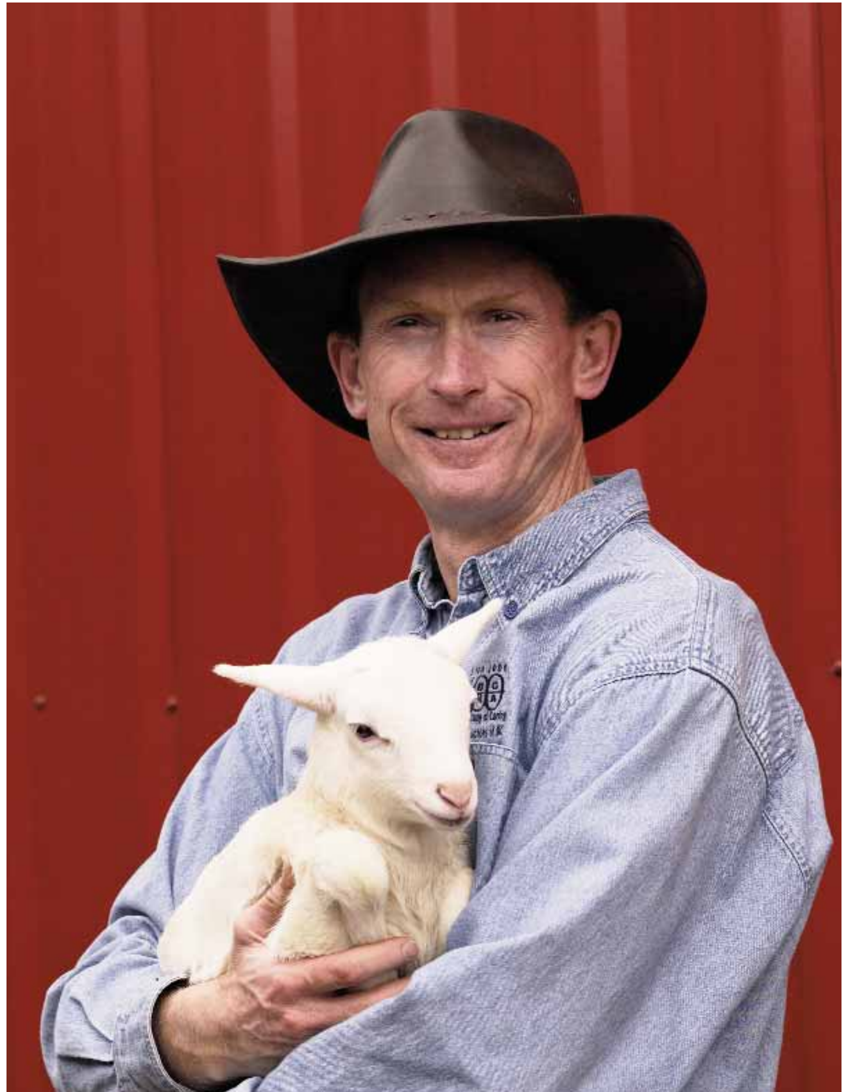
Miracles, medicine, and MOCAP

Brian Brodie talks about his motivation, his mistakes, and what we can learn from naturopaths



New BCMA President Dr Brian Brodie received his MD from the University of Calgary in 1986. He set up general practice first in Whitecourt, Alberta, moving 1 year later to Burns Lake, BC, where he remained for 9 years. He was involved in the Prince George negotiations of the late 1990s, and after his move to Chilliwack in 1998—where he remains in practice—he became a Board delegate and has been active in the BCMA and CMA since.

Nearly every year since 2001, Brodie has been a volunteer in Honduras, doing medical work, digging wells, and building schools. Over the years, he nurtured his entrepreneurial streak and is active in property development and farming. Dr Brodie lives on a working farm—complete with cattle, sheep, goats, chickens, horses, ducks, and guinea fowl—in which all family members have a role. With his wife of 31 years, Irene, seven children (four of whom live at home), and two grandchildren, life is full.

BCMJ Managing Editor Jay Draper spoke with him in August.

Why did you originally get into medicine?
As a young man in my 20s, I was teaching school in a small town in central Alberta, and I got to know my GP, Dr Hoffman. I had tremendous respect for him, for what he was doing, and for what he meant to the community. On 28 December 1981 I decided I had to go back to school to complete what I originally thought I wanted to do but didn't really have good, solid reasons for doing. I started school about 5 days later to complete a bachelor's degree.

You were a teacher for a few years?
I didn't have my education degree so I taught high school math and science for 2 years in a private Christian school.

But you had already had an inkling that you wanted to be a doctor before you were inspired by Dr Hoffman . . .
Yes, I did, but then it wasn't for the best reasons. I wanted to be a doctor because I thought that would be the most difficult thing you could do academically. I always wanted to help

people, but I can't really say I had a deep sense of what it meant to be a doctor at that point. But when I returned to university I felt that I had come to an understanding of the responsibilities and privileges that came with being a doctor, and I was totally dialled into that commitment. It could satisfy my intellectual and academic longings, I enjoyed the people, and I thought dealing with medical issues would be a nice area to interact with people. I've always liked solving problems, and also I like encouraging people, so I thought in medicine there was tremendous room for optimism and encouragement. To be honest, there was one other reason: I realized that I didn't want to have a boss all my life, and I saw doctors as being their own bosses.

