

## Drs Krisman, Nickerson, and Carpenter: Three truly good guys

Although they have distinct personalities, they share many of the same characteristics—all were exceptional clinicians and stood out as outstanding mentors and role models for successive classes of medical student interns and residents.

### J.L. Benedet, MD, FRCS

Individuals such as Ashley Krisman, Ken Nickerson, and Charles Carpenter are outstanding examples of exceptional mentors who served their patients and students with distinction and class. Collectively they represent over a century-and-a-half of service to their profession, to learners, and to UBC.

These teachers did not ignore the social education of their residents as they were also at the forefront of hosting social events such as journal clubs for the residents and dinners for the residents and their partners. Good guys for sure.

### Ashley Krisman

Ashley Krisman received both his undergraduate and graduate medical training at the University of Manitoba, graduating in 1954. He moved to Vancouver and joined the active staff of Grace Hospital and received a clinical academic appointment to the UBC Faculty of Medicine in 1965. For many years he served as the person in charge of clinical clerk teaching and residency training at Grace Hospital. In addition to his primary appointment at Grace Hospital he also was a member of the attending or visiting staff at St. Vincent's, Vancouver General, and Richmond General Hospitals.

At that time the academic GFT obstetrical staff was small, and formal acknowledgment and remuneration for clinical faculty was meagre. Individuals such as Dr Krisman performed an exceptional service during the formative years of the fledgling UBC medical school.

Today the terms “mentor” and “role models” are commonly bandied about and applied to clinical staff as accolades or a form of currency to replace the lack of adequate remuneration when trying to persuade busy clinicians to participate in clinical teaching programs. The terms have lost much of their meaning and significance.

In the early years of the medical school, appointments to the clinical academic faculty and hospital staff were difficult to obtain and remuneration for clinical faculty was largely unheard of. Taking on the role of a mentor was often difficult and challenging. Ashley Krisman not only fulfilled this role in admirable fashion but did so willingly and for nothing: no stipend, title, or formal honors or acknowledgment. He was a busy and skilled clinician who showed compassion and care to his patients and support staff, and made time for even the most junior members of the house staff. This was time that normally would have been available for family or for personal leisure or social activities.

He was knowledgeable and well versed in the current literature. He was responsible for organizing weekly grand rounds at Grace Hospital, where many a spirited debate took place between him and other members of the medical staff over various aspects of obstetrical and gynecological care. Many of those debates with the late Dr Ewart Woolley, I later learned, were carefully staged in order to get the house staff to think critically, challenge existing dogma, and develop the skills for what we now call evidence-based medicine. Ashley was a master at deflating pomposity and overinflated egos.

Ashley Krisman retired from active practice in 2000, but we continue to see his sharp mind and keen wit at work in his always-perceptive letters to the editor on topics dear to his heart.

### Kenneth Glenwright Nickerson

Ken Nickerson did his undergraduate education at the University of Alberta and obtained his medical degree from McGill University in 1948. Following graduation he did his postgraduate residency training in obstetrics and gynecology in New York, including

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oncological surgery at the Memorial Sloan—Kettering Hospital. There one of his teachers was the world-renowned pelvic surgeon, Dr Alex Brunschwig. After returning to Vancouver in 1954 he became associated with Dr W.F. Bie and in 1955 became a member of the active staff of the Vancouver General Hospital and consulting staff of the BC Cancer Institute.

During his long and productive clinical career he was noted for his excellent clinical judgment and meticulous surgical technique in performing operative obstetrics or pelvic surgery. His surgery was characterized by careful tissue handling and superb dissecting skills. These abilities resulted in very few complications and extremely grateful patients. As he became well known for his exceptional surgical skills, his abilities did not go unnoticed by his colleagues and trainees, and he quickly became the preferred surgeon for many of his colleagues' wives or loved ones who found themselves needing a gynecological procedure.

Ken was actively involved in the teaching and training programs of medical students and residents. His surgical skill and good judgment, together with his relaxed and unhurried manner, made him a first-class mentor and role model to residents in training.

He retired from active clinical practice with the well-deserved rank of clinical professor. Throughout his long and outstanding career, Ken was always interested in continuing education and developing and learning newer techniques and procedures. He became a skilled colposcopist and laser surgeon. After becoming a victim of the UBC-VGH “expiry date policy for physicians,” Ken, who had by then relocated to Whistler, continued to provide colposcopy and consultative gynecological care to the women of that community. The loss of Ken Nickerson from the mentoring and teaching ranks of the VGH-UBC

programs leaves a gap that will be difficult to fill.

Ken was always an avid outdoorsman, and retiring to Whistler afforded him ample opportunity to ski, golf, and play tennis, activities that he didn't always have time for when in full, active practice in Vancouver.

### **Charles Winfield Carpenter**

Charles Carpenter, or “Charlie” as he was affectionately called by many of his students and residents, grew up and attended high school in North Burnaby before enrolling at UBC for his pre-med education. As was common for many of his era, the pursuit of a career in medicine meant going out of province as at that time there was no provincial medical school. Charles attended Queen's University and was awarded his medical degree in 1954. After completing his obstetrics and gynecology residency in Kingston and Vancouver, Charles was awarded his FRCS in 1951. He was also a recipient of a coveted McLaughlin Fellowship, which enabled him to travel to Scandinavia and eastern Europe, where he furthered his studies in reproductive endocrinology. He had many a fascinating story of his travels across east-

ern Europe, including Russia, at a time when Western visitors to those areas were uncommon and often looked upon suspiciously.

He was a friendly, open individual who was always calm and unhurried when many around him were agitated or upset. His engaging smile soothed and reassured many an anxious patient and learner alike. He was among the first to introduce estriol testing as a measure of fetal-maternal well-being when fetal monitoring and ultrasound were in their infancy. He became a leader in BC in problems of rhesus isoimmunization at a time when being Rh negative carried with it potential major morbidity.

Initially he was a member of the part-time academic staff but relinquished this appointment to become a member of the clinical faculty, where for several years he was clinically affiliated with Victor Gomel and Nicholas Lee.

Knowledgeable and well read, Charles was a tireless teacher and coach of students and residents alike. He was always available for extra seminars and oral exam preparation sessions for residents. Charles Carpenter ranks as one of the favorite and most highly respected mentors of the UBC obstetrical program. **BCMJ**

## **Guide to drive**

The Office of the Superintendent of Motor Vehicles (OSMV), in partnership with the BCMA, is revising the *BC Guide for Physicians in Determining Fitness to Drive a Motor Vehicle* (the Guide) to ensure that it reflects changes in the case law and the best evidence available regarding medical conditions and fitness to drive.

Draft chapters may be viewed at [Drivesafe.com](http://Drivesafe.com), on the public side of the BCMA web site, and at the SGP web site.

Chapters available to date include Diabetes, Peripheral Vascular Disease, Vestibular Disorders, Hearing, Renal Disease, Respiratory Disorders, Psychiatric Disorders, Musculoskeletal Disorders, and Cardiovascular Disorders.

Feedback to the project team is encouraged, even if it is positive. Feedback instructions are in the documents themselves.

—**John McCracken, MD, Medical Consultant, OSMV**