16.0 MEDICAL SERVICES

16.0 INTRODUCTION

Medical Services refers to the role of doctors and medical care both inside and external to the WCB. The issue was characterised by a high frequency of discussion, with 567 respondents offering comments. The intensity of discussion was comparable to most other WCB issues - being ranked more toward the "high" than the "low" side. In particular, conflicting medical decisions and the role of doctors inside and outside the board had a high frequency of discussion. Just under a quarter of all comments on the issue of medical services were given by injured workers. The general public and unions also offered a few comments. Only federal government officials did not discuss this issue.

This paper includes eight sub-issues:
- Conflicting medical decisions
- Role of doctors inside and outside the board
- Accountability of WCB doctors
- Education and accreditation of doctors
- Choice of physician
- Alternative and non-traditional medicine
- Cost containment in medical aid and treatment
- Two tier medicine

16.1 MEDICAL SERVICES: Conflicting Medical Decisions

16.1.1. Overall Response

The most popular of the medical services issues, 191 stakeholders mentioned conflicting medical decisions. The vast majority of comments came from injured workers. Overall, the discussion was rated as high in intensity. The general public offered a few comments as well.

16.1.2. Discussion

A large number of injured workers (primarily) express strong reservations about the ability of WCB medical staff (either individual doctors or the medical review panel) to overturn and disregard outside and more qualified medical opinions, especially without compelling evidence. Some find this particularly galling in cases where the WCB doctor made a diagnosis without even seeing the patient in person or in cases where specialists' or multiple opinions were overridden.

There is some overlap between this issue and adjudication, specifically with regard to the adjudicator’s authority to make medical decisions. Many stakeholders express frustration over the adjudicators seemingly sweeping powers in this area to override or ignore medical advice from either within or outside the Board. However, some note that it is appropriate for adjudicators to call for additional medical investigation in the event of a conflicting decision, though others lament this does not happen often enough.
Some stakeholders believe that WCB doctors, especially those with a private practice, are in a conflict of interest position since they have split allegiances - to patients, as governed by the Hippocratic Oath and to the WCB, which many feel is motivated by cost control and a resulting tendency to deny rather than consider claims.

It is also mentioned that WCB medical review panel reports justifying termination of benefits have, in some cases, conflicted with earlier reports acknowledging work-related injuries. Some conclude that medical advisors or adjudicators falsifying medical reports could only explain this kind of phenomenon.

16.1.3. Recommendations

Out of the 89 recommendations given regarding conflicting medical decisions, well over half are that WCB doctors should not be able to override the decisions of outside medical practitioners (particularly specialists). The second most frequently recommended change echoes that mentioned under the issue of adjudication - that adjudicators should not have the authority to overrule or ignore doctors' diagnoses. Several stakeholders add that adjudicators should not contradict the WCB's own medical advice either. The other frequently mentioned recommendation is that specialists' opinions should be considered above those of non-specialists (although several stakeholders hold the opposite view).

A number of stakeholders believe that family doctors should generally command more attention in adjudication. Three stakeholders recommend that WCB medical personnel should not render medical decisions if they have not evaluated the claimant's condition in person. Some additional suggestions were given regarding the resolution of conflicting medical diagnoses. These include showing why and how new diagnoses differ from previous ones, not terminating benefits when conflicts are not yet resolved, requiring that all doctors assessing claimants be independent of the WCB and conducting additional medical investigations in instances of conflict.

Injured workers gave the vast majority of recommendations. The few offered by other stakeholder groups were either in agreement with the major suggestions cited previously or were very diffuse.