It sounds like you always knew that family medicine was your direction.
Well, no. In medical school there was a smouldering idea that if you're good, you go on to specialize. I thought obstetrics would be a terrific way to make a big impact and provide a good start to life. After doing a general rotating internship at the Calgary General Hospital, I embarked on the 4-year O&G residency. About 6 months into that, it was very clear to me it this would not fulfill my ambitions. I came to realize that I'd like a greater variety, so I completed the year, then went into family practice. I felt I had the best of both worlds—I had a year of specialty training and developed the skills to do a lot of what I wanted to do. I had the surgical skills and competencies together with a great rotating internship.

People will see from the photos that you're a country guy and a small farmer, but they won't see that you are also a real estate entrepreneur. How did you get into that?
Serendipitously, during a good market in 2002, I got involved with good friends and colleagues in buying some raw land, and one project led to about a dozen others, taking raw land and developing it to various stages, putting in subdivisions, rezoning applications, right to complete build-out and sales. It provided problem-solving challenges, synergistic, systematic approaches to developing something from nothing.

What have you learned from those other things that you do outside of medicine that can be applied to your practice?
In the business world there are both problems and opportunities, risks and benefits, and it's no different in medicine and in life in general. For example, I often ask people who smoke, "Do you really enjoy smoking?" That perplexes them. Only a few say "yes," but many say, "maybe," or "no." So I tell them, "For the degree of pleasure you're getting, it is really an enormous risk, and it's interesting that you would be prepared to take such a risk for such little return." It's a business paradigm, but it applies in medicine, and patients understand it.

What drives you?
The challenge. The challenge of taking an opportunity or situation and trying to achieve something with it. In medicine my greatest satisfaction comes not from diagnosing a disease—of course it's always thrilling to diagnose a rare disease—but from taking a situation and trying to motivate and educate patients to the point that they make choices in their behaviors and lifestyle that lead to better health. It's exciting to me to take a 40-year-old who is sedentary, smoking, drinking too much, way too stressed, and overweight, and engage that person in a dialogue and action plan that leads to better health.

I'm also driven by my optimism and my energy, and, to be honest, my genuine care for people. I have a real heart for the underdog. I was an underdog. My parents divorced when I was young. One school one year and another the next; it wasn't easy. But whenever I met people who I thought had achieved something I would ask them, "How did you do that?" I love reading books by people like Warren Buffet, Bill Gates, or great artists. I'm not interested in wealth—in fact everything I've read says inherited wealth isn't good. So the goal is not to leave my kids money or to leave that

kind of a legacy. I'd like to give the money away to help others who haven't had opportunities.

You've touched on what you enjoy most about medicine—finding those patients who you can really motivate and turn around. Is there anything else?

I'd like for people to be well no matter what their diseases are. To have a healthy mindset, to have reasonable goals and expectations; that's what I like to see in patients. I think that's part of what's missing right now—an honest dialogue about what people's goals are. You can knock yourself out trying to accomplish things for people, but they don't want those things. I think some of what's happening with GPSC, with the Complex Care Plan, and with specialists also doing potential care plans for people with all kinds of diseases is going to be instrumental in promoting health *despite* disease. I've got some geriatric patients who are very sick, but despite that they have such a state of health. They're engaged with their families, they're mentally positive, they're in tune with society, they're interacting. They can't run or do many of the things you and I like to do, but they're still healthy.

What frustrates you?

The greatest frustration in day-to-day practice is what I would call a disconnect between what a patient with a chronic, incurable disease expects and what is realistic. I have a hard time with entitled people: people who are only concerned about what they can get out of the health system, what's in it for them.

So what's a typical day for you outside of your year as president?

Up at 5:30, generally (unless I'm learning Spanish, then it's a little earlier), chores start at 5:45—feed the sheep, cows, chickens—depending on whether it's summer or winter. Drive the kids to the bus. Go to the hospital by 7:20, do rounds, do any surgical procedures I have—get to the office by 8:15. I see 50 patients; I try to run at lunch. I do a call rotation of one in seven obstetrical and medical, delivering about 75 babies a year. In the evenings, outside of the BCMA, I'm with the kids, doing business . . .

Can you tell me about a highlight of your career in medicine?

Hmm, there are so many. I had a lot of experiences in the north. One night in the dead of winter a terrified ambulance attendant called me. He was on the reserve and a patient had delivered the feet and the bum and the head was stuck. I was giving instructions on how to deliver the head, and I said, "You need to do it or the baby will be dead when I get there." I jumped in my Suburban, raced straight onto the reserve looking for lights and sirens, got to the home, and the nurse looked up at me and said, "The baby is dead." I quickly put my stethoscope on and I could hear a very slow pulse. I started CPR, mouth-to-mouth, ran up the snowbank, into a car, over to the hospital, and within 5 minutes that child was normal temperature, breathing on its own. The child is now probably 17 years old.

