

Dr Ballem and failed collegiality

6 January 2007

Doctors as individuals are for the most part emotionally generous, helping people. However, I continue to be distressed by the shark mentality many of these same individuals can demonstrate toward their colleagues, particularly when they belong to professional monitoring groups, act as agents of governments, or are employed by government agencies or institutions.

I recall writing an editorial titled "Eating our young" a number of years ago when the BCMA for a short time agreed to a proposal by the government that the best way to professionally populate isolated and rural areas was by limiting the licensing (and MSP revenues) of new physicians if they decided to practise in regions with

no physician recruitment/retention problems. The courts quickly solved this problem and by so doing forced the government and BC's doctors to look at establishing several satellite medical training facilities, including a program in Prince George dedicated to training doctors "in the North, for the North." Additionally, now that they are provided with an almost-reasonable monetary benefit for those who choose to work in isolated, often professionally problematic locations, my rural doctor friends tell me it has become less difficult to find locums.

More recently, the ongoing intransigence of the UBC Faculty of Medicine (FOM) to entertain the development of a proper, legal agreement with the UBC Clinical Faculty Association (UCFA) has a number of uncomfort-

able medical-political undertones. All of these dark and mysterious issues circulate around the historical control needs of university-based physician-scientist-educators, but at the end of the day this is all about money. The UCFA docs dedicate an enormous amount of time to clinical teaching, most of which is not compensated. Many of these excellent teachers and mentors are frustrated, angry, and ready to withdraw services in the absence of any meaningful negotiations. However, renewed optimism for an acceptable recognition package may be in order given that the BCMA negotiators (since agreeing to act for the UCFA) appear to be close to resolving most issues. But I wonder if all of the acrimony and angst could have been avoided. If these physician combatants had worked together from the start in negotiations with government developing a creative, acceptable economic solution, I wonder how long it would have taken, and more importantly, how much better their professional relationships would have been at the end? This suggestion ignores what are likely fine points in tort law and government labor settlement rules of engagement, but does common sense ever come into play in these nasty little skirmishes?

Now Dr Penny Ballem has stated that doctors treat people poorly in BC and she quit government because the BC government refused to agree to her suggestions regarding performance monitoring of docs. First, I wonder whether Dr Ballem's blanket statement that 60% of our diabetics and 80% of our heart patients are prescribed the wrong medications is fair. Perhaps Dr Ballem is basing her numbers on the practices of docs who are now billing for the chronic disease management

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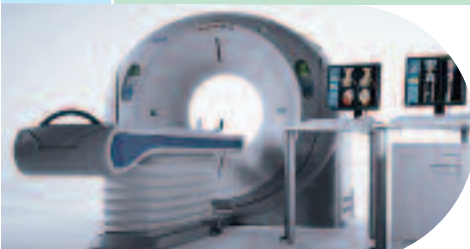
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fee item, as she seems quite critical of a program that rewards doctors for the extra work they need to do for these patients. However, this program has dramatically altered the quality of care for at least 70% of the patients whose doctors participate in the government-funded program. With more than 2700 family docs now participating, it looks like more than 50% of patients were receiving optimal diabetic care at the end of 2006, and with continued expansion of this program we can expect the number to continue to improve. I suspect that Dr Ballem is quoting numbers from some recent BC study (apparently the cardiac numbers come from a published nationwide study), but this is never articulated. I suppose it's also possible that this could just be an educated guess on Dr Ballem's part based on a distillation of statistical information from a number of different

sources. Irrespective of the source, I'm interested in the origin of the 60% and 80% numbers she quoted and then completely ignored the success of the current cooperative program between government and the BCMA.

Dr Ballem threw gasoline on the fire by adding that as a result of this huge burden of incorrect clinical decision-making, "some patients are dying." Dr Ballem tried to soften the blow by stating that she was not critical of doctors, but what on earth did she think a public statement like "are you killing people this week or not?" would do to the confidence level of our patients suffering from diabetes and other chronic medical conditions?

Premier Campbell made it clear in a recent response to Dr Ballem's criticism that he felt a cooperative approach to chronic disease management processes and best practice suggestions between government and doctors was much more effective than the confrontation Dr Ballem had favored. I suppose that Premier Campbell had already decided that a fight with BC's doctors was not politically expedient, but I believe he sees much more value in cooperative problem-solving than political steamrolling. Premier Campbell's government has come a long way toward getting a passing grade as far as health care is concerned, but the most important thing they have learned is to be less inclined to draw lines in the sand. Penalizing doctors by agreeing to institute Dr Ballem's directives would have almost certainly resulted in a prolonged, acrimonious conflict that in the end would have helped no one.

All of these little vignettes document what continues to vex me as examples of failed collegiality and I wish I didn't feel more of it every day. If I could have any wish for 2007 it would be that we all try a little harder to be nicer to our colleagues. Happy New Year.

—JAW

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