## Farewell

About 25 years ago I received a phone call from a member of the BCMA Board of Directors asking if I would be interested in becoming a member of the *BCMJ* Editorial Board. My initial thought at the time was to graciously decline as my three hyperactive, time-eating kids and a harried "what do you mean, you're on call this weekend again" wife were about all the extra-to-the-office commitments my 25 1/2 hour day would allow.

I replied, "Well, I don't think so," but promised to think about it over the weekend. Strangely, I did think about it—a lot—and the prospect of doing some critical scientific reading coupled with an ability to rant on paper started to gain traction. When I mentioned all this to my wife, the only response was a heavenward glance and some mumbled words that sounded something like, "I don't freaking believe it."

At the time of the call I was about 10 years into practice and was starting to feel pretty stagnant. I was not reading much, not feeling like much of a medical scientist as most of my medical information at that point was coming from drug detail people, collegial conversations in the OR change room, and an occasional weekend conference. On Monday morning, throwing caution to the wind, I called and asked about the next meeting. That decision turned out to be one of the three good ones I've made (the first being my decision to marry my high school sweetheart and the third, my recent decision to re-mortgage the ranch and buy the new square-head, FTi Callaway driver).

On reflection, my experiences over the past 27 years as a member of the *BCMJ* Editorial Board (the last 16 as the editor) have been almost universally satisfying and gratifying for me, both professionally and personally. Having this other professional persona has forced me not only to read a lot but to read critically. It has made me think about the pertinence of scientific publication, the role of print media, the hierarchy of evidence, the definition of evidence (if there is any), and what scholarly readers want to read in addition to their ongoing professional maintenance reading needs.

In addition, the professional and social interactive times with the editorial staff and the members of the Editorial Board are by far the most important parts of the decision to keep doing this job many years more than I had ever intended. To have been asked to be part of the ongoing story of this important part of BC's medical history has been a great honor for me personally.

However, I've often wondered (quietly to myself in a very dark room) why no one has ever suggested that I should quit. I've also wondered if I may have stayed a tad too long, and although I will miss the action and the people at the *BCMJ,* I'm making the call before someone else does. It's time to go. I think all this was nicely crystallized for me when I recently received a Gold Card from MSP and my wife suggested I should put it in my wallet before I forgot where I had put the darn thing (5 minutes ago). About a nanosecond later I decided to start spending my RRSPs before my will does and full retirement is some-

thing that has a beginning date in the near future with a plan that has it happening before my name shows up in a (hopefully) well-written obituary.

The new editor is my good friend Dr Dave Richardson, a well-rounded, highly energetic, very intelligent, committed physician who combines his impressive skill as a writer with his unique brand of humor. It is gratifying to see how Dave has grown into a skilled editor since joining the Editorial Board, and I am fully confident that he will continue to ensure that this classy little publication continues to be the favorite read of virtually every doctor in BC.

I know there will be no disagreement when I say that I join the past and current editors, Editorial Board members, and editorial staff, in stating that for all of us who have had anything to do with this publication, it has always been, and will continue to be, a labor of love.

**—JAW**

## Medical writing prize: $1000 for best student article

The J.H. MacDermot Prize for Excellence in Medical Journalism comes with a cash award of $1000 for the best article on any medicine-related topic submitted to the *BC Medical Journal* by a medical student in British Columbia.

The British Columbia Medical Association awards the annual prize to the finest medical student manuscript received by the *BC Medical Journal* that year. The prize honors Dr John Henry MacDermot (1883–1969), who became the editor of the *Vancouver Medical Bulletin* at its formation in 1924, remaining at the helm until 1959, when it became the *BC Medical Journal*. He was editor of the *BCMJ* until he retired in 1967. Dr MacDermot was also past president of both the VMA and the BCMA.

# Voices

I read the history of the *BCMJ* recently and noted in 88 years of publication, first as the *Vancouver Medical Association Bulletin*, then as the *BCMJ,* there have only been six editors. JAW or Dr Jim Wilson (aka Cuddles) has been in this position for 16 years. He has made the *Journal* the excellent publication it is today through his intellect, drive, determination, and humor. He is truly an inspiration and might I say a mentor. There is no way I can fill his shoes metaphorically and physically (I have really wide feet), so I'm not going to try. Speaking of shoes they say you should never comment on a man until you have walked a mile in his shoes. Mostly because you will be a mile ahead and he will be barefoot.

I will strive to continue JAW's legacy of excellence by following his editorial example, but I will need a lot of help. Thank goodness for our wonderful Editorial Board and staff. I admire and respect each of them. I rely on their input and advice and will try to convince them not to resign en masse, which I'm sure was their first instinct on hearing of my appointment.