In political life my greatest accomplishment is being one of the 23 doctors who stood together as the Northern Rural Doctors Group (along with Alex Black, Allen Gow, to name a few). We fought for 6 months in 1997 – 1989, against incredibly difficult circumstances, with enormous personal cost to ourselves and our families—my own kids were bullied in school because of it. We led the way in this province for recognition of being paid to be on-call. That led to the Prince George deal, other smaller deals, and eventually MOCAP across the province. It was the longest hospital closure based on doctor-mediated job action in the history of our country, and it happened without a single loss of life or limb, or negative outcome. There was a lot of inconvenience for patients, but 23 doctors made sure that nothing bad happened as we had this fight with government. In terms of service to my colleagues, I'd be surprised if I could do anything as president that would match that, since it was such a major help to rural doctors in terms of recruitment and retention.

Can you could tell me about one of your mistakes as a doctor, which you learned from?

Sure, I can tell you a couple. A patient came in who had all kinds of abdominal complaints. He was losing weight, and I was worried about a malignancy, but he didn't have any respiratory symptoms. After a fairly extensive workup, we finally did a chest X-ray and found that he had widespread lung disease. His family were really upset with me because I had totally missed the boat.

I'll tell you one other story, a recent one. One of my patients, in his 60s, wound up in the ICU—he was found down and cold in his cabin. He came into ICU, was intubated, remained on a respirator for a week, had no response to pain at all—he was comatose. The internal medicine ICU doctor and I agreed that it was hopeless. So I spoke to the family and we made a decision that the next morning we'd extubate him. Through the night he improved—completely recovered! The specialist and I looked at each other and thought, what *was* that? How do you make sense of that? You can't. It was a miracle. The guy had no brain activity. So, I felt pretty stupid, obviously, in terms of my conversation with that family. I was saying, quite categorically, there's no hope. Boy, you can be wrong. So the lesson in that one for me is to never give up hope. I take that with me when I deal with cancer patients.

What made you want to keep going in medical politics to become BCMA president?

Just to make a difference. I enjoyed the debate, and it was a different side of medicine. It was intellectually challenging. I had a lot of respect for

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the physicians who were actively participating in the committees, and for the staff at the BCMA.

The BCMA is sometimes criticized for not being able to make decisions quickly, but the recent compensation deal happened so quickly members could be excused for hardly noticing it.

We just renegotiated the reopener with a new, undefined process. It's like business; we saw an opportunity, it was timely, and we either had to move fast or lose it. When I think about the whole thing happening in just a matter of 4 or 5 weeks, not only the negotiators and government making that happen but the Board being able to come on side, listen to the advice of counsel, show confidence, and trust the negotiators—that was good. That showed agility.

Why should doctors bother getting involved in medical politics? Isn't it just an exercise in frustration?

Not at all. If you care about something and you don't avail yourself of the opportunity to have your voice heard, then your frustration is wrong. You should only be frustrated if you didn't get a chance to speak up. I don't have a lot of time for people who complain about what was decided if they didn't voice their opinion. I value democracy, and the BCMA is as open and transparent an organization as I've ever been a part of. I want the members to exercise their votes—join a committee, work for change, run for a position. But having said that, people have to be careful about where they put their time, because time is a precious commodity. I have enormous respect for people who decided to put their limited hours of volunteerism into the environment, or Boy Scouts, or whatever. I personally have found the return on investment in my political work to be worth it, but I understand that it's not for everyone.

Why do doctors get so emotional about an expanded scope of practice for naturopaths?

I think it is because we are so joined to evidence-based medicine. If patients are not being treated by evidence-based medicine they can be taken to the cleaners, financially, but worse, they can fail to avail themselves of good, evidence-based treatments that work. Doctors' concerns are not about turf protection—we're all turning patients away every day. I could work 7 days a week, 15 hours a day, and never satisfy demand. So it's not about that.

Why do you think patients go to naturopaths?

I think there are a few reasons, and we should learn from them. First, we might ask ourselves as physicians, "Am I prescribing too easily?" If I am, I should change that. Number two is, "Are there good things in nature?" Yes, there are a few, and any doctor would agree with that. Number three, "Is there something in the human interaction between a naturopath and a patient that may not happen in my office?" I think the answer is yes—they touch people, they listen to people, and I think those are things that we need to do. You need to touch your patient, and I think we've forgotten that at times. If all we do is look at numbers, look at papers, and use machines, we've lost something. I make a point of taking blood pressures by hand—there's something human in touching people. Naturopaths have the luxury of spending time with patients—they are paid well to take the time, just as midwives are. We're moving in the right direction of allowing doctors to spend more time with patients and getting paid to do the more difficult work: complex care, mental health, and so on.

What medical issue isn't getting enough attention?

Prevention. End-of-life care. Residential living. Keeping people out of hospitals because we're doing all the right things outside of the hospital—in a cost-effective way. Information technology. There's a lot of work that needs to be done! BCMJ

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