

Guilt-free CME

Nowadays we are less punished by feelings of conscience than we used to be, as Mr Alexander McCall Smith has observed, because guilt is slowly disappearing from our lives. On the one hand, that's a good thing, because guilt can cause enormous unhappiness and has done so in countless circumstances. But on the other hand, guilt provides a kind of moral compass and is a potent disincentive for actions that are wrong. Some of us were raised in circumstances that ensured a feeling of guilt about everything we did, and it has taken me a lot of rationalization over the years to grasp that not all guilty pleasures need be guilty. But still there is the uncomfortable feeling that someone is watching disapprovingly.

I'm going on the *BCMJ* CME cruise, but my conscience is uneasy about it. I'm feeling guilty because

potentially it will be a pleasure-filled event, and CME is supposed to be serious stuff. The purpose of CME, surely, is to make us better at what we do, and we should thus attend events that are reliably going to do so. Yet I fear that we're all more inclined to attend events that are offset by some indulgent pleasure than events that fulfill a clearly identified professional need. So I'm concerned that my decision to go on this cruise indicates a slide into decadence and self-indulgence, without tangible professional gain.

No, wait! Going on the cruise will be a courageous undertaking, now that I think about it. First, I will have to brave the hazards of air travel, including the stress of confronting both Canadian and US Customs officers. I will be willingly exposing myself to the possibility of contagious disease, including not only Norwalk but also a

whole host of other possibilities: Legionnaire's disease, yellow fever, malaria... There is also the possibility of piracy in the Caribbean, so I'm told, and I doubt that the ship has an on-board militia to repel any armed attack. And what if the ship sinks? Clearly we will be in some danger for the whole week. The Caribbean sun can be ferocious, so I will also have to remember to use sunscreen and wear protective clothing, and I just know it won't be enough. I anticipate significant pigmentary change, which will undoubtedly affect my self-esteem. I will be forced to eat food according to the ship's schedule, not my own—whatever happened to self-determination? The hazards of forced alcohol consumption speak for themselves. There will be the financial stress of having to buy souvenirs and provide

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hospitality. And on top of these hazards, I will be attending CME presentations by colleagues with vastly superior presentation skills, again buffeting my self-esteem.

Help! How could I possibly have decided to do this? How can my colleagues undertake this kind of activity without fear? Forget guilt—there are much greater hazards facing those who attend this CME activity. Spare a thought for the courage of the *BCMJ* Editorial Board members, who may or may not be back for the March issue.

—TCR



Letters for Personal View are welcomed. They must be signed, and may be edited for brevity or clarity. Letters commenting on an article or letter published in the *BCM J* must reach us within six months of the article or letter's appearance. They should be double-spaced and fewer than 300 words. Letters may be emailed (journal@bcma.bc.ca), faxed (604 638-2917), or sent through the post (The Editor, *BC Medical Journal*, 115-1665 West Broadway, Vancouver, BC V6J 5A4).

Heated rhetoric or Holy Grail?

JAW's editorial in December entitled "Paranoia, gut feelings, and the UCFA" (*BCM J* 2006; 48[10]:488) warns that the medical school could fail to reach its potential unless the Faculty of Medicine (FOM) and clinical faculty teachers reach a working relationship consistent with the norms of 21st century society.

Although we are short of doctors, many of those we have throughout the province would welcome the opportunity to teach medical students and residents, enriching them with their own experiences and, in turn, being enriched as the learners strive to keep abreast of advances—a form of mutual CME. If we could enlist them, we would have the potential to develop one of the most active, vibrant, and productive medical schools in the country. But there is a snag.

These professionals make a living attending patients and are often hard-pressed because of capped incomes, rising overheads, and increasing demands; furthermore, good teaching takes time and time is money. Many potential teachers would be reluctant to enroll if it meant losing income or using family time to attend their patients long after the learners' day is done. Our salaried colleagues in the Faculty of Medicine would not consider such a sacrifice.

If clinical faculty teachers were treated with respect as equal partners with their salaried colleagues and, like them, enjoyed similar rights, including a written renewable contract, a third-party dispute mechanism and a guarantee of compensation for costs and teaching time they would, in all probability, queue up to enlist.

That this is self-evident should be a "no-brainer" to anyone living after the time of Charles Dickens, but for

reasons about which we can only surmise, the FOM is dragging its feet. In the past, several excellent teachers have left Vancouver for Surrey, Richmond, Victoria, and Kelowna to avoid contact with the FOM. This is a tragedy. We should be proud of and support our medical school and help it achieve its glittering potential, the Holy Grail of international recognition, which is well within its reach. But unless the FOM changes its approach and accepts the right of clinical teachers to modern working conditions, the expanded school will falter and could fail, to the detriment of every British Columbian.

JAW's editorial warns of the danger of a standoff and of the heated rhetoric between the FOM and the UCFA (University Clinical Faculty Association), which represents many of the more active clinical faculty teachers, and urges the protagonists to bury the hatchet. Only secure, unthreatened, and respected clinical faculty will do a good job, but if discontented, their learners will suffer.

Fortunately the BCMA has entered the fray at the invitation of the UCFA, and perhaps we can look to the future with optimism. The FOM may fear losing power if it concedes rights to clinical faculty teachers, but on the contrary, together with an enthusiastic, respected clinical faculty workforce, its influence over the training of doctors will be enhanced. Let's dump the heated rhetoric and go for the Holy Grail; the UCFA and clinical faculty are ready. The ball is squarely in the FOM's court.

—Angus Rae, MD
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of Medicine UBC
Past President, UCFA**

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