Example Recommendations
- WCB doctors should not be able to override the opinions of private doctors especially without examining the worker.
- The opinion of the family doctor, who knows the patient's history and can see the change in the condition of the patient after an accident, should become the priority when deciding whether or not to accept a claim. Presently, the opinion of the WCB doctor, who is obviously biased in favour of WCB (i.e. denying the claim), totally outweighs that of the family doctor.
• A single assessment should not be used to deny a claim, especially when it overrules the claimant's own physician.
• WCB medical advisors, when evaluating reports from physicians and specialists that unanimously agree on a particular diagnosis, should not over-rule or issue a contrary opinion without examining the injured worker and seeking an independent, second opinion.
• WCB doctors must examine patients and stop making decisions on information that is written on a piece of paper. If they are going to overrule specialists, neurologists, chiropractors and physiotherapists, then they must be able to back up their decisions. WCB doctors should not be allowed to work in private practice - it is a conflict of interest.
• WCB doctors should not be allowed to work in private practice - it is a conflict of interest.
• Obvious injuries, supported by reports from professional medical specialists should be accepted by WCB, and not questioned or totally ignored. To have opinions and recommendations from professional medical specialists overruled by WCB personnel (most of whom are not medical people at all) should not be allowed.
• If a WCB medical advisor disagrees with several doctors and specialists, the WCB medical advisor's opinion should be given the weight of only one opinion, and not be able to out weigh examination reports (especially when the WCB medical advisor has never examined the claimant).
• Make it mandatory that the WCB acknowledge letters and statements and expertise from top specialists in their particular expertise fields.
• Adjudicators or case managers should not be able to strike down doctors’ reports, and WCB medical advisors should not be allowed to overrule specialists’ reports.
• The WCB should investigate the practice of using one consultant’s opinion to cancel the opinions of several specialists.
• Decision should not be overturned by adjudicator or an UMA, a UMA who may or may not be licensed to practice medicine.
• WCB should listen to the family doctor because this doctor has dealt with the injured worker from day one – specialists do not always take the time to do histories. I believe [specialists do not] want to do all the paper work that's necessary to accommodate the huge file system required by WCB.

16.1.4. Quotes
• “The only function of the doctors (or former doctors)--none of them is licensed to practice medicine--is to dispute the reports of reputable surgeons and specialists.” (INJ-245)
• “WCB officials fail to put any credence to the claimant’s physician’s statements or recommendation, or to specialists’ learned recommendations unless they are under the employ of the WCB. Perhaps they should be using specialists in private practice rather than having a payroll of physicians.” (INJ-402)
• “If a person goes to the physician injured and they are treated and then sent to one or more specialists, who come up with medical documentation that the person is injured that should be sound evidence.” (MLA-001)
• “I think it is safe to assume that if two independent doctors agree on an injury that this should be sufficient.” (INJ-313)
• “How can they justify DOCTORS who don't have a medical background overruling specialists?” (INJ-198)
• “The Medical Review Panel must not have the power to overrule the diagnosis and recommendations made by a claimant’s physician. In [my] case, the diagnoses of several doctors were disregarded by the Medical Review Panel, who wrote that [my] disability was a misconception in my head.” (INJ-550)
• “Maybe adjudicators should adjudicate and let doctors do the doctoring.” (INJ-243)
• “The adjudicator almost never calls for more medical investigation, but rather uses the Board Medical advisor’s opinion as reason to deny the claim. Taking the process one step further, should the claimant provide medical opinion from a specialist in the appropriate field, still the adjudicator will continue to rely on the Board Medical advisor’s opinion and follow the same course of action.” (INJ-469)
• “How come a body part that worked fine before the accident, all of a sudden had a hereditary defect after the accident?” (INJ-355)

16.2 ROLE OF DOCTORS INSIDE AND OUTSIDE THE BOARD

16.2.1. Overall Response
The second most popular of the medical services issues, 121 stakeholders discussed the role of doctors inside and outside of the WCB. Again, over half of the comments came from injured workers. The general public, unions and independent employers also gave a few remarks each. This issue had a medium intensity of discussion overall.

16.2.2. Discussion
Much of the discussion relating to the role of doctors inside and outside the WCB ties in closely with the previous comments on conflicting medical decisions. Some of the same key concerns are raised, such as the doctors inside the WCB having the ability to contradict or disregard the opinions of those outside the WCB. Concerns over WCB doctors being in an inherent conflict of interest position and being able to make medical decisions without seeing the patient are also repeated under this discussion.

