

# BCM J

*BC Medical Journal*

Letters for Personal View are welcomed. They should be double-spaced and fewer than 300 words. The BCMJ reserves the right to edit letters for clarity and length. Letters may be e-mailed ([journal@bcma.bc.ca](mailto:journal@bcma.bc.ca)), faxed (604 638-2917), or sent through the post.

## Let's support naturopathy

**W**hy are we not supporting our colleagues in naturopathy? They have clearly done good work. Over my 22 years in medical practice I have witnessed an almost complete disappearance of formerly serious and prevalent problems such as chronic hypoglycaemia, chronic candidiasis, chronic Epstein-Barr infection, sero-negative Lyme disease, and toxicity related to dental amalgam.

I can remember when so many patients were afflicted by these problems that were outside of the diagnostic and therapeutic scope of conventional medicine. It must have been the efforts of the naturopaths and other alternative practitioners that account for the now reduced incidence and prevalence of these diseases.

We're fortunate to have witnessed this improvement since it also now permits our complementary medicine colleagues to refocus their diagnostic techniques (including whole-blood analysis, iridology, and hair mineral analysis) on important emergent new afflictions identified by Dr O. Winfrey. And where, as a society, would we be without colonic irrigation?

Let's recognize these valuable contributions for what they are!

—**Marshall Dahl, MD**  
**Vancouver**

## A few extra minutes

**R**ecently I related to a retired doctor an incident that happened to my dad, and he suggested I write to the *BC Medical Journal* about the situation. My dad was a senior with a brilliant mind and full hearing, but he was blind. He had retinitis pigmentosa. He was night blind at age 14 and totally blind by age 58.

When he went into the hospital for heart surgery he had some experiences that could have been avoided with more thoughtfulness on the part of the staff.

Food would be brought to his bed table and later would be picked up untouched. "Sir, were you not hungry?"

Dad would reply, "Oh, is there some food for me? I smelled it, but didn't know if it was for another patient..." Please, talk to your patients. Let them know what is about to happen.

At another time, the specialist came to ask if he had been up to walk around yet. Now, how could he walk around in a strange hospital setting if no one took the time to take him and explain to him where things were in the room and how to get to a hallway? He needed someone to take the few extra minutes to walk with him.

The opposite situation can happen with a deaf patient. If they are not blind, take the time to look directly at them when you are talking. They can often lip-read.

My dad was a very dignified person who would daily wear a dress shirt and tie even after retirement. Blindness was difficult for him. Hospital stays were added trauma. Amazingly, he had a very positive outlook on life and was an inspiration to many.

I know that everyone can be very busy with their workload. But a few extra minutes of your time can save added stress and more difficult stays for the patients in your care.

—**Judi Vriend Matthews**  
**Abbotsford**

## BC needs another medical school

**B**ritish Columbia needs another medical school training a new type of physician! British Columbia has the third largest population in Canada. Alberta, which has the fourth largest population, has two medical schools, and Quebec, which has the second largest, has four. This disparity is reflected in the number of medical school graduates per 100 000 population by province:<sup>1</sup>

Alberta	6.9
British Columbia	2.8
Manitoba	7.3
Newfoundland	11.5
Nova Scotia	10.8
Ontario	5.5
Quebec	8.8
Saskatchewan	6.4
Canada (average)	6.2

Historically, British Columbia has relied on other jurisdictions to train physicians who would then relocate to

BC. In today's global shortage this is no longer a reliable solution. British Columbia already has a significant deficit in the number of physicians and, currently, Fraser Health needs an additional 150 physicians.<sup>1</sup> It is time to both dramatically increase the number of physicians being trained in British Columbia and, of the increased number, train a significant portion with different skills. We applaud the continued expansion of the UBC distributed model of medical education. While this will make inroads into the gap, it will not be sufficient to alleviate the current deficit and meet the projected need for physicians in BC. Fraser Health alone will require an additional 600 physicians by 2013.<sup>1</sup>

The World Health Organization identified the new competencies required by the health care workforce of the future. Pruitt and Epping-Jordan noted that caring for patients with chronic conditions is different than caring for or managing an episodic ill-

ness, and we need to consider a different approach to educating much of our physician workforce.<sup>2</sup> With a stronger focus on population health, these physicians will have enhanced skills to manage and use resources to improve and maintain the health of individuals and communities. We agree that there needs to be a focus on the community, including residential facilities. The issues highlighted by these authors are those of Fraser Health—a rapidly growing population including many diverse ethnic and cultural groups and a need to manage illness outside of our emergency departments.

We must take ownership of our workforce challenges. We need to work with all stakeholders to look at new models of medical education and create a new curriculum that responds to our community needs. We need to think innovatively on how we might fund such new approaches. For this non-conventional approach to suc-

ceed, we will require new, creative partnerships from diverse jurisdictions.

Great change is usually based on three key factors: evidence, opportunity, and courage. There is evidence and opportunity and, for its part, Fraser Health has the courage to move ahead collaboratively in developing a second innovative program of medical education in British Columbia.

—Nigel J. Murray, MD  
**President and CEO, Fraser Health**  
 —Thomas F. Ward, MD  
**Executive Medical Director,  
 Fraser Health**

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**References**

1. Fraser Health Authority, ELM Group. Physician Recruitment and Retention Plan. August 2008.
2. Pruitt S, Epping-Jordan J. Preparing the 21st century global healthcare workforce. *BMJ* 2005;330:637-639.