

interview with the president



Bill Mackie steps up to the plate

Dr Bill Mackie is not letting his dedication to sport medicine and health promotion color his year as president. He's set his sights on even bigger targets: the Physician Master Agreement, uniting disparate physician groups, and increasing member engagement with the BCMA.

Dr William (Bill) Mackie has been a family doctor for 31 years, and involved with the BCMA for 20 of those years. *BCMJ* Managing Editor Jay Draper spoke to him in June. Here are excerpts from their conversation.

You were an accomplished gymnast before you became a doctor. What was your event?

When I first started it was things where springy legs were required, like floor exercise and vaulting. Then as I got older it was things that involved a lot of skill, like high bar and parallel bars. Then I focused on strength and hard work, which for me were rings and pommel horse.

How long did you do it for?

From age 10 until 27—through most of school. People ask me how I trained and competed in university and through medical school, and I just thought, well, I did it every year before that and there's no particular reason to stop, so I fit it into my life.

Can you tell me a bit about the Olympics?

At the Olympic trials I injured my

knee but finished winning the competition, and was preparing for the Olympics with a full-length cast on my leg. I was strong and fit on leaving for Munich and expected to compete well. Then I injured myself when I got there. My accomplishment of making the Olympic team was met but the injury prevented me from completing the competition. I flew back from Munich and started UBC Medical School that same day in 1972.

But something I bet you'll never forget.

It was a great experience and a culmination of a lot of work. And then I did compete through a few years in medical school and traveled with the team between my years there.

And you coached as well?

When I started practising medicine in Victoria I coached a team at the University of Victoria when gymnastics was a Canadian university sport.

And do you coach now?

No. I did the administrative thing and learned how to effectively run meetings when I was involved with gymnastics associations. I became

president of the BC Gymnastics Association and was on the board of Sport BC. I was also on the board of the Sport Medicine Council of BC. All that experience helped me with my BCMA work.

So three of your six kids are elite athletes?

Yes, the three youngest are international competitors. My son Owen competed in international gymnastics meets and they've taken him to Japan. My daughter Gael was the Canadian champion in gymnastics as a junior when she was 13, and senior champion when she was 14, and then part of the Olympic team when she was 15. And Charlotte, who is now 14, was on the Pan-Am gymnastics team last year and we went with her to Rio de Janeiro, where they won a bronze team medal.

And your wife is athletic too?

She was in gymnastics too. My brother Gord, who is on the board too, was a competitor in gymnastics also.

So you have both nature and nurture for the kids.

And an understanding of the hard

work it is and how much time it takes. We also understand that it has to come from within them. You can't make somebody work that hard for any kind of goal. It just has to be that they love it—and that's true with all kids and all sports, not just in competition. Our son Drew got very interested in bikes and biking and finally competed in BMX racing and BMX Freestyle. Christie was very involved in gymnastics. Vicky did team sports and competed around the province. So they've all been athletes but they've all enjoyed it. With our kids we've tried to not make the motivation come from us. In fact with all the driving and attention it takes we've said, "If you want to stop doing it that's perfectly fine with us. Who's going to talk to the coach?" If the parents take it on as their mission to have their kid be successful it's a no-win situation. The kids think you're pushing them rather than you enabling them. It's the same with academics.

So you're still very active with running and swimming.

I like to run and swim whenever I can. I've taken up fly fishing because we have a great place to do that. We retreat to Peter Hope Lake which is just past Merritt. And we retreat up there when we have a weekend or a long weekend that we can get away. Our ability to go for long periods of time is restricted in part by the kids' training; they can't take too many days off without having their performance slip. Our work schedules and our meeting schedules make time off difficult. In the summer we spend a lot of time in the lake, and in the winter we cross-country ski and skate. There are many activities up there so it's really an active holiday.

And you've taken up golf.

When I started practice in Victoria I joined the Victoria Golf Club. I was a social member there. And then once the kids started coming along it was just too much of an investment to play

4 to 6 hours when I had the responsibilities of the kids, so I just let golf go. But now that they're older I've taken it up again. I'm certainly not a good golfer, but having some basic motor skills from my past has helped.

I like fixing things that are broken.

You were planning to be a teacher but were steered toward medicine. What's the story there?

