

# 2006 bcma annual meeting

10 June 2006

Sheraton Vancouver Wall Centre Hotel

## Debate rattles Wall Centre walls

**E**arly on at the business meeting of the BCMA's 2006 Annual General Meeting a member stood up and asked those assembled, "Why are there so few people here?" At that point, there were about 150 members in attendance (numbers swelled in the afternoon, given the interest in the information technology session scheduled for 2 p.m.). It's a question that's been asked before, of course, with many possible answers, some dark and suspicious, some more ordinary: docs are over-worked to begin with; why would they

give up a Saturday for their professional association? Or, some might argue that the BCMA doesn't listen to its members. Or perhaps it's because motions passed at the AGM are advisory to the Board only, so why go to all the trouble?

In truth, attendance is poor at medical association meetings across the country, and the BCMA is doing fairly well when compared with its peers. Even adding CME and a top-notch lineup of speakers, as was done in 2000, didn't Hoover in the crowds, so why spend all that money?

It's also true that the motions passed at the AGM are advisory only, and the Board has the right to not act on them if they wish—certainly a frustration for members who take the time to attend, put forward well-thought-out motions, and argue passionately to get them passed. Dr Jack Burak, who was chairing the meeting, acknowledged this problem and point-

ed out that it's one of the issues Dr Arun Garg's Ad Hoc Committee on Governance and Structure is currently wrestling with (more information on the committee is available at [www.bcma.org/members/Governance/Gov-Index.htm](http://www.bcma.org/members/Governance/Gov-Index.htm)).

### On democracy

Members did not disappoint in the area of being forceful, dogged, and eloquent. A series of motions were eventually passed, all with near-unanimous support, that were aimed at increasing the transparency of the decision-making process of the Board—to make motions, even those not passed, available to members on the BCMA web site, to make dissenting opinions available, to provide a full archive of past motions, and to generally facilitate and encourage openness and accountability. The only argument against any of these motions was from a few (non-Board members) who were concerned about the practicality of an archive with no time limit, but the notion of any limit on access was put down most memorably by Dr Victor Dimfeld, who was in fine oratory form on Saturday.

### Financial report

In his Audit and Finance Committee report, Dr Don Rix was clearly happy to report a number of things: first, that the BCMA continues to be in a strong financial position; second, that it had once again received a clean audit; and third, that the Committee was not recommending a dues increase for 2007.

#### 2006/2007 BCMA elected officers

Dr Margaret MacDiarmid, President

Dr Geoff Appleton, President-elect

Dr William Mackie, Chair,  
General Assembly

Dr Brian Brodie,  
Honorary Secretary-Treasurer

Dr Carole Williams



Dr David Lintern



Dr Katherine Paton



Dr Mark Schonfeld



In addition, the Finance Committee brought forward a motion that honoraria day rates be increased for both Board and Executive Committee members. Dr Rix and his committee recommended an increase from \$600 to \$650 for Board members and an increase from \$700 to \$750 for Executive members. Numerous members rose to speak in favor of the motion, and Society of General Practitioners President Dr Cathy Clelland introduced an amendment to increase rates a further \$50 per day, to \$700 and \$800 respectively. The motion was seconded by Society of Specialist Physicians and Surgeons President Dr Jon Slater, and passed easily, with abstentions from current Board and Executive members. Finally, the assembled members elected Drs Don Rix, David Jones, and John Turner as members at large to the Audit and Finance Committee for 2006–2007.

**Getting IT right**

The afternoon information technology (IT) session was delayed because the numerous debates of the morning had to be finished in the afternoon, but the session, which drew members who might not otherwise have come, eventually got underway.

The first presentation was from Mr Peter Durrant, the executive director of Ministry of Health’s eHealth Program, who spoke about the many health information technology projects currently underway. A Physician Information Technology Office (PITO) has

**AWARD RECIPIENTS**

**Dr David M. Bachop Silver Medal in General Medical Practice**  
Dr Michelle Van Den Engh

**Dr David M. Bachop Gold Medal for Distinguished Medical Service**  
Dr Heidi Oetter

**Dr Cam Coady Award**  
Dr Patricia Baird

**BCMA Excellence in Health Promotion**  
BCAA Traffic Safety Foundation’s Mature Drivers Program  
SportMedBC 13-week walk/run program

**CMA Honorary Membership Award**

Dr Lyon Appleby  
Dr Iain Begg  
Dr Charles Ennals  
Dr William Meekison  
Dr Jakob Meyerhoff  
Dr Jacques Roy  
Dr Mavis Teasdale  
Dr Ernest Wigmore

**BCMA Silver Medal of Service**

Dr Victor Dirnfeld  
Dr Gur Singh  
Dr Gordon Thompson

**BCMA Partners Scholarships**

Mr Benjamin Tuyp (Vancouver)  
Ms Courtney Landsiehl (Abbotsford)  
Mr Shawn Crockett (Vernon)

been set up, with joint representation from the BCMA and the government. Unfortunately, Mr Durant’s talk was a rather dry listing of the initiatives and structures being set up, so there was little there for members looking for practical information they could take away.

Dr Geoff Appleton’s presentation, on the other hand, did contain relevant information, detailing what would be covered by the IT money in the new contract (most things) and PITO’s milestones (receive requests for proposal from vendors in the summer; select vendors in the fall; implementing first components with an initial group of physicians in late 2006; wider implementation in early 2007). See [www.bcma.org/members/bcma\\_information/member\\_news/2006/PITOFAQ.htm](http://www.bcma.org/members/bcma_information/member_news/2006/PITOFAQ.htm) for information on PITO.