Many injured workers discuss the role of the family physician in decision-making, believing their opinions should be given greater weighting since family doctors know patients’ medical histories the best. Others talk about the perceived undervalued role of outside specialists in WCB medical decision-making. A few also believe that some outside doctors are intimidated by the WCB system.

Some stakeholders discuss the possibility of independently reviewing the role of doctors, particularly those inside the WCB. Others prefer disbanding the medical wing of the WCB altogether, and dismissing all WCB medical staff.

There is concern among others that employers are not adequately informed of medical decisions or involved in the decision-making process. Some employers also believe that
doctors outside of the WCB are not informed enough about workplace conditions or the WCB process and goals (especially the goal of returning the worker back to work). A few employers also suspect that family physicians are exaggerating their diagnoses in the patient’s favour.

16.2.3. Recommendations
A large number of recommendations are made with regard to the role of doctors inside and outside the WCB, the majority again being from injured workers. Despite this number, the suggestions fall within a fairly narrow band of themes - the majority of recommendations differ in nuance more than intent. The most commonly mentioned suggestion is that WCB medical decisions give greater consideration to the opinions and advice of claimants' family physicians. Echoing the previous sub-issue's recommendations, a number of stakeholders also believe that WCB medical advisors' opinions should not override those of outside doctors, outside specialists' opinions should be given greater consideration and that adjudicators not override or dispel medical opinions. Eliminating the medical role of the WCB is also frequently suggested, with stakeholders wanting to either get rid of WCB doctors altogether or disband the Medical Review Panel. Some believe that doctors evaluating claimants should be independent of the WCB, or, at a minimum, there should be an independent medical review body. Others recommend that WCB doctors be removed because of an inherent conflict of interest resulting from their employment with WCB.

The main recommendation highlighted by employers is that a greater onus should be placed on outside doctors to assist injured workers in returning to work. Some suggest that doctors more actively involve employers in accomplishing this and informing them about the nature of the worker's injury.

Having doctors from both inside and outside the board work on a case, insisting that WCB doctors be unbiased, open and willing to work with outside physicians, allowing the claimant a free choice of doctor representation in the making of WCB medical decisions and increasing the rigour of the initial medical assessment of the injured worker are each mentioned by several stakeholders.

Example Recommendations
- Doctors outside the WCB should be given a more important role in the system.
- Allow for effective input from personal physicians.
- WCB medical advisors are not qualified or are incredibly biased and have far too much input regarding the worker’s claim. Reports by an independent specialist should be a part of the claims settlement.
- That more credibility be given to the opinions, prognosis and diagnosis of the family physician. They are the professionals who have the most contact and interaction with the patient as opposed to the WCB doctor who may see the recipient once, perhaps twice during their recuperation.
- Opinions and diagnoses of family doctors and specialists should be used as evidence in determining claims.
The worker’s physician should be accorded an important role in claim adjudication, and in medical surveillance. Workers must be able to attend the physician of their choice.

To save money, time, and pain, WCB should accept the diagnosis of qualified specialists.

Make medical judgments based on unbiased, independent, expert specialists.

Doctors should be required to communicate with an employer prior to any decision on time-loss claims and should work with employers to investigate any available work and employee is capable of performing.

Get rid of the WCB doctors being paid by the board the Act should not state that any doctor who disagrees with a WCB doctor can be threatened by the WCB with losing their license to practice.

Do away with all WCB doctors.

The Worker’s Compensation Board of B.C. must trust non-affiliated doctors’ opinions, instead of disregarding them and using their own "medical advisor’s" opinions to override all others.

WCB doctors should not be allowed to overrule a specialist’s diagnosis without convincing medical evidence.

Doctors and specialists should have an advisory position with WCB and employer to assist the claimant in returning to work.

Get rid of the intermediaries (WCB doctors) and have provincial physicians handle the patients. Let the WCB be the record keepers and paper handlers.