I planned to study physical education because I was involved in sports and gymnastics, so my mentors were in education. Then in university I studied anatomy and physiology, and I did quite well. So some of the instructors said, "Have you ever thought about medicine?" I had, fleetingly, but then it started to seem like more of a reality. I later applied at a couple of medical schools in the US, but didn't get accepted. I graduated with a BSc from University of Michigan and was completing my master's program, and asked an anatomy instructor, Dr William Castelli, for a reference for a lecturing job in Thunder Bay. He said, "I thought you were doing medicine," and when he heard my story, he started making phone calls to admission and got me back on track toward medicine. So I took that job in Thunder Bay, and was there teaching and finishing my master's thesis at the same time. During that year I applied to Medicine at UBC, and was accepted.

So what was it that made you decide to go into medicine? Was the sport medicine a large part of it?

Well, the option was open. At that age you feel that you can do anything if you put your mind to it. Sport medi-

cine was something that really interested me. The advice I give to people contemplating going into medicine is, If your heart's really in it go for it. If you're going to do it because you think it's a decent occupation or you're going to get incredibly well paid you might want to do other things. But if you love it, go for it.

You mentioned that it was a challenge. Is that something that you are looking for generally?

Well I'm sitting here in the BCMA President's office, so I guess so! My wife has observed that I tend to see everything I do as challenges. If I have to cut the lawn, it's me against the grass, it's me against the wasp nest at the cottage, or me against something or other. So life for me is a series of challenges.

What's your favorite thing to do as a doctor?

Helping people maintain their health is my biggest focus. I enjoy helping people overcome obstacles to fitness and experience the benefits of physical activity. If I can get that message across to a number of people through my working day I go home feeling satisfied.

What's your least favorite thing to do?

It's not hard work. It's going out of your way to do something extra special for somebody in a medical way and just having the response that it's expected and they pay their MSP premiums and that you should do whatever they want you to do as their doctor.

A sense of entitlement...

Yes. It may include dealing with 10 different issues on one singly booked appointment. If you have a number of those in a single day you go home feeling tired and burned. So I think there's a balance there between educating

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your patients, and if you do that, they'll often know that they can slip an extra little thing in quickly but that they're there for the primary purpose of their visit. I think it seems a bit harsh to say "I can only deal with one problem a day," but there should be recognition that when people book an appointment for a visit that it's usually one major thing.

You aren't going to get ahead by getting a group of like-minded people and opposing everything the BCMA is doing.

How do you do that?

I think you say, "Well, it'll take time for me to focus on that other problem, so we may have to book another appointment." Because that's really the case. I recently read *How Doctors Think* by Jerome Groopman, and he says what you really want from a doctor is somebody who has the freedom to really think about your problem, which I agree with. If you rush in a few extra problems at the end of a visit you take away the doctor's ability to give those additional problems full concentration. If it's something like a refill or something, that's not a big deal. For the convenience of the patient we're happy to do that in most cases. But it's a fine line.

Is there a typical day for you?

Well, we still have a 14-year-old who trains in gymnastics 6 days a week for a number of hours. She goes to a spe-

cial sports school where her academic subjects are compressed into a morning so she has the afternoon free. My wife is a GP too, so between us we spell off the driving to and from school in the morning, home for lunch, then to and from the gym in the afternoon throughout the school year. So once that driving, picking up, dropping off is completed then we fit medical practice in between. That's a typical day.

Can you tell me some highlights of your career in medicine?

Graduating from medical school was certainly a highlight, and being associated with incredible people in my medical class was a highlight. Getting some unusual diagnosis right is a highlight—those one-time-in-a-lifetime diagnoses. The other things are just being effective at helping people get through life's crises and experiencing some appreciation—thankfully those come just about every day.

What are some of the problems at BCMA that stand out to you?

I'd like to get people to work together, minimizing their weaknesses and emphasizing their strengths.

So that's a problem that you currently see at the BCMA?

There are people who criticize the Association yet expect that they're going to be able to rise within it. Why would you want to be a part of an association that you think is doing things wrong? We're not a multiparty system like provincial and federal governments, so you aren't going to get ahead by getting a group of like-minded people and opposing everything the BCMA is doing.

One argument is that the best way to change a system is from within.

To show that you care and to work within the structures to suggest some changes. Everything doesn't go your way the first time. That's one thing I learned with gymnastics; you fall

down many times before you actually learn to do the things you desire. It's the same thing with the Association. You may not get elected to the position you want the first time.

Why did you want to become President?

