patients every day.

Joining me today are three of the province's four Rheumatologists, Dr. Sean Hamilton, Dr. Proton Rahman and Dr. Majed Khraishi.

Arthritis is a painful and debilitating disease that has a significant impact on a person's quality of life.

We know there are more than 89,000 patients in Newfoundland and Labrador who have been diagnosed with the disease.

Many of these patients wake up every morning in pain go to bed in pain each night. This kind of suffering should not be dismissed; these people must not be ignored or forgotten.

There is no known cure for arthritis. As physicians, we try our best to give these patients some comfort by managing their disease through treatment and in some cases, through surgery.

Orthopedic surgery is the most common type of surgical intervention for arthritis. It presents a viable alternative when attempts at non-surgical management cannot prevent joint pain or damage.

As an orthopedic surgeon, arthritis patients represent a significant portion of my caseload. By the time they see me; many have undergone tremendous pain and suffering.

We know that the number of hip and knee replacements performed annually is rising and is expected to continue to increase. The fact that many orthopedic surgeons are now operating at capacity, is a clear indication that the system may not be able to respond to the projected increases of people with arthritis.

The province's inability to recruit new rheumatologists coupled with an aging population and a growing number of complex arthritis patients represent all the elements of a perfect storm. The time to take action is now.

With only four rheumatologists serving the needs of the entire population, the system is functioning well beyond capacity and at a rate that is not sustainable.

Scores of arthritis patients in the province do not receive timely access to medical services and are forced to endure unacceptable wait times, which can lead to increased joint deterioration, disability and preventable suffering.

Patients are particularly at risk if they live outside St. John's, where there are no rheumatologists and where arthritis is most prevalent.

If government is committed to reducing wait times and improving access to rheumatology services without compromising patient safety, then it must ensure that Newfoundland and Labrador has an adequate number of rheumatologists with the right supports in place to meet our patients' needs.

In recent days, Finance Minister Tom Marshall has repeatedly commented on the responsibility of Government to protect the public interest from a financial perspective. But what about the government's obligation to provide the kind of care that all Canadians are entitled to?

As physicians, we have a responsibility, indeed an obligation, to advocate for a standard of care that people living in Newfoundland and Labrador need and deserve.

Four Rheumatologists serving the needs of the entire population is just not enough.

We need more doctors.

By having better managed pain and improved access to rheumatology services, we can expect less wait times, less hospitalizations and reduced costs to the system over the long-term.

More importantly, it will mean improved quality of life for our patients.

I'll turn it over now to Dr. Hamilton.