

Medical education in the North: A grand experiment

I recently attended the second annual Bob Ewart Memorial Lecture and Dinner in Prince George, an event that celebrates the burgeoning Northern Medical Program at the University of Northern British Columbia. I have been in support of the medical program at UNBC since the *BCMJ* began publishing Dr Harvey Thommasen's articles a few years ago. Dr Thommasen has been a vocal advocate of doctors trained in the North for the North, and I believe that the medical program at UNBC exists today, in no small part, thanks to Dr Thommasen's passion and commitment.

Before attending this event, my knowledge of the Northern Medical Program was confined exclusively to the articles submitted to the *Journal* by Dr Thommasen and co-authors. In

them, he writes about the problems of recruitment and retention of medical personnel in the North, the unique health needs of the Aboriginal and non-Aboriginal residents of non-urban locales, and the need for people who have an intimate knowledge of the people and the problems of the region to find workable solutions to them: solutions for the North by the North.

At the dinner, I discovered that Harvey Thommasen reflects a level of passion for a cause that is shared by an enormous number of people living outside the Lower Mainland. I was introduced to a group of doctors and local citizens, all of whom consider themselves part of the UNBC medical program and active partners in ensuring its success. It was a treat to see their sense of pride when the first- and

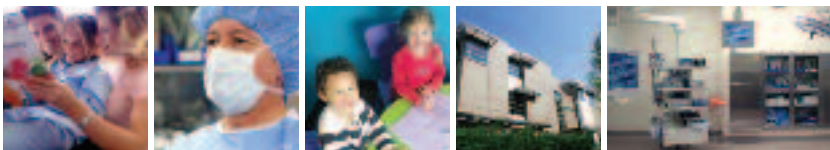
second-year medical students were presented to the 485 attendees.

The dinner was excellent as were the speeches by the various dignitaries. But the most interesting part of the evening began after all the speeches and award presentations were completed, when I had an opportunity to speak with some of the local docs, many of whom are clinical faculty. It was immediately apparent that this group is as committed to the success of this important experiment as are the non-medical people who were in attendance. However, they have the same concerns as the UBC main campus clinical faculty regarding how they are viewed by the rest of the permanent faculty members and the dean's office: there is a significant difference between what

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the clinical faculty and the dean's office feel is adequate compensation (recognition) for their time and expertise, and a resolution to this problem must be found quickly.

The UNBC medical program is a grand experiment and it needs to succeed. This project is extremely important for the people of the North. The administrative core of the UBC Medical School must not drop the ball on what is bound to be a red-hot political item in the next provincial election. If UBC doesn't push the right political buttons and convince Victoria of the enormous political points that clinical faculty funding guarantees would create, particularly in the North, it should be prepared to deal not only with the new government it may be responsible for creating, but also with a large clinical faculty at UBC and its satellite campuses that remains as dysfunctional and unhappy as it is now.

All that negative stuff aside, I can't remember a medical school function I enjoyed more than this recent one. The optimism in the room was refreshing and the truth is if they achieve better than a 50% retention rate, the whole thing will have been a great success. I look forward to seeing just that.

—JAW

Privilege

Sometimes I wonder how much any of us look beyond our own immediate concerns and needs. I can't remember if it was the seventies, eighties, or nineties that was supposed to be the "me decade," but it has certainly dragged on. The word for the new millennium often seems to be solipsism—and the fact that I use a word like *solipsism* without bothering to define it shows how little we seem to care for the needs of others.

But then one of those events happens that is significant only in retrospect, and we have to think again. I attended a memorial service for a friend and neighbor, someone I have known for over 25 years as a captain of industry and a pillar of the community, who had died suddenly and unexpectedly. The community gathered, along with other captains of industry, and the service was simple, dignified, and sad. The reflections of the family members were particularly touching, and we were left with the impression that this had been a person with depth and feeling. The captains of industry seemed a little restless during the service, but perhaps that was just me.



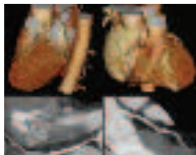

The service was followed by a reception (in many places it would

have been a wake), at which the captains of industry—and there were quite a few of them—spoke about the qualities of my friend and neighbor. They lauded his qualities of integrity, patience, perseverance, and vision. They applauded his achievements on behalf of the community. They reminisced about his quirks of personality. And yet, and yet... there was a hollow at the centre of the achievements that they praised so highly. The qualities he showed, and the accomplishments that were associated with him all surrounded objects and activities, committees and functions. Things, but not people. And I was left reflecting, once again, how privileged we are in this most human of professions.

Unlike my friend and neighbor, I can't claim to have built any landmarks or shaken the hand of visiting royalty (although I was not too far from Elton John on one memorable occasion). But I have held up a newborn baby for an exhausted, exhilarated mother and father to see. I have held the hand of a frightened young woman as she drifted into unconsciousness before surgery, and I have held the hand of an elderly woman as she died. I have been told things of the most personal,

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