I was chairing the Athletics and Recreation committee of COHP and I would make presentations to the Board. There, I realized, is where decisions are made and where projects are supported. I thought it would be interesting to take part in that. I ran as a vice-delegate, and did that for a year. In those days there'd be two microphones at the end of the room and somebody would get up and give an explanation for something that made perfect sense; I would think, "I support that." And then the person at the other mic would get up and give exactly the opposite and it would make sense too. Where am I going to come down on this as a voting member? I liked the challenge of that. And then I thought it was so interesting that I wanted to know what it's like to be a real Board member, so I ran as a delegate and was elected.

So you saw that that was where the greatest influence was?

It was interesting to see the direction our medical association was going. I always felt incredibly proud of BCMA and the things I was doing in it. And when I traveled to CMA and realized the respect that other provincial associations hold for BCMA I was impressed. I saw many presidents come and go, move up to the responsibility and then ease off into different areas of their life, and it struck me that, when I'm ready, that would be something that I'd like to do. As with all these things, there's a time when you're ready. For me it goes back to trying something new in gymnastics—you're going to fall down. You either stay fallen down or you get back up and try again, with the learning of what made you fall down in the first place. So I

ran against Heidi Oetter for secretary-treasurer; she won that. She did a great job. I then considered running for president-elect. I had some different views on health promotion and involvement with the CMA that I wanted to bring forward. Dr Turner was running too as incumbent, and I thought well, if I don't win it's a learning experience. Of course John won, and I have great respect for him. It's a working democracy. After a few years I thought well, I'll run for secretary-treasurer again. I saw the benefits of moving up slowly, where the secretary-treasurer learns about financing the association. As chair of the General Assembly you take on some increased leadership roles, and then as president-elect you're more involved with the everyday running of the association.

There's a lot of lead-up to being president, and then it must go by fairly quickly. Is the 1-year presidency too short?

In fact, it's a 3-year commitment or longer. You commit from the time you say you want to be the secretary-treasurer. So there are 3 intense years where you're intimately involved as president-elect, president, and past president—most people seem quite relieved at the end of those years to move along and do other things. A lot of people move on to doing things with CMA. I'm not sure that's what I want to do. I may want to be involved in things where I can have some influence in physical activity for kids, adults, and the elderly.

Have you modified your practice at all to suit the demands?

Every president thanks the people who are helping them when they're president, and I can certainly see why. My associates Garry Feinstadt, Stan Lubin, Ian Gummeson, Joseph Chong, Sara Forsyth, Cheryl Smits, and Eric Cadesky have taken on a lot of my responsibilities. They've done my call for me and they've answered the

phone for me when I'm not there and just made it so much better for me and my patients. The office staff is critical to my success as well—just having hardworking people who can shift your schedule so you're the least embarrassed about missing appointments or keeping people waiting is invaluable.

If you could accomplish just one thing this year, what would it be?

That's a tough one. I'd like to get a successful team together to negotiate the reopener of upcoming contracts. I'd like to see the Physician Master Agreement effective in all its capacity to resolve issues and disputes between the doctors and the Province. I'd like to see medicine be a strong, respected, and democratic profession. Those are the key points. I will feel disappointed if those issues aren't enhanced.

Yet none of those things relate to sport medicine or health promotion.

That's right. We've got a new chair on the Council on Health Promotion—Dr Lloyd Opper. The health promotion part is now his job, and I know he's going to shine. I'll support him where I can.

So what's going to be your approach with government?

My approach will be to be principled, to listen to what their issues are, to be strong and persistent. I think I'm known for my persistence. Some people would call it banging my head against the wall. But I think that's what I can offer.

What do you think of the pharmacist prescribing legislation?

I don't think that it's going to make the world come to an end. Even in the places where it's been instituted, very few pharmacists take it on. Nobody wants to work in an area that's outside their training and scope because that puts them at risk—what happens when it goes wrong? So I think it'll be



Bill Mackie with son, Owen.

fairly insubstantial. If this is the thin edge of the wedge, then we have to make sure that we have plans for it if it starts increasing.

Now when it comes to properly enlarging the scope of practice, there are cases where it's probably a reasonable thing to do, like nurses learning to suture. People need health care whether there's a doctor in the area or not.

As part of the BC Supreme Court judge's ruling in favor of keeping Insite open, he described the supervised injection site as a health care facility. What you think of that assessment?

We all want to keep people with devastating addictive disease alive. Once we've kept them alive, they need access to appropriate treatment—that's really the total package. What would we want for our own kids if they became addicted to drugs? We'd want them to be kept alive, number one. We'd want them to move into a program that treats them and frees them from the ravages of addiction. I believe that what we want for our own kids should be what we want for everyone in our society. **BBMJ**