



New BCMA President Dr Ian Gillespie

## 2010 BCMA Annual Meeting Report

ston mentioned the perennial issue of low attendance at these meetings, stating that he was unconvinced that this was a sign of member satisfaction. Other members spoke up, pointing out that low attendance at AGMs is the norm for similar organizations. It may be that, given the many opportunities for input that people now have (phone, e-mail, regular surveys, elections), the AGM as we know it has become a dinosaur on the brink of extinction. The BCMA is obligated to continue to hold AGMs, but unfortunately there seems to be little other incentive—other than the social aspect—for members to attend, especially on a sunny Saturday away from loved ones.

In concluding his final president's report, Dr Brian Brodie said he was honored and proud to have been president of an association for the noble profession of medicine. He received a standing ovation from the assembly, an unusual gesture at a BCMA AGM. The standing-O, however, appeared to be the order of the day, as three more were to follow. At the conclusion of his report on negotiations, Dr Brad Fritz mentioned that the coming negotiation would be his last. The standing ovation he received appeared to be in recognition of his years of leadership of the committee and the successful negotiations that resulted. Later, after thanking the BCMA for its work and support of clinical faculty, Dr Angus Rae was the recipient of a standing ovation, which was clearly a pleasant surprise to him.

In his report, CEO Dr Mark Schonfeld mentioned an initiative approved

### 2010/2011 BCMA elected officers

**Dr Ian Gillespie, President**

**Dr Brian Brodie, Past President**

**Dr Nasir Jetha, President Elect**

**Dr Shelley Ross, Chair, General Assembly**

**Dr William Cunningham, Honorary Secretary Treasurer**

**T**his year's BCMA Annual Meeting and Convention was held at the beautiful Four Seasons Hotel in downtown Vancouver. The meeting rooms, food, staff, and service were all excellent, providing a first-rate venue for the proceedings.

Dr Granger Avery was elected chair of the AGM and conducted the meeting with an even hand. A Resolutions Committee was struck, composed of Drs Jim Lane, Marshall Dahl, and Alan Ruddiman, but they were underemployed given the paucity of resolutions coming from the floor.

Attendance at the meeting, while not record setting, was quite good when compared with other years. At one point Dr Erik Paterson from Cre-

by the Board the previous day: vertically integrated clinical forums. In these proposed forums, surgical, medical, clinical diagnostic, and general practice could get together in their respective groups to discuss and solve common problems together, but one unique feature would be that they would not be dealing with negotiation issues. The concept, which was supported by both the SGP and the SSPS, met with favorable reaction from assembled members. There were a few questions from Drs Ian Courtice, Jim Busser, and Evert Tupp, but they were generally supportive and encouraging.

Dr Zafar Essak had several questions, some of them relating to the Dr Caroline Wang litigation issue. Dr Wang also spoke to the issue of compensation for her court case. Though these questions and comments took quite a lot of time over the course of the morning, nothing of significance came of them.

Drs David Jones and Shelley Ross of the Audit and Finance Committee reported that the BCMA continues to be in an excellent financial position. Once again, the Committee proposed that there be no dues increase, and that

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Story by Jay Draper, managing editor, *British Columbia Medical Journal*. Photos by Matilda Dray, BCMA Communications Department.



Dr Carole Williams



Dr Erik Paterson



Dr David Jones



Dr Nasir Jetha

motion was passed with no debate and none opposed. The mammoth contributions of Dr Don Rix, chair of the committee until his death in 2009, were acknowledged by a moment of silence by those assembled.

### Incoming president's speech highlights

New BCMA President Dr Ian Gillespie practises general adult psychiatry in Victoria and has a special interest in posttraumatic stress disorder, physician health, and medical fitness-to-drive issues. Dr Gillespie first got involved in medical politics as a resident in Vancouver in the 1970s

as part of a group of disgruntled residents who formed what is now known as PAR-BC. He has served on a number of BCMA committees: Physician Health, Council on Health Promotion, the Computer Committee, the Information Technology Committee, and the Emergency Medical Services Committee. He has been on the Board of Directors for 12 years and was the chair of the Board during Dr John B. Anderson's presidency.

In his wide-ranging lunch-hour speech, Dr Gillespie touched on an initiative to improve the BCMA Board nomination process, on advances made by the Specialist Services Com-

mittee, and on the BCMA's latest policy paper, *Partners in Prevention*, which is about lifetime prevention plans for patients.

The core of his talk, however, was about one of his obvious passions: health promotion.

