

returned each year to the patient if his or her medical costs are below the cap. Equal access and universality would continue, and costs to OHIP would also be largely capped, which should lead to less taxation.

Therefore, instead of trying to pay for our flawed medicare system by increasing taxation why not look for an alternative method? Capping the gross income of physicians is very unfair in a free enterprise system, especially since we are the only group singled out for this injustice. We can scrape by on \$400 000, but if the work is justified the physician should be paid in full. Capping physicians' fees will only lead to stretched out consultations, tests and procedures.

Medicare's equation includes government (two tiers), patients and caregivers. Each must bear responsibility to make it work, not only the physicians. My two-tier system offers more fairness to all.

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*[The author responds:]*

I must take exception to some of the comments made by Dr. Baltzan. His first complaint, that I misrepresented the true purpose of the 1986 strike, is utter nonsense. I am well aware that some Ontario physicians rationalized the strike as a fight to retain the right of private practice. However, the only issue that truly mattered to the public was the cost of insured services.

By the way, the right to private practice has never been taken away, provided the physician has opted out of the provincial health insurance plan and the patient is willing to pay the fee in total.

The gist of Baltzan's second comment, that I display ignorance of economic matters, is partially correct. I am not an expert in

economics. However, I do know something of arithmetic. Baltzan's conclusion that since health care spending has not increased as a portion of the gross domestic product over the last 10 years "there is as much money left over now as there was then" is patently false.

Ten years ago Canada did not have a cumulative federal deficit approaching \$500 billion. Servicing the federal debt has become the single greatest expenditure on the federal ledger, sucking up dollars that should have been available as transfer payments to the provinces.

Dr. Lager presents the case for more fiscal responsibility on the part of patients. Since most provincial governments lack the intestinal fortitude to pursue such an agenda (at a paltry \$5 per emergency visit, neither does the government of Quebec) it is pointless to argue the merits of such a strategy at this time.

Like it or not, provincial governments have politically determined that they have a choice: they can either raise taxes or cut (or reduce the rate of growth of) the cost of medical services. If physicians wish to avoid the latter it is up to them to credibly defend the status quo.

**Brian Goldman, MD**  
Contributing editor, *CMAJ*

## Drinking and pregnancy

**I**n the Aug. 1, 1991, issue of *CMAJ* (145: 235) was the Newsbrief "Campaign by Manitoba MDs highlights risk of drinking during pregnancy."

These physicians should be commended for identifying fetal alcohol syndrome (FAS) as of high priority in preventive medicine. However, their commercial is quoted as claiming that "regardless of age or race, any drink

containing alcohol puts the fetus at risk." This is false information, because no research to date has documented evidence that after a single drink or a few drinks there is a risk to the fetus.<sup>1,2</sup>

At the Motherisk Program in Toronto we deal with scores of frightened women who would be ready to terminate their pregnancy if we told them that the few drinks they had had before realizing they were pregnant were teratogenic.

The Manitoba physicians should probably sponsor a study to find out how many unjustified terminations of such pregnancies may have been induced by their campaign.

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## References

1. Rosett HL, Weiner L: *Alcohol and the Fetus*, Oxford U Pr, New York, 1984
2. Abel EL: *Fetal Alcohol Syndrome*, Med Economics, Oradell, NJ, 1990

*[The Manitoba Medical Association responds:]*

On May 30, 1991, the Child Health Committee of the Manitoba Medical Association launched an awareness campaign about the risks of drinking alcohol during pregnancy. A 30-second commercial with a clear message to the public regarding the potential dangers of drinking during pregnancy was produced in conjunction with a local television station and broadcast daily for a 10-week period in English, French and Cree by local television stations.

The commercial highlighted the following points: (a) drinking alcohol during pregnancy may cause physical, mental and behavioural abnormalities in the baby, (b) there is no known safe amount, (c) all forms of alcohol (e.g., liquor, wine and beer) can