Not everyone was happy with the direction PITO is headed, however, and Dr Jel Coward ignited a debate centered on patient confidentiality. Dr Coward, with letters of support from the BC Civil Liberties Association and the BC Persons with AIDS Society in hand, introduced a motion to slow down the process of implementing EMRs until a public consultation process was completed. The motion was hotly debated, but was defeated in the end, seemingly due to a reluctance to slow down a process that everyone agrees is overdue.

**Highlights from incoming president Dr Margaret MacDiarmid’s speech**

“The new president of the BCMA is often asked, ‘Why do you want to be

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Dr Victor Dirnfeld



Dr Dorrit Klarke



Drs Bill Mackie, Geoff Appleton, Margaret MacDiarmid, and Michael Golbey



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Drs Chris Sedergreen and Erik Paterson



Drs Brad Fritz and Jean Clarke

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the president?' A few years after I opened my first practice (in Trail) I realized I was letting my patients down with alarming frequency. I sat with them in my office, their homes, or at the hospital, explaining why I couldn't get them what they needed, apologizing for the system, for an overworked specialist, for the shortage of nurses, for the lack of palliative care, or for the absence of home support, and was quite helpless to change it. Then two events launched me into action.

"The first was the dispute between rural doctors and the government in 2000. We were in jeopardy of losing our specialists. We ended up in negotiations, and I was selected to speak on behalf of my colleagues. I did a lot of media interviews, and discovered I liked explaining our side of the story.

"The second event was when my father got sick and, after almost two weeks in hospital, he died. There were major gaps in the care he received, and I felt the health care system had really let him, and my family, down. It was

a very difficult situation, but it made me determined to make the system better by getting involved in the BCMA. And here I am.

"As the incoming BCMA president, the things that matter most to me and will influence my time in office are:

- Mentoring medical students
- True patient-centered care
- Professional unity

### Medical students

"Mentoring medical students is an important aspect of leadership. We need to help these young bright minds develop leadership skills, and learn how to lobby—not only to influence government, but also to have an impact on health policy development.

"We all know what it was like to accumulate student loans, and then struggle to pay them off. But the situation is getting worse. These days it's not uncommon for medical students to graduate owing more than \$100,000. As soon as they graduate, the loans become re-payable—before they have started residency and before they are earning at their full potential.

"There are debt forgiveness programs, but not for all students. One requires living and practicing in a designated rural community. Another is based on new doctors committing to a full service family practice located in a designated under-served area. These are good programs, but they only work if the student is willing and able to live in one of these rural or under-served communities.

"Evidence shows that many new doctors are making career choices based on their debt load. Some are turning away from family practice for better-paying specialties, and some of those young specialists are choosing another province or the United States for their practice once they finish their residency.

"To help reverse these trends, the BCMA is advocating three things:

- Raise the amount that students can borrow.
- Declare residency an interest-free period where interest does not accrue and loan repayment is optional.

Drs Tracy Monk and Aurn Garg



Dr Lloyd Opper



Dr Jon Slater



Dr Baldev Sanghera





Dr Margaret MacDiarmid and Ms Bette MacDiarmid



Drs Ebrahim Rafi-Zadeh and Richard Blackmore

- An interest rate reduction program for doctors who commit to staying in the province.

“By the end of my term, I want to see a commitment from government on these proposals.

**Patient-centred care**

“Patient-centred care is health care centred on the patient and his or her needs, not driven by hospital staffing, available technology, a waiting list, or some administrator’s budget. It’s not even driven by, or focused on, the disease. In true patient-centred care, we don’t treat just the problem or condition. We treat it in the context of the patient as a whole person.

“The role of the patient changes, too. He or she is now a partner in their own health care—involved in discussions around prevention and health promotion, in discussions about their condition and how to manage it. There is evidence that when patients believe they have a say about how their health is managed, outcomes are better, and costs are lower.

**Access denied**

“Yesterday was the one-year anniversary of the historic Chaoulli-Zeliotis decision that Quebec laws prohibiting the purchase of private health insurance violated Mr Zeliotis’ rights under the Quebec Charter.

“With this ruling, the Supreme Court sent a powerful message—that access delayed is access denied. As physicians we have to ensure our politicians are actively working to improve access to care. It’s good to see that provinces and federal government have finally agreed to wait time benchmarks for five priority procedures, but this is just a first step. Ultimately we have to reduce wait times in *all* areas of our health care system.

“Yes, the BCMA continues to support a publicly funded system. However, we also believe that, if the public system can’t meet demand, then private providers should be used to deliver publicly funded services. Even if it means restructuring the Canada Health Act to allow the expansion of private sector care options and private

payment alternatives—but only under certain, well-defined circumstances.

**Openhearted fearlessness**

“Some time ago I read a review of a National Youth Orchestra concert in Prince George. The orchestra is made up of talented young musicians from across Canada. The reviewer said that during one of the pieces, a number of the musicians had tears running down their cheeks. They held nothing back. They played with what she called ‘openhearted fearlessness.’

“Many of us hold back, and for all kinds of reasons. As your president, I don’t want to hold back. I want to lead with that sense of openhearted fearlessness, and I want the BCMA to be an openhearted, open-minded, and fearless organization.

“As president, I promise that I will be a fierce advocate for you and all of our patients.”

—Jay Draper  
**BCMJ Managing Editor**

Dr Steve Goodchild



Dr Zafar Essak



Drs Dan MacCarthy and Brian Day



Drs Angus Rae and Jim Wilson