"Health promotion is something that's always been important to our organization, going back to baby car seats and bicycle helmet legislation," he said. "We were responsible for both of them.

"We've had many successes over the years. We lobbied for—and got—a provincial dementia strategy. We

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Dr Evert Tuyp



Dr Lloyd Opper



The Honourable Kevin Falcon



Dr Bakul Dalal



Drs Granger Avery and Mark Schonfeld, Mr Ron Bozzer



Drs Barry Turchen and Geoff Appleton

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influenced stricter air and water quality legislation for the province. We advocated a ban on cell phones while driving. Now, it's the law.

“And, thanks to the great advocacy work we've done recently, British Columbia will be the first jurisdiction in North America to treat problem drinking as a chronic disease. This will include treatment guidelines and funding for screening and intervention for alcohol addiction. This formally acknowledges that alcohol addiction is indeed a disease—it's a brain disorder, and it matters. This change is because of the good work done by COHP and the Communications team.

“But it's important to remember that we don't take on these health pro-

motion initiatives because they make us look good. We take them on because we see the consequences of car crashes, or dementia, or alcohol addiction in our practices every day. We know the physical, emotional, and financial costs of these issues, and we know that many of them can be avoided.

“When we advocate for changes in behaviors, changes in the way we manage health care issues, changes in legislation, we're having a huge impact on public opinion, and the health of the province. And these things have an impact in our offices. I see it. You see it.

“I told you about introducing the motion about bicycle helmets. And yet we still see people of all ages disregarding the law, riding without a helmet. Why do I get so worked up about

this issue? Because I work with people who have brain injuries.

“Most people outside our profession don't appreciate what can happen when the brain is badly shaken, even if there's no actual external impact. Perhaps they understand the consequences of severe concussions in sports, or injuries resulting in permanent physical disabilities or death. But not when it comes to what is referred to as mild traumatic brain injury. It's true that the majority of people who experience these injuries—about 85% of them—recover uneventfully. For the remaining 15% there can be long term, lingering, and debilitating impacts including loss of executive function, headaches, short-term memory loss—the list goes on.

“If we were to introduce testing at



Drs Frank Wong and Bill Cavers



Drs Bob Cheyne and Ian Mitchell



Dr James Busser



Visible: Drs Ian Gillespie and Brian Brody

a much earlier stage, when the patient is first brought in for care, we could ensure better treatment for the patients that need it. This is something I'll be working on during my term. We have technology that can rapidly screen for the presence of cognitive impairment at the time the patient is brought in to the emergency department. Early identification—in the emergency department—means streaming people into further assessment and rehab when they need it.

“This will be my project during my presidency. I want to start the process of developing a pilot project to introduce earlier and better cognitive screening. I welcome your ideas and participation in this project.”

Dr Gillespie was acknowledged with the fourth standing ovation of the day.

Among the numerous dignitaries at the lunch was BC Health Minister Kevin Falcon, who was invited to speak after Dr Gillespie's address. Minister Falcon gave an upbeat presentation that acknowledged the numerous problems in our health system, but also emphasized the significant successes the government and BCMA have had working together over the last several years. The minister detailed three areas he plans to focus on: general practice, reducing sodium in restaurant and packaged food, and increasing the amount of physical activity in the school system. All these goals align with BCMA projects and initiatives, and the minister's presentation, free of bureaucratise, was well appreciated by the assembly.

## Award recipients

**Dr David M. Bachop Silver Medal in General Medical Practice**  
Dr Joyce Wonmi Choi

**Dr David M. Bachop Gold Medal for Distinguished Medical Service**  
Dr Anne Vogel

**Dr Cam Coady Award**  
Dr John O'Brien-Bell

**BCMA Excellence in Health Promotion Individual Award**  
Dr Edith Blondel-Hill—Youth Wellness Project

**Non-Profit Award**  
Seabird Island Health Centre

**Corporate Award**  
BC Public Service Agency—Quittin' Time

**CMA Honorary Membership Award**  
Dr David Harder  
Dr Roy Karjala  
Dr Shaun Peck  
Dr Garson (Gary) Romalis  
Dr Jean Swenerton  
Dr John Turner  
Dr Morris van Andel  
Dr James Wilson

**BCMA Silver Medal of Service**  
Dr Jack Chritchley  
Dr Jakob Meyerhoff  
Dr Linda Warren



Drs Linda Warren and Shamin Jetha



Mr Michael Gormley and Dr Chip Doig