The doctors must be patient advocates, and be independent of the WCB.

16.2.4. Quotes

“Doctors involved in claims should be in a "doctor/patient" relationship with the injured workers, with the WCB as a third party. The fact that WCB employs doctors to deny claims, and disregards the opinion of ethical doctors, indicates corruption within the WCB.” (INJ-014)

“It is only my doctor who sees me every now and then and who can give me a full unmitigated assessment of my case.” (INJ-156)

“The worker’s physician should be accorded an important role in claim adjudication, and in medical surveillance.” (UNI-068)

“Probably, it is more disappointing for me as a practitioner when I deal with third party peers such as the WCB to be told that my work is not really good enough. And that becomes very frustrating.” (MEP-016)

“WCB doctors conducting assessments for their employers seems to me like an obvious conflict of interest.” (INJ-088)

“More emphasis and consideration should be placed on the opinions of family physicians who have had a long-standing relationship with their patients.” (INJ-675)

“The committee also feels that the BC Medical Profession must assume a role in getting employees back to work as soon as possible.” (EMA-046)

“Do away with all WCB doctors.” (INJ-474)

“Replace the old boys network of medical advisors with outside physicians.” (INJ-617)
• “We have learned that many fine doctors, massage therapists, chiropractors are unwilling to take WCB patients. They say that dealing with the WCB is simply too hard.” (CON-112)
• “Colleagues and others in [my] profession didn’t want to come to this hearing because they might be identified and they could lose their work.” (MEP-011)

16.3 ACCOUNTABILITY OF WCB DOCTORS

16.3.1. Overall Response
This issue was added in addition to those developed by the Royal Commission due to its uniqueness and fairly high frequency of comment. A total of 64 comments were made on this issue, nearly all from injured workers (and with a fairly high intensity of discussion).

16.3.2. Discussion
The discussion on this issue centres on ethics, allegiances and responsibilities. A number of stakeholders talk about the general lack of accountability of WCB doctors within the system. Some state that they are not accountable to the general public, any ethics-regulating body or specifically to the College of Physicians and Surgeons for misdiagnoses, falsifying reports or underestimating the severity of injuries (especially uncommon or complex disorders). A few add that there is no accountability toward the objective of treating or healing injured workers. Others note that accountability exists, but toward either employers or the internal WCB system.

A few stakeholders are also concerned that the lack of accountability is reinforced by shelters and internal allegiances build into the system, including the absence of the right to sue for negligence. Numerous stakeholders believe that WCB doctors are in some cases negligent through their misdiagnoses, inappropriate remedy suggestions or harassment of injured workers. The system is seen as responsible for building in an inherent bias among WCB doctors against fairly evaluating worker’s injuries, evidenced, many argue, by the fact that medical advisors make diagnoses (which often counter outside doctor’s assessments) without even examining the patient. It is also mentioned that the system protects WCB doctors from being accountable for negative treatment of women.

16.3.3. Recommendations
The recommendations given with regard to the accountability of WCB doctors are generally of a common theme, but are worded quite specifically. Hence no one recommendation figures prominently. Some stakeholders state that WCB doctors should not be able to make medical decisions without actually examining the patient. Others state that WCB doctors must be held accountable for their actions in general, with some stakeholders recommending specific ways to enforce accountability, such as through WCB-imposed sanctions or through the College of Physicians and Surgeons.

A few stakeholders each add that WCB doctors must be removed from the WCB because of their inherent conflict of interest and bias against legitimising the claimant’s injury, that doctors’ opinions should be based on medical examination and fact, not on the will to deny the claim.
and that an independent review panel should be created to review WCB doctors’ competency levels.

Example Recommendations

- The WCB should not have doctors - they are biased. The WCB doctors should not be able to reach a diagnosis without actually examining the individual.
- The doctors should be more accountable.

