



**CANADIAN ASSOCIATION OF GASTROENTEROLOGY
L'ASSOCIATION CANADIENNE DE GASTROENTÉROLOGIE**

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Press Release

Attention News, Medical and Health Editors

For immediate distribution

HEALTH SYSTEM FAILING GASTROENTEROLOGY PATIENTS AS BEST PRACTICE TARGETS NOT MET

Montreal, September 12, 2005 - Canadian gastroenterologists are unable to meet best practice targets in the treatment of a majority of patients referred to GI specialists. A study of waiting lists in Canada shows an unacceptably high proportion of patients with urgent symptoms awaiting consultation and examination, excessive wait times for more than half of all referrals, and major restrictions on preventative care. These are some of the conclusions reached by the Canadian Association of Gastroenterology (CAG), whose *Gastroenterology Wait Times Program* practice audit had nearly 200 Canadian GI specialists capturing data on 5,500 patient visits over the course of a 6 month period.

“We expected that Canadians have to wait too long before being able to see a GI specialist and undergo a procedure or test. But until now, we had underestimated the extent and gravity of the situation”, says Dr. Leddin, president of the Canadian Association of Gastroenterology.

The *Gastroenterology Wait Times Program* study shows that two out of 4 patients classified as urgent and who should have been seen in 7 days waited 14 days while 1 out of 4 waited more than 5 weeks. “We are talking about urgent situations here,” states Dr. Leddin. “It is frustrating to know that our patients are suffering unnecessarily. “

CAG’s study also reveals that over one third of referrals to GI specialists have alarm symptoms, which may indicate serious underlying disease such as cancer. 50% of these patients wait at least 2 months to see a specialist and have a test performed and 1 in 4 waits more than 4 months for a Gastroenterologist consultation. “We are really putting peoples’ life at risk”, says Dr. Leddin.

The CAG urges the Federal and provincial governments to include digestive disease as a priority in wait list initiatives in order to ensure Canadian patients obtain appropriate access to gastroenterologists. “Digestive disease should be a priority for our governments as digestive diseases are responsible for 15% of the total direct economic burden of Canadian health costs”, says Dr. Leddin. This figure exceeds those for mental, cardiovascular,

respiratory and central nervous system diseases. These diseases tend to impact patients in the prime socioeconomic years of their life when they have many work and family responsibilities. Digestive diseases cause short-term loss of productivity, costing \$1.14 billion/year and exceeding the cost of mental, cardiovascular, respiratory and central nervous system diseases. “We really need to set our priorities straight”, recommends Dr. Leddin.

The CAG is proposing 24 recommendations on medically-acceptable wait times for gastroenterology, which should be considered as targets. These targets have been developed by a multidisciplinary group of 25 voting participants representing national and regional gastroenterology associations, general surgery, internal medicine and family practice and are based on public input and extensive literature review.

“Canadian gastroenterologists will need to work hand-in-hand with federal and provincial governments to remedy the current wait-time situation. The solutions will need to go beyond significant investment of human and technical resources and move towards the improved use of these resources. We hope that, by 2008, patients with digestive symptoms should not have to wait more than 8 weeks to see a gastroenterologist,” concludes Dr. Leddin.

About the Canadian Association of Gastroenterology

The Canadian Association of Gastroenterology (CAG) was founded in 1962 to promote the study of the digestive tract in health and disease. The Association is built on broad principles and includes individuals of different disciplines (physicians, surgeons, paediatricians, radiologists, basic scientists). Today, the Association is comprised of over 1,000 members. CAG members are actively involved in research, education and patient care in all areas of digestive health and disease, contributing to the economic and social health of all Canadians.

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