

## You can't keep a good doctor down

**T**he Kelowna Medical Society held its Annual General Meeting on Robbie Burns night and being of Scot heritage (not to mention BCMA president), I was invited to speak. It was a most enjoyable evening, encompassing lively discussion, laughter, and passion to improve the system.

It was uplifting for a MacDiarmid with ancestors originating in the Hebrides to be officially piped in to dinner, which was followed by a stirring reading of Robbie Burns' famous "A Man's a Man for a' That." And to top it off, no haggis was served—an acquired taste that I have yet to acquire.

The Kelowna Medical Society also has its own tradition: the famous bun-toss. This involves hurling buns at the dinner speaker and certainly sounds most entertaining, at least for the audience. I wondered if I would witness this particular activity.

However, as it often does, a serious side to this meeting existed as well. The frustrations Kelowna doctors face nearly every day are well documented: lack of acute and long-term care beds, gridlock in the ER resulting in frequent code purple status, difficulty in recruiting ER physicians, and the challenge of retaining nursing staff. Surgical specialists are wondering if the constant cancellation of elective

surgeries will ever end, and the shortage of GPs means many are resigning their hospital privileges and large numbers of patients are unable to find a GP. Many of the Kelowna doctors I spoke with expressed frustration with bureaucratic management of their health care system. All this is contributing to low morale.

Of course, these problems are not limited to Kelowna—they are in your community too. The BCMA is well aware of the frustrations doctors face nearly every day, and your association works hard to find solutions.

Top priorities for the BCMA Board include improving doctors' relationships with government and health authorities and having a positive influence on health policy. These two priorities really go hand in hand. Doctors are seen by their patients and the public as being well educated, trustworthy, and to be counted on as leaders within the health care system.

I spoke to the Kelowna Medical Society about doctors' critical role as advocates for our patients, for the health care system, and for the profession.

During our discussion that evening, it became clear that despite their frustrations, Kelowna physicians remain active in their quest to improve delivery of health care. Proposed solutions included building the infrastruc-

ture needed to train medical students; expanding the hospital to include a cardiac surgery program, thereby relieving pressure on Vancouver and ensuring regional patients are cared for nearer their homes; creating a strong chronic disease management and prevention program; and providing more comprehensive palliative and end-of-life care for patients. The final topic discussed was the increasing burden of student debt and the possibility of creating more bursaries to provide students with some relief.

Physicians in Kelowna, and indeed around the province, take different approaches as they work to convince the provincial government and their health authority that their ideas have merit and should be supported. They refuse to keep their heads down, hoping the situation will miraculously improve.

I went to Kelowna with a message about hope for the future and how, together, physicians can and must work within the system to make it better. I came away with a renewed sense of optimism and the knowledge that you just can't keep a good doctor down.

And no buns were tossed, at least not at this meeting.

—Margaret MacDiarmid, MD  
BCMA President

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### Bed-finding proposal

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patient's condition worsens further, I write another order stating, "I believe patient's condition is critical. Please notify hospital administrator of receiving hospital immediately." If the patient dies, I can write an order saying, "Please notify hospital administrator of the receiving hospital that the

patient has died." The onus would no longer be on rural physicians or receiving specialists to find/beg for hospital beds, and the responsibility of adverse outcomes would shift toward administrators and health bureaucrats, where I believe it truly belongs. After all, as far as I can tell, no one asked the doctors how many beds hospitals

would need when administrators and health bureaucrats rather arbitrarily slashed bed numbers after recommendations from health care academics.

Some feedback from my rural and specialist colleagues on this issue would be appreciated.

—Harvey Thommasen, MD  
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### personal view