16.3.4. Quotes

- “When you are not held accountable you can do whatever you want; you can destroy people’s lives and nobody’s held accountable. Why in the world are the WCB doctors not held accountable for their actions?” (INJ-228)
- “Since when does a physician, a specialist none the less, make a diagnosis without seeing the patient?” (UNI-012)
- “How can WCB doctors without seeing [me] write medical reports?” (INJ-259)
- “The WCB should not employ doctors that are mere puppets of the WCB.” (INJ-554)
- “One thing that stands out in my mind after seven years is that when you are a victim of WCB the specialists cease to talk to you and begin to talk about you. They attempt to avoid anything causing them litigation or further paper wars.” (GEN-045)
- “[He] has been deliberately lied to by some doctors trying to cover up their mistakes. Under the WCB legislation they know they cannot be sued by workers for malpractice.” (INJ-040)
- “WCB doctors regurgitate the same dogma that puts the WCB’s interest ahead of the injured workers.” (INJ-564)
- “[It is] important to have doctors at WCB accountable for the things that they say and do to women.” (IJA-004)
- “The College of Physicians and Surgeons must be able to interfere and overrule a WCB doctor’s decision. Doctors must not be protected under the WCB Act. The doctors must be held accountable for the medical decisions they are making.” (INJ-481)
- “The Board should be held accountable to a moral and ethics committee, with cases reviewed on a regular and random basis.” (INJ-483)
- “Also [doctors] should by law be directed to follow their Hippocratic Oath and be subject to the standard Code of ethics of the College of Medicine rather than practice the unbridled, unprincipled bigotry of their WCB masters.” (INJ-008)

16.4 EDUCATION AND ACCREDITATION OF DOCTORS

16.4.1. Overall Response

A total of 52 stakeholders talked about the education and accreditation of doctors. Of these, nearly three-quarters were injured workers and a few were professional association representatives and independent employers. The intensity of discussion on this issue was generally high.
16.4.2. Discussion
The most common point of discussion on this issue is the perceived unsatisfactory level of qualifications of WCB medical staff. Some specifically talk about the lack of official credentials, including the lack of requirement for licenses to practise medicine and the non-requirement of being a member of the College of Physicians and Surgeons. Of particular concern is that WCB doctors do not have to follow the College's Code of Ethics, or even, as some believe, the Hippocratic Oath. Others are concerned that WCB doctors, chiefly because of the fact that many of them are retired, are not adequately informed about newly identified ailments and treatments. Some even believe that this discrepancy between WCB doctors' qualifications and their control over claimants' medical treatment was grounds for a host of malpractice suits.

Some employers talk about doctors' lack of education regarding the WCB generally, the claims process and industry-specific or workplace-specific conditions. Only a few scattered comments deal with accreditation of physicians from the WCB itself.

16.4.3. Recommendations
Of the 33 recommendations given regarding the education and accreditation of doctors, a large portion of the comments relate to the lack of qualifications of WCB medical personnel. Many state that WCB staff (including adjudicators, medical advisors and rehab consultants) are generally poorly qualified to make medical assessments, while others specifically recommend that WCB doctors be licensed and certified by the BC College of Physicians and Surgeons. A few stakeholders also believe that WCB doctors should be trained with regard to newly identified diseases and new forms of diagnoses.

Though the majority of suggestions are again from injured workers, employers contribute a few recommendations relating to educating doctors about the philosophy of WCB, claims process and vocational rehabilitation. The remaining recommendations are diverse, with none being mentioned by more than one stakeholder.

Example Recommendations
- Claimants should be examined by qualified, independent physicians who have a knowledge of workplace injuries.
- WCB doctors/medical advisors must be properly qualified to assess injuries according to their area of specialty.
- Require WCB doctors to have the same current qualifications as regular doctors.
- There should be an inquiry as to why WCB doctors are not licensed.

