

From above

You know Jon, now would be a good time.” I had finished the bike portion of Ironman Canada and had just started running the marathon. I was experiencing horrible lower abdominal pain and bloating. I knew it wasn’t my appendix but was worried that I might not be able to run and would have to walk to finish the race. I needed Jon’s help, and soon.

Jonathan Blais finished Ironman Hawaii on 15 October 2005. This is an amazing feat in and of itself, but Jon completed this race after being diagnosed with ALS that May at age 33. I had the privilege of meeting Jon, otherwise known as the Blazeman, at the 2006 Hawaii Ironman Sports Medicine Conference. He had come back to the Big Island to give a face to ALS. At that time he was in a wheelchair and his speech was difficult to understand, but his message was not.

“Last year I did this race but people only saw that I stumbled a little and wore wrist braces. This year I have lost my ability to walk and communication is difficult, and next year I will be gone. I implore you to research and fight this horrible disease. Since the time of Lou Gehrig there have been no

new effective treatments. I believe I was put on this earth to raise awareness and money to fight this frightening illness.” There wasn’t a dry eye in the audience as we gave him a standing ovation for his courage. Jon died on 27 May 2007.

In 2005 Jon log-rolled across the finish line and now, years later, athletes around the world mimic his roll in support.

A friend of mine was also at this conference and was greatly moved by his message. Shortly after Jon’s death she competed in an Ironman, and while struggling on the bike felt a comforting presence that she identified as Jon. She instantly felt better and went on to finish the race.

Every year I try to fundraise for a cause. After meeting Jon I had my cause. I raised money for the ALS Society of BC and competed in Ironman Canada in memory of Jon (www.waronals.com).

While struggling with abdominal pain during Ironman Canada, my

friend’s story of Jon’s comforting presence popped into my head. Hence my plea to Jon. Within 30 seconds, approximately 50 litres of foul smelling gas escaped (for those of you who can’t read between the lines, I farted) and I instantly felt better. I was able to run the entire marathon (except for the parts that I walked, but this had nothing to do with my abdomen but mostly due to being old and tired). It figures that my more spiritual friend gets a comforting presence and I am graced with an inspirational fart. I returned to the Sports Medicine Conference this year and met Jon’s parents, who attend Ironman Hawaii every year to continue his fight. I told Jon’s father my story and he laughed out loud, “Well, Jon always enjoyed a good fart.”

In 2005 Jon log-rolled across the finish line and now, years later, athletes around the world mimic his roll in support. Chrissie Wellington, this year’s winner and new course record holder, took the time to roll across the finish line. Jon turned adversity into an opportunity and his legacy continues. May we learn much from Jon. Find a cause and support it. We can make a difference. —DRR

ARTHROSCOPY

OUR SPECIALTY

KNEE • SHOULDER • HIP • FOOT & ANKLE • HAND • ELBOW & WRIST



SPECIALIST
REFERRAL
CLINIC

Call 604-737-7464 or toll-free 1-866-737-7460
www.specialistclinic.ca

CAMBIE
SURGERY CENTRE

Going postal

I was recently at a social event at which one of my colleagues threatened to “go postal” if he had to rejoin the College of Family Physicians (CFPC) to comply with the College of Physicians and Surgeons of British Columbia (CPSBC) directive that all physicians had to be enrolled in a CME program of either the CFPC or the Royal College of Physicians and Surgeons of Canada by 2010. Like many physicians, he had let his CFPC membership lapse. When I enquired about the unfamiliar term “going postal,” which I assumed to mean a letter-writing campaign, I found that the term related to a postal worker having gone berserk at work, obviously reflecting deeper emotions than would normally be seen in a letter-writing campaign.

The real issue, of course, has little to do with disaffected physicians who are not members of either of the two national colleges that accredit and set standards for physicians’ continuing professional development. The real issue is this: why is the CPSBC imposing yet another obligation and expense on those of us who are not members of either of the two national colleges? The answer lies in two recent legislative changes. The first change was bringing the CPSBC under the Health

Professions Act in June 2009, by which we are now governed. The act mandates that the College “establish and maintain a continuing competency program to promote high practice standards amongst registrants.” The College Bylaws now include a requirement to comply with “mandatory continuing professional development requirements and any other requirements for revalidation of licensure.” The second change is that under the recent amendments to the Agreement on Internal Trade, fully licensed physicians will have unrestricted mobility throughout Canada. For this to occur, each province must assure the competency of its practitioners using substantially equivalent criteria.

The privilege of self-governance has a price. Increasingly, government demands for more transparent and demonstrable physician competency assurance, known as revalidation, have been a common theme in almost all Western hemisphere health care legislative reforms. However, what constitutes a robust revalidation process that assures currency and competence of medical practice is very much in dispute.

For example, self-evaluation without audit lacks reliability—physicians who have shifted to the left of the bell

curve of competency and currency in practice are often in denial. Recertification examinations, usually done on a 10-year cycle, test knowledge that is only a fraction of the competency required of a medical expert according to the Royal College CanMEDS Physician Competency Framework. Alberta and Nova Scotia physicians are mandated to participate in the Physician Achievement Review Program. In this program, physician performance is reviewed every 5 years by reviewing completed questionnaires from 25 patients, 8 physician colleagues, and 8 nonphysician health care workers.

Getting back to my friend who is about to go postal, I would suggest that participation in a mandatory CME program is probably the least onerous first step in revalidation and, interestingly, is something that most of the public believes has always been obligatory for physicians.

So why have these two national colleges been appointed as the official CME clearinghouses? These colleges, not the regulatory authorities, have the mandate and expertise to accredit and review educational resources and established databases for monitoring the activities of their members and subscribers. Their fees are admittedly substantial. The CPSBC has explored alternatives and concluded that the service cannot reasonably be provided for less.

What is the likely direction of physician revalidation in British Columbia? Who knows? At present, mandating periodic examination rewrites do not appear to be in the cards. Stay posted (but don’t go postal).

—WRV

eliminate the paper trail.



Cutting edge digital dictation systems, customized for you.

- ▶ Save time
- ▶ Save money
- ▶ Utilize cutting edge technology
- ▶ Improve patient care

Harness the power of speech to text technology with Speakeasy Solutions & Dragon NaturallySpeaking Version 10. Call for a customized demonstration.




604-264-9109

www.speakeasysolutions.com