

Strong opinions? Whatever

I've had the sense for quite some time that my writing has been sounding more like an Andy Rooney rant about how great things used to be rather than an uplifting affirmation of how great we've all become. I realize that this is most likely a reflection of the average length of my terminal teleomeres, but after some recent events that remind me of the radical seventies, I think I may have been short-changing the professional commitment and revolutionary zeal in all those new young doctors.

There have been a number of quasi-subliminal things that have been niggling at me for quite some time now. I'm obviously having trouble articulating them (usually to the captive audience who sit around our dinner table most Sundays), since shortly after I start speaking about them one of the invitees invariably offers a toast to some obscure entity from Greek mythology or engages me in a conversation about the mathematical derivation of Planck's constant. At the end of the meal I'm left with a quorum of grandchildren and pets, all of whom seem much more interested to hear my

view of things than their parents. Most recently I have been inveigling my rapt, almost sentient listeners (toddlers) with my sense that society is moving progressively to the middle of the bell-shaped curve, and there appears to be a need to look, sound, and behave like everyone else. This is particularly noticeable in the speech characteristics of people in North America, where many young people are losing the unique regional speech patterns of their recent forebears. Additionally, it really doesn't matter where you go today, most young people not only sound the same, they also look the same.

It's also clear that politics is moving to the middle of the road, and there is little ideological difference between parties as they all try to convince the conservative-minded majority how conservative they are. In the past few years it has been an entertaining exercise observing the various parties struggling mightily with their party ideologues to convince them to jump on the "I am not politically threatening" bandwagon in hopes of gaining control of the middle (e.g., Mr Buzz

Hargrove's recent public support for a non-NDP federal candidate).

This trend to median-ism seems to exist in medicine as well, as doctors march to the middle of the road along with the rest of society. Twenty years ago, medical meetings were taken up with heated debates among individuals with strong opinions. Today, they are congregations of very busy individuals intent on getting to consensus as quickly and as easily as possible. Strong debate seemed to be an important component to effective, safe decision-making in medical/hospital politics in the past. I worry that the willingness to enter into fiery debate is now an uncommon trait among practising in-the-trenches docs. Political invisibility—besides being a dangerous disservice to our patients—is most likely just another example of a collective apathy driven by progressively tighter controls of our professional lives by legislators and bureaucrats.

However, a couple of recent events have gone a long way to suggesting that there is still a fire burning in some

Continued on page 258


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Continued from page 257

altered lifestyle perceptions of trainees have made it impossible to devote time to teaching gratis. It is time for the university Faculty of Medicine to abandon its "command-and-control mindset" and enter an era of real partnership with their fellow educators in clinical faculty.

"Partnership" and "command and control" are not compatible. This is why the BC Medical Association has decided to enter the picture and to begin a dialogue with the Faculty of Medicine aimed at generating a fair contract for clinical faculty.

I would submit that such a contract must include recognition of clinical faculty's right to independent representation, protected time for teaching, and an independent mechanism for dispute resolution. The University's full-time faculty will accept nothing less, and neither should clinical faculty.

—Richard Loomer, MD
New Westminster

Re: Status quo— not an option

In JAW's editorial (*BCMJ* 2006; 48[1]:4-6) and G.F.O. Tyers's letter (*BCMJ* 2006;48[4]:163), the only possibly factual information given was that only Canada and North Korea have "monopolistic government control of the country's health services" and that "Canada ranks 2nd in the per capita cost of our system but 30th in the WHO's measure of quality." This information would suggest that the US is number one in cost (they have three tiers—private, public, and no care) and that there must be almost 160 countries who rank below Canada in "measure of quality" (elaboration might reasonably be requested) but don't have "government monopoly."

Although Dr Tyers refers to the "brutal" regime in Cuba, I suspect that Cuba probably rates fairly far down in rankings of brutality among regimes that have two-tier health care or

private-only care (e.g., Saudi Arabia or China). The link between for-profit medicine and brutality is rather tenuous at best.

—Michael Dettman, MD
Vancouver

Notice of duplicate publication

As corresponding author of "Use of crystal methamphetamine and other club drugs among high school students in Vancouver and Victoria" (*BCMJ* 2006;48 [1]:22-27), I wish to alert readers to our omission of reference to a related report from the same survey, "Increased risk of 'club' drug use among gay and bisexual high school students in British Columbia" (*J Adolescent Health* 2006;38:458-461). This latter report presented unique findings regarding gay students but duplicated those contained in *BCMJ* Table 2. We express our sincere apologies for not informing the editors and referencing the other report in each paper.

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Continued from page 250

of our colleagues. The recent decision of the Lower Mainland ER docs to make a stand about the abysmal situation in their ERs deserves applause. Their decision to take their untenable situation in their own hands and shout loud enough so the right people heard must have been a difficult one to make, but to their credit they stood up and never flinched. Recently, Dr Brian Day stood up for something he believes in and obviously struck a chord with his colleagues. The next year should be interesting as the political decision-makers in this country will find to their discomfort that they will not be able to ignore Dr Day.

I think the rest of us should take a close look at these people who are not afraid to stand up and aggressively engage in debates important to our society. I wonder what would happen if the rest of us with strong opinions were moved to follow the recent examples set by our colleagues, moved away from the comfortable middle, and decided to take a chance by standing up and talking about what's right? If enough of us speak loud enough, who knows, good things might happen.

—JAW



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