

## Paranoia, gut feelings, and the UCFA

**W**hen I used to do clinical teaching, I spent much time harping to medical students about how important it is to listen to your “gut.” Over a number of years, I bent ears with my thoughts on how important it is to respect and recognize your innate “clinical sixth sense”—a sense born of experience and learning—and listen to it.

I remember my clinical mentors and clearly recall how they tuned their senses when dealing with extremely complex clinical problems. These extraordinary clinicians used all their senses in clinical decision making and, with remarkable frequency, made diagnoses without the high-tech aids clinicians have access to today. They followed the dictates of Sir William Osler and always listened to their gut. If they had a sense that something wasn't right diagnostically, they would invariably keep looking and, in most instances, their sixth sense was right.

After reading *Aequanimitas* for the third time and finally adding feeling to my intellectual attempts to fully understand what he wrote, I began to listen carefully to that little voice Sir William and his believers (my clinical teachers) had added to my unconscious clinical brain, and I thank them all

every time I do because it's never wrong.

This certainly doesn't fit into the IT-based approach to the teaching of diagnostics and therapeutics these days, but I believe that the *art* of medicine needs as much teaching as the science.

The conflict over appropriate recognition and respect for clinical teachers and teaching at UBC continues unabated as a war of words, and it appears that both sides are preparing for a Mexican standoff. Unfortunately, most times the “first blink principle” guarantees that someone will do just that, and real damage can be done. In the past few months, after years of feeling the pulse of this problem, I have gotten a stronger sense that this whole unfortunate, highly politicized situation between the UBC Faculty of Medicine and the University Clinical Faculty Association (UCFA) is about to go wrong.

I hope I'm just being paranoid.

I know the UCFA is reluctant to blink because they understand that the list of injured parties won't include either of the combatant groups. Instead, those injured will be our future clinicians (who will be suddenly deprived of skilled, enthusiastic, en-

gaged clinical teachers), the citizens of this province, and the reputation of a previously excellent teaching institution. However, I think it is clear that as it exists now, the situation is untenable and if something substantive doesn't happen soon, the UCFA will almost certainly have to fire the first shot in what could end up being a bitter battle. The alternative of living with the university's status quo mindset that dictates that clinical teachers be treated like barbarians at the gate by the Faculty of Medicine is unacceptable. Though it will likely be a difficult task for the UCFA to make its case look reasonable in the court of public opinion, it should not be afraid to take the necessary next steps and then deal with the problem of public perception.

I am not by nature an overly paranoid person. For instance, although I live in a community that is 6 feet below sea level at high tide, I haven't initiated any global warming strategies around my home despite David Suzuki's worries about the safety of coastal communities once Greenland actually becomes green. It seems incongruous then that my fears about the future of clinical teaching just won't go away.

Paranoia, in the right amounts and at the right time, isn't a bad thing. Listen to that little voice in the back of your brain because it's rarely wrong. Our collective history and clinical teachers demand it.

—JAW

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