

Romanow, Romanow, wherefore art thou Romanow?

The much heralded Romanow report is upon us. Many CJU readers were present at the International Prostate Cancer Conference in Whistler last year when Allan Rock addressed the conference on this subject. Rock was adamant that Romanow was open to all ideas, would consider every reasonable proposal, and that his report would have a transforming effect on health care in Canada. A federal review of Canadian health care seemed like a reasonable idea. Medicine has changed drastically since Medicare was introduced. The system has not adapted to these changes in any way. There is a wide consensus amongst Canadians that something needs to change.

We have been disappointed. Romeo died after taking "false" poison, and deceiving Juliet. Romanow deceives the public by claiming that the system is healthy, when in fact it is poisoned. The Romanow report is a reflection of the author's longstanding views that government is the primary solution for the challenges facing Canadians. The proposals perpetuate the hammerlock which the Canada Health Act has placed on innovation and local initiative.

Romanow denies the magnitude of Medicare's deficiencies. Concerns about quality are 'overheated rhetoric'. 'Medicare has consistently delivered affordable, timely, accessible and high quality care to the overwhelming majority of Canadians'. Waiting lists get half as much attention as aboriginal health. Concerns about the impact of the aging population are downplayed.

The report maintains that the fundamental structure of our system is sound and efficient. Yes, a single payer system is efficient to administer. But talk about efficiency to patients whose surgery is cancelled because there is no bed available; to patients waiting 8 to 12 weeks for a cystectomy because there are no anesthetists available; or to patients waiting 6 months for an MRI.

Romanow is a prisoner to ideology. He resists any hint of private sector medicine. Private labs, private clinics, private fees; all are discouraged. This is in sharp contrast to the many successful examples of public-private partnerships in Europe and elsewhere. Jean Chrétien returned from Sweden last summer musing about the apparent benefits of introducing private sector solutions to health care; all forgotten now.

The Romanow report will result in the perpetuation of the status quo. The hoped for infusion of funds will be a short-term fix. Our system will continue to deteriorate, accompanied by mounting cynicism. Private medicine will emerge, either above or below board, as the middle class seeks ways to manipulate the system. An opportunity for change has been missed; Mr. Romanow bears the responsibility for this.



This issue inaugurates the new Point: Counterpoint section of the journal. This section was inspired by a similar approach to controversial questions in urology presented at the annual CUA meeting. The subject is whether "Urologists should take an active role in the diagnosis and treatment of hypogonadism in the aging male". We have approached two recognized Canadian experts, Jeremy Heaton and Richard Casey, whose perspective on this important issue differs in fundamental ways.

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Debates have become common at medical meetings. These enliven the proceedings. There is a drawback to this format, however. In the service of winning the debate, speakers tend to polarize their argument in order to make the case more forcefully. In contrast, most medical controversies are characterized by shades of grey. Thus we have set up the Point-Counterpoint section as two position papers presenting different views on a subject. There is no winner or loser. Readers may decide for themselves which position is most persuasive, but in most cases both will have merit.

The subject of Andropause/ADAM/HAM is intensely controversial. The appeal of androgens as a fountain of youth for aging men is undeniable. A pill that endows the user with increased libido, increased muscle mass, and increased energy might not have satisfied Ponce De Leon, but goes a long way in the right direction. In the context of a youth-obsessed culture which has a deep-seated denial of death, a pill which restores the attributes of youth to aging men is compelling. The controversy lies in uncertainty about long-term side effects. The recent discovery that the risks of female hormone replacement therapy outweigh the benefits should be a cautionary tale for those practitioners advocating widespread male testosterone replacement therapy (TRT). In the absence of long-term safety data, caution is warranted.

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