

*The following opinion piece by NLMA Executive Director Robert Ritter was published in the Saturday, March 15, edition of the St. John's Telegram.*

**By ROBERT RITTER**

The Commission of Inquiry on Hormone Receptor Testing will begin its long-awaited public hearings next week. Six critical questions will guide the inquiry – they all pertain exclusively to what, how and why things went wrong with specific laboratory tests and whether matters were handled correctly once problems were discovered. An over-arching goal of the initiative is to restore public confidence. But confidence in what? The mandate of the Commission is narrowly defined to a particular service area, that of laboratory services. As the hearings begin, we need to ask ourselves a number of tough questions and not lose sight of the big picture.

If there is a public loss of confidence, is it only about laboratory testing and safety or is it about getting the care you need when you need it? Are the circumstances that contributed to the hormone receptor tragedy unique to the laboratory environment or applicable to other areas of health care delivery? Do we have an environment that makes it easy for health professionals to do things right and difficult to get things wrong, or is it the reverse?

Most health professionals will agree that the underlying causes for adverse events, when they occur, are rooted in inadequate facilities and equipment and, most of all, a chronic shortage of qualified health professionals – doctors, nurses, pharmacists and technologists.

All of these professionals have been working under extraordinarily strained conditions. Workloads are far too high and bound to become worse as the population ages. Whatever other measures are needed to improve the system, a major infusion of the right health care professionals is paramount. Otherwise, more adverse events are not only a risk but a certainty.

When patients go to the doctor or the hospital with a serious medical problem, they are worried and need to be reassured that everything will work out fine. However, the reality is that the system will never be perfect. So the next best thing is to know that the professionals who care for them will strive for excellence and that the people charged with managing the system will do everything in their power to reduce the risk of things going wrong. We not only need to be doing the right thing, but be seen to be doing the right thing.

The Commission of Inquiry has been an important catalyst for professional reflection and self-scrutiny. Although the checks and balances within medicine are as rigorous as those of any profession, there is always room for improvement. The doctors of this province are listening to the public's concerns and are determined to respond accordingly. In particular, we will be critically reviewing policies and practices as they relate to physician-patient communication. Moreover, we are committed to doing so in a transparent and public way.

During the hearings, many details will be examined with surgical precision; painful wounds will be re-opened. The sadness felt by the injured patients and their families will be profoundly shared by all physicians who are committed to healing and alleviating pain.

This is an historic opportunity for our province to do the right thing for those who have suffered and, in their name, build a better future for health care in our province. In order for this to occur, we must come to grips with the whole issue and not just one toxic situation. It is time for the government and the health authorities to listen to its health professionals and do the right thing. Give our health care providers the working conditions that will enable them to deliver the kind of excellent care they are all ready, willing and able to provide.

*(Robert Ritter is the executive director of the Newfoundland and Labrador Medical Association.)*