

[»» Back to the story](#)

## Emergency Room Doctor Letter to John Nilson



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DATE | January 20, 2004  
TO | Hon. John Nilson  
FROM | Jon Witt, Medical Director  
Royal University Hospital, Department of Emergency Medicine  
RE: | **Critical Understaffing at Royal University Hospital ER**  
CC | Drs. C. Chase, J. Froh, S. Hayton, E. Lubiantoro, R. McCuaig, K. Mohr, A. Mueen, M. Wessels, P. Yang

Dear Mr. Nilson,

I am writing to you at the request of the Royal University Emergency Physician Group. I would like to express our concern regarding your departments' recent decision to unilaterally withdraw from the "Emergency Department Alternate Funding Agreement." The ER physicians at RUH ER have been working in an unsafe environment for too long. For over a year now the government has been working with the RUH ER physicians to come to an agreement for safe ER staffing. This fall the government put out an offer for safe staffing of RUH ER and a reasonable salary that would allow us to recruit in ER physicians to fill these badly needed positions (essentially, parity with the Regina ER's in terms of wages and staffing). Putting patients ahead of their pocketbooks, the RUH ER physicians agreed to forego a wage increase (an estimated loss of \$10, 14,000 for each RUH ER physician) in order to bring our ER staffing to safe levels. While other ER physician groups were turning down this offer, and threatening the RHA with job action over the Christmas holidays, we received assurances from the government that if we could just hang on for another month or so the government and the RHA would have the paperwork completed to have 2 ER physicians 24 hours a day at RUH ER by February 01. We were very surprised and angry when in the first week of January we were told that all contracts not yet completed were frozen and would be 'reviewed' in April, and that the government representative we had been dealing with was on holidays and unavailable until January 26. The RUH ER physicians feel that the government dealt with them in bad faith; that while we have continually been the ER group that is accommodating, and have tried to work with the RHA and the government to create an agreement that serves the ER patients (not simply the personal finances of the ER physicians), the promise of this agreement was empty and "we were dealt a pack of lies" (their words, not mine). Mr. Nilson

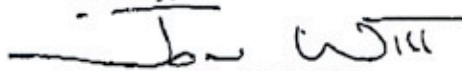
why would your department offer an agreement it did not plan to implement.

The ER physicians at RUH are very dedicated to patient care. When the province needed a regional 'Stroke Team' to treat acute stroke patients but there was no funding, we agreed to take on this service at no extra cost and with no extra resources, because it was in the best interests of patients. When the Children's Emergency Service was unable to staff the ER; we agreed to help, because it was in the best interests of patients. When General Surgery was unable to continue providing comprehensive trauma care we agreed to help, because it was in the best interests of patients. Mr. Nilson we continue to work for the benefit of the health of the people of Saskatchewan but at a certain point we realize that we can't do this without help. Too many days and nights we have the simultaneous arrival of critically ill patients, and it has become routine to make potential heart attack patients wait hours to be seen. Every night acutely ill children suffer in their parents' arms with pain and fever because we cannot see them for hours. To my knowledge, we have not had children die but, I know that there are patients who our ER physicians feel have been permanently disabled and died due to the critical understaffing at RUH ER. The 'Emergency Department Alternate Funding Agreement' that your department proposed and we agreed to would have solved the emergency physician understaffing at RUH ER. The funding in the agreement would allow for a minimum staffing of 2 ER physicians (on par with the Regina General) and the wage package was sufficient to enable us to recruit ER physicians for these new positions. This was a very reasonable agreement from all sides, and the big winner would have been the patients, the acutely ill people of Saskatchewan who need, expect, and deserve timely access to Emergency Services regardless of whether you live in Regina or Saskatoon.

I have appended the recent letter I sent to Mr. Krahn. As the letter indicates, the RUH ER physicians will be withdrawing from trauma and pediatric care as of February 01. This decision to withdraw services was a very difficult one for the RUH ER physicians. However, we feel that it would be unsafe to continue to offer a service that we cannot provide in a safe and timely manner. We feel that we have given the government and the RHA a reasonable amount of time to either implement the ER AFP that was previously agreed to, or put in place an alternative care plan to deal with these patients.

I would greatly appreciate it if you would contact me so that we could discuss this matter further.

Sincerely,



Jon Witt, MD, CCFP(EM)