16.4.4. Quotes
- “WCB should not be set up as a nice place for unlicensed doctors to spend their latter years.” (INJ-245)
- “Medical assessments should be made by qualified physicians in qualified positions.” (IJA-005)
• “The WCB doctors were negligent in their own code of ethics by using discriminatory remarks against me and further by actually altering the original diagnosis without any proof.” (INJ-012)
• “According to a reputable doctor, most family physicians or WCB doctors could not name the ligaments in the lower back or sacroiliac, let alone make an accurate diagnosis. Without a proper diagnosis, the right treatment is impossible.” (INJ-367)
• “To untrained personnel at WCB unless you are missing a limb or it is not observable they do not believe that you should be on WCB.” (INJ-532)
• “Don’t know what the protocol is on training medical doctors on conditions like thoracic outlet or new information regarding different conditions but it is important that they have a current knowledge and background of diseases and injuries in different work places.” (INJ-801)
• “Why does it seem the WCB doctors went to a different school than regular doctors?” (INJ-561)
• “Some of the doctors that work for WCB are not registered with the College of Physicians & Surgeons; others are zoologists. This proves to me that WCB does not care who they hire, as long as the person can lie and twist things around to their advantage at the injured worker’s expense.” (INJ-247)

16.5 CHOICE OF PHYSICIAN

16.5.1. Overview
A total of 46 stakeholders talked about issues relating to the choice of physician. Injured workers accounted for over half of all comments. Unions, medical professionals and independent employers also added a few comments. This issue was characterised by a medium to low intensity of discussion.

16.5.2. Discussion
The issue of choice of physician is a very contentious one. Injured workers who discuss this issue believe that they should be accorded the right to choose their own physician rather than the WCB or company doctor. Others strongly urge the Board to give more credence to the opinions of their family doctor, feeling that their own doctors know their health best and, at a minimum, are more qualified to diagnose (citing that WCB doctors are not even licensed practitioners). Some employers counter, however, that claimants should be restricted to seeing only WCB doctors, since family doctors are in a biased advocacy position and WCB doctors are more likely to be familiar with industry and workplace scenarios.

Some stakeholders also discuss the idea of a "Preferred Provider Network" as a plausible way of speeding up treatment and balancing the patient's right of choice with the employer's desire for doctors familiar with the WCB system and needs. Others discuss having multiple physicians assess the injured worker as another compromise.
16.5.3. **Recommendations**  
Of the 40 recommendations given regarding the choice of physician, the most frequently mentioned urge the WCB to trust and consider the opinions of claimant’s family physicians and to allow claimants the right to their choice of doctors, specifically their own doctor. Other prominent recommendations are that WCB doctors be replaced by physicians in the community and that consultation with specialists, not just general practitioners, be advised and encouraged.

Several stakeholders each recommend that WCB doctors be chosen randomly and by an independent body and that claimants be encouraged or required to get three separate opinions on their injury. All of these recommendations are made chiefly by injured workers, with the exception of two employers, who recommend against the right to choose (i.e. felt that claimants be required to visit WCB doctors only).

**Example Recommendations**
- Independent medical evidence should not be ignored.
- A Claimant should have the right to have his/her personal physician evaluate his/her condition.
- Medical proof of disability [should] be determined by the worker’s family doctor.
- The WCB should not have their own doctors; private doctors of the claimant should suffice.
- Use proper physicians right away – stop denying right to visit specialist.
- Maintain right to choice of medical practitioners.

16.5.4. **Quotes**
- “Claimants should have a choice of health care providers, not simply ones designated by the WCB.” (INJ-373)
- “As far as making a recommendation to improve the compensation I think they should let the local or family doctor or the physician treating me at the time have a little more say – go to a strange WCB doctor and you just get the feeling they want to get you out and give you a pat on the hind end and send you home.” (INJ-745)
- “We've been told [the WCB] want to know what family doctors say. We've also been told we are not to get outside doctors to look at him. They didn't outright say, "We'll cut you off if you do that," but it was inferred.” (INJ-149)
- “If a person can receive therapy or treatment at a local facility that is where they should go. By receiving treatment close to home the worker would be happier, and WCB would save money.” (INJ-313)

16.6 **ALTERNATIVE AND NON-TRADITIONAL MEDICINE**

16.6.1. **Overall Response**
Of the 29 comments relating to alternative medicine, over half were from injured workers. No other stakeholder group offered more than one or two comments on this issue.
16.6.2. **Discussion**  
A number of injured workers and professional associations promote specific kinds of alternative medicines, particularly acupuncture and chiropractic work. Specifically, these practitioners discuss enshrining consistent coverage of workers for alternative therapies and making payment comparable with more conventional medical practitioners.