I will also need your help. Those of you who read the *Journal* are aware that this is the 50-year anniversary of the publication in its current form. Earlier this year the members of the Editorial Board reviewed past years of the *BCMJ*. This was a very entertaining process, particularly the advertisements encouraging physicians to prescribe antipsychotics to anxious housewives (do you ever wonder which of our current ads will seem bizarre 50 years from now?). As I looked through the articles and editorials I was amazed to see that many of the themes are still relevant today—socialized medicine, cost containment, governance issues, and quality of patient care, just to name a few.

Fifty years of voices—now I want to hear yours. Through medical school, internship, and my work as a physician I have been consistently impressed by the creativity and intellect of my colleagues. Don't hesitate to write down your valuable life experiences and share them with others. Finish that scientific paper and send it in. Craft a letter to the editor expressing your views on issues that move you. Pen a short story on a theme relevant to *BCMJ* readers. Create, write, craft, express, vent, implore, de-stress, and above all (because I will appreciate it), feel free to be funny or sarcastic. Remember this is your journal and it should be full of your voices.

**—DRR**

## My last rant

I expect that this will be my last opinionated rant for the editorial pages of the *BCMJ*. I joined the Editorial Board back in the old days when Dr Hardyment was the editor, and I stayed on this most enjoyable of medical committees until my retirement a year or two ago. I was called back last year to fill in for Dr Day who was busy elsewhere. Dr Day is free, now, I believe, to resume his position on the Editorial Board, and so I must say farewell once again. I feel like an aging diva who keeps having final, final farewell tours.

The *Journal* has adapted to the changing needs of the profession over the years.

The focus has always been to be useful to the practising family physician. One of the most practical innovations was the soliciting of theme issues. Many of these issues resulted in a flurry of requests for reprints in the days before they could be downloaded from the web.

Some articles that are sent in are abstruse and aimed at a small, specialized audience. Some are of such a specialized nature that a simple (ex-) surgeon such as I finds difficulty in understanding, much less editing, them. Some of these articles are sent out for external review and a few find a place in our *Journal*. Nevertheless the major part of the *Journal* is devoted to practical and informative material with the occasional humorous or historically interesting piece.

The pleasure of attending Editorial Board meetings is due largely to the erudite, witty, and intelligent editor and other Board members, and also to the hardworking staff and the managing editor, Jay Draper. It is also fun to see each month what the cover design from the incomparable Jerry Wong will be.

As I look back and admire the way that the *BCMJ* has evolved over the years, I see a sharp contrast to the way our health system has stagnated and ossified. When the Canadian system came into being it could be described quite fairly as “the envy of the world.” Now it might be the envy of the average peanut farmer in Burkina Faso. What has gone wrong?

As I see it the problems stem from two areas: government monopoly and us, the medical profession.

I always thought that the aim of the physician or surgeon was to cure ill health, not to make as much money as humanly possible. The 3-minute “consultation” devoid of history taking or examination satisfies only the banking industry and possibly the pharmaceutical companies. I do sympathize with the problem of crippling overhead costs and the feeling of being undervalued, but surely there must be a different and better solution.

The government monopoly and its fear that any change to the system would be political suicide stifles innovation and improvement. The Canadian public believes the canard that the system cannot be changed without destroying it. So the public tolerates interminable and costly waits for diagnostic tests and for surgical procedures and for an appointment with

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their family physician, if they have one. In any other rich country the public would be up in arms, or at least hounding their parliamentary representatives for such mismanagement.

There must be a better way.

The political mindset is limited to the short term, particularly if there can be the appearance of tax money being saved. This explains the closure of Riverview, which ejected the impaired and incapable onto the streets instead of refurbishing the institute and updating the care at that site. Hence the closure of other hospital beds and the limiting of the number of operating and emergency rooms, which has produced the chaos we know today.

Once I sat in on a committee of local mayors who were debating the need for long-term-care beds. Their consensus was "If we build them they will only fill them up… so we won't build them."

There must be a better way.

The burgeoning bureaucracy and the plethora of managers who eat up health dollars before they can reach the patient is one part of the problem. Yes, health care is more complex these days but surely we can get by with fewer clipboards.

The block funding of hospitals produces undesirable effects. The hospital is penalized if it goes over budget or if it is under budget. The result is limitation of patient care (those pesky unpredictable patients) and panic spending as the end of the fiscal year approaches.

There must be a better way.

Lip service is paid to prevention of the most basic kind. How about giving local cafes and restaurants a tax break if they provide breakfast and lunch services to local schools? How about really increasing addiction rehabilitation services? In spite of all the money that has been poured down the sink in the Downtown Eastside of Vancouver there has been little or no improvement in the health of those who live there.

I grant that there have been some outstanding programs developed in our province, such as cancer care and HIV care in Vancouver, and when the squeaky wheels are really loud there have been improvements in some types of orthopedic services and cardiac care, but too often the increase of activity in one area comes at the expense of other equally important programs. There is some hope that the move toward coordinated protocols for some chronic diseases will be an improvement. But these seem to be baby steps when the whole system needs a good shake-up… or maybe a good editor.

There has to be a better way… but "How long, O Lord, how long?"

**—PMR**