

Connecting the dots: An interview with Dr Arun Garg

Pamela Verma, Pretty Verma

Every time we ask people if they have heard of Dr Arun Garg, smiles spread across their faces—they rave about him. Dr Garg is best known locally for serving as the BCMA's president (1993–1994). He currently practises as a pathologist in New Westminster, well equipped with both a PhD and MD in this field. Outside of his clinical interests, he is a strong community leader. Founder of Canadian Physicians with Interest in South Asia and currently serving on the board of governors at the University of British Columbia, he continues to employ his creativity and compassion to tackle new health care issues locally and internationally. His strength seems to be in his ability to engage diverse groups of people—to connect the dots.

Dr Garg, tell us about your early days.

I was born and raised in India where, when you are 6 years old, you write a placement exam. I started at the grade 4 level. From a young age I had an interest in the sciences and medicine.

Pamela Verma is a medical student at the University of British Columbia. She serves on the Working Group for the Canada-India Networking Initiative's Cardiovascular Health Conference. Pretty Verma is a first-year science undergraduate at the University of British Columbia.



Arun Garg says physicians should apply their strong problem-solving skills outside direct patient care.

Finishing high school at 14 years of age, I chose to study sciences and completed my master's in pathology. At 16 I was not old enough to apply to medical school in India, so I moved to Canada to continue my studies.

What influenced your decision to come to Canada?

My father had won a scholarship to study at the London School of Economics. However, this goal went unrealized after he died young due to an accident. My mother often reminded us of this unfulfilled goal. For me, travelling to Canada, to study abroad, was a sentimental decision. After studying pathology from a scientific perspective through my master's degree,

exploring the clinical aspect just made sense to me. I initially moved to Saskatchewan to complete a PhD in biochemistry, and not long after I went to UBC for medical school.

How would you compare UBC as a student in the 1960s to now?

UBC is a very special place to me. Even when I was there, UBC recognized that medicine is a profession of lifelong learning. On that note, I am very excited to see the Alumni Society take on a more prominent role in more recent years. I believe that alumni should hold their school accountable for the quality of teaching, the selection of students, and the maintenance of their reputation. This is particular-

ly true of medicine. We train through apprenticeship, so mentorship is vital. I'm excited that Royal Columbian, my own hospital, will now have students so I can get more involved in teaching.

How did you get involved with the UBC Board of Governors?

I was nominated to the position by the Medical Alumni Society about 6 years ago. It's been a very positive experience to serve and get involved in a unique way.

I am very excited about the changes that have happened over these past years; there have been some major changes between the alumni associations and UBC administration. Now when we talk about UBC, it's not just students, faculty, and staff, but also alumni, who are another equal and engaged partner in the university community.

The distributed medical program is another exciting area. Now alumni who practise in rural and remote BC can be engaged. Whether it is through teaching or mentorship, students are now training in these communities, and practising physicians are there to connect with them.

You're well known as a leader in the medical community. Tell us about some highlights and what drove you to get involved.

I have always felt the need to get involved. It's easy to see a problem and walk away from it. I feel that it is our duty to act. From this need, I have participated on many committees and boards. From my experience, I have learned the value of collaboration. It doesn't matter what field you're in; if you're able to see the big picture and connect the dots by bringing diverse groups of people together, you can have a tremendous impact. Indeed, I always distance myself from the issue. I get involved not as Arun Garg, but as someone who's interested in something alongside everyone else. That really helps me keep my focus.

I have had the opportunity to work with so many wonderful colleagues. Something very special to me was my involvement with the BC Medical Association. I think I've served on every single committee they have! From 1993–1994, I had the honor of

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serving as BCMA president. This was a challenging position; a lot was going on politically at the time. One of my proudest accomplishments was establishing the Master and Working Agreements. I still refer to that document today. These formed the basis of the relationship between the doctors of BC and the provincial government. The agreements were for 8 years and have been renegotiated several times since.

Physicians with Interest in South Asia was another important project I was involved with. With the growing population in BC, it was clear there needed to be a forum for those interested in health care issues that impact this population. Of course, the face of our profession has changed dramatically also: there are 700 to 800 doctors in this province who are of East Indian descent.