Proponents of alternative medicine stress prevention and cost-savings (on foregone surgeries and prescriptive drugs) as rationales to at least experiment with moving further in this direction. Numerous research reports and references to other jurisdictions are cited in support of their case.

16.6.3. **Recommendations**  
Only 19 recommendations are given relating to alternative and non-traditional medicine, the majority being from injured workers. The majority of these suggestions are that the WCB should accept alternative treatments and therapies as compensable. Some of these recommendations stress chiropractic treatment, acupuncture and physiotherapy in particular. A few stakeholders also note that the use of alternative medicines would act as a more preventative cost-saving measure for WCB.

**Example Recommendations**
- WCB should be more supportive of unconventional treatments, which are more cost-effective and can be successful in treating injuries.
- We think it is appropriate for patients to be treated by appropriately trained regulated health practitioners who have acupuncture within their scopes of practice. This includes physicians and physiotherapists in all provinces and chiropractors, naturopaths and acupuncturists in some.

16.5.4. **Quotes**
- “[The] Ontario WCB does not distinguish among medical doctors, physiotherapists and chiropractors with regard to the fee.” (PAS-022)
- “Treatments such as acupuncture, chiropractic therapy, physical therapy, and specialized diets can sometimes be used to prevent the need for surgery.” (INJ-542)
- “Acupuncture is covered by WCB in the province of Alberta and ICBC in BC. There is a growing demand for alternative medicine services in the province of BC. A survey was done in 1995, which showed that fully 72% of those surveyed in BC were interested in complementary and alternative medicine.” (PAS-012)
- “Christian Scientists, aboriginal peoples, and other groups who prefer alternative methods of healing are permitted to receive compensation for injuries treated in alternative ways [elsewhere].” (NGO-001)
- “Alternative medicines should be considered, for instance chiropracty.” (MEP-009)
- “Although the WCB knows the benefits of chiropractic care, the WCB refuses to act reasonably to include chiropractic care in the compensation system in a meaningful way.” (PAS-017)
16.6 COST CONTAINMENT IN MEDICAL AID AND TREATMENT

16.6.1. Overall Response
A total of 24 stakeholders discussed cost containment in medical services. Injured workers were responsible for less than half of the comments, while independent employers, professional associations and the general public each added a few remarks.

16.6.2. Discussion
Few of the comments relating to inflating costs within the WCB as a whole relate directly to the cost of medical aid and treatment. Most notably, there is some disagreement between workers and employers as to some employers’ charges that outside physicians are financial burdens on the system since they are not encouraging the worker to return to work or are over-prescribing. The ability of doctors engaged in WCB cases to charge an extra fee is also called into question.

A few stakeholders also discuss, though not in any detail, the possibility of having cost-effectiveness reports blended into medical services. Cost control is seen as a potential adjunct to encouraging preventative medical approaches and alternative treatments and therapies.

16.6.3. Recommendations
The 22 recommendations on cost containment include a vast array of suggestions for controlling medical costs. Although injured workers discuss this issue at the greatest length, their recommendations are not as unified as those put forward by employers and the general public. Most notably, a number of stakeholders call for a re-evaluation and cap or reduction of the payment of doctors handling WCB claims. Some of these comments add that doctors should be paid the same rate as under the Medical Services Plan. Others call on doctors handling WCB cases to refrain from abusing the system through over-billing and discouraging workers from returning to work.

The only theme held in common by more than one injured worker regarding cost containment was that universal coverage of medical treatment (specifically prescription drugs) should precede cost containment as a goal.

Example Recommendations
• WCB schedule of payments to medical practitioners should be consistent with provincial schedules established by the Medical Services Plan.

16.7.4. Quotes
• “Start trusting our own medical profession and we could save millions a year.” (INJ-245)
• “Basically we don’t want to see any additional benefits that encourage employees to stay at home or off the job nor do we need additional paperwork that is costing us money.” (EMA-017)
• “Establish cost-effectiveness reports in order to keep healthcare costs proportional to number of claims.” (PAS-019)

16.8 TWO-TIER MEDICINE

16.8.1. Overall Response
Only 9 stakeholders commented on the issue of two-tier medicine. Two thirds of these comments were from injured workers.

16.8.2. Discussion
Of the few comments given regarding two-tiered medicine, although workers accounted for the majority of comments, employers talked at greater length on the subject. Some employers talked about instituting private health care facilities or referring workers to private practitioners in order to speed up and enhance the quality of service (thus returning workers to work quicker). Private health care is also seen by some as a way of reducing costs to employers. Other employers questioned whether the underlying values of a publicly funded health care system are still relevant given current economic priorities. It was also believed that the responsibility for injured workers is the WCB's, not the public health care system.

Workers counter that a two-tiered system would not adequately address the needs of injured workers. Some fear that a proposal for a "preferred provider network" is akin to a two-tiered system.

16.8.3. Recommendations
A total of 6 recommendations were given regarding two-tier medicine. Each recommendation is unique and peripheral, with the exception of two employers wanting the establishment of private clinics to help eliminate delays in treatment.

16.8.4. Quotes
• “If the public medical system means lengthy delays, private clinics should be used.” (IEM-137)
• “There are people who are disabled through non-work related issues and these people believe that WCB clients have far and away best services available to them. The argument is that it would create a two-tier system and WCB clients would benefit. If employers are paying for medical system then it is reasonable for employer and employee to expect prompt, effective and timely system that would get the employee back to work.” (MGS-005)
• “If workers compensation is to meet the needs of the people of British Columbia for a high quality public system that is equitable, effective and efficient in the context of changing workplaces, then re-examination of those principles is necessary.” (EMA-058)
• “Medical care of injured workers is the responsibility of the WCB and not the public health care system.” (MGS-021)
• “[Retaining a] public system is really important because every time we look at the privatized system, they aren't meeting the needs of injured workers.” (UNI-021)

OVERALL SUMMARY

The discussion and recommendations on medical services centred in large part on the frustration injured workers felt over the powers of WCB medical staff. In particular, it was strongly voiced that WCB medical advisors should not have the ability to overrule or ignore opinions of outside doctors. The same comment was echoed in relation to the authority of adjudicators. It was also frequently mentioned that WCB doctors should not be making decisions without actually examining the patient.

Many also expressed that the nature of the WCB system, which many believe is focused on cost control and thus has a bias to deny rather than accept claims, puts medical staff in an inherent conflict of interest position. Along with this conflict of interest, the lack of qualifications of WCB medical staff in relation to outside medical practitioners is also seen as contributing to misdiagnoses, mistreatments and unethical behaviour generally. For these reasons, WCB doctors are seen to be unaccountable and, in some cases, deserving of malpractice suits. A number of stakeholders suggested dismissing WCB doctors or getting rid of the medical wing of the WCB entirely.

Other prominently suggested changes to the system included enhancing the role of personal family physicians in the weighting of decisions, conducting independent reviews of WCB doctors and medical decision-making, raising the credibility of outside specialists’ opinions above that of either general practitioners or Board doctors, allowing claimants the right to their physician of choice and allowing compensation for alternative therapies such as chiropractic and acupuncture treatment primarily in the interest of saving costs.

Employers did not comment frequently on the issue of medical services. Their few comments were focused on outside doctors not having sufficient knowledge of the WCB system and not being motivated by a desire to return the patient to work. Some saw the role of the family physician as a biased advocate of the injured worker. A few also advocated a private health care system as a solution to rising costs.