Last year, you celebrated BC Biomedical Laboratories' 50th anniversary; can you tell us about your involvement with them and where you see them going?

My association with BC Biomedical

Laboratories is profound. In fact, my whole part in medical biochemistry is due to Dr Cam Coady, founder of BC Biomedical Laboratories. BC Biomedical is a unique organization that provides community-based laboratory services totally owned by physicians. Importantly, this allows us to totally integrate our practice on a continuum from the community to the acute care hospital and back to the community, with a great deal of standardization. I've been very proud of it. My major focus now has been in Fraser Health, which is where most of my time and energy is spent.

Moving forward, I think BC Biomed will retain its founding principles of providing community service around a medical practice model. I hope it will continue to provide a strong and dedicated service to physicians and patients in BC, while meeting needs of a growing population and advancing technology.

Where did your interest in leadership come from?

Physicians have very strong problem-solving skills by virtue of their rigorous training. We need to take our skills and get involved in issues outside direct patient care. We are trained in taking very good histories, identifying symptoms, suggesting diagnoses, and developing treatment plans. For this reason, I think that doctors make great board members. They provide an analytical perspective from their training that is incredibly useful and make leadership groups more well rounded. Most of the time, boards consist of accountants, lawyers, and business people, but in my own board experience, medicine has served me well. I hope that more physicians will come forward and get involved, particularly with public boards.

What are you working on right now?

I'm working on a unique conference, entitled Cardiovascular Health-Social,

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Clinical and Economic Impact: Opportunities and Challenges for Collaboration between India and Canada. This will be the first-ever conference for leaders from diverse disciplines from both Canada and India: academia, research, health, innovation, industry, and public policy. Given the tremendous prevalence of cardiovascular disease (CVD) in South Asian populations in both countries, we felt the need for the different groups tackling these issues to be connected.

This is not just a conference for people to sit and discuss ideas; it's focused on creating change. Rather than a lecture series, each session will be an outcomes-based workshop. We hope to culminate these into a series of recommendations to inform pilot projects targeted at reducing CVD burden in the South Asian diaspora.

The concept for this meeting emerged while in I was in Delhi as a Distinguished Visitor. The purpose of my visit was to identify ways to enhance Indian-Canadian relations. I felt that health and noncommunicable disease burden was a unifying theme. I met Dr Arun Chockalingam, an SFU professor of global health, who was also interested in bringing Canadian and Indian scientists together, and

now we're the conference co-chairs. The meeting will take place this June in Surrey. [More information about the conference is available at www.mitacs.ca/conferences/CINI2010.]

What advice do you have for doctors in training?

That's a deep question! First, in my mind, youth is the future. Everyone's mission should be to make sure that youth are nurtured and mentored. Personally, I want to give whatever I can to encourage their learning.

My message to young doctors is to think globally, but act locally. There were days when doctors could work in complete isolation of one another. However, I feel those days are gone, that insular thinking does not bring the same professional satisfaction it once did. The power of networks, the Internet, the public knowledge base — the relationships are a little different now. I think that physicians can play a leading role in influencing the broader aspects, along with providing individual day-to-day care.

People need to go where their heart is, to follow their passions. We should be open-minded and hopeful; there is so much opportunity coming our way.

Finally, remember that you can't get anywhere in the world without men-

tors. I am very grateful to many mentors who have helped me realize my goals.

What motivates you?

First and foremost, the positive influence of my family. My wife is my rock; she keeps me grounded and I'm so grateful. We have been blessed with one son, who is currently following his passion, studying law at UBC.

Beyond that, my inner calling has always guided me about what projects I should take on or how I should get involved. From medical school, to the BCMA, to this conference, this was all because my mind, heart, and soul decided it was worth doing.

What do you want to leave as your legacy?

Simple things; I just get involved. I don't think about what the outcome will be.

My mother engrained in me when I was a kid the lesson that whatever you do, leave the place better than how you found it. I think that's what drives me. Just the notion that every individual, in his or her own little way, can make a difference, no matter how small.

The other message I hope to convey is that the answer lies within. Do things because the calling comes from within. **BCMJ**

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