Interview with Dr Ian Gillespie

BCMA president 2010–2011

"As a child, I was afraid of deep water. I'm cured of that."

For more than 30 years, Dr Ian Gillespie has practised general adult psychiatry with an interest in posttraumatic stress disorder (PTSD), physician health, and medical-fitness-to-drive issues. He graduated from UBC medical school in 1971 and began 3 years of psychiatric residency in Vancouver before moving to Minnesota, where he completed his residency training at the Mayo Clinic in Rochester. He returned to his hometown of Victoria, where he has been in practice ever since.

His career has been influenced by John Bowlby's work on attachment theory, which stresses the importance of a child's relationship with a primary caregiver for normal social and emotional development, and in the application of object relations theory to the treatment of borderline personality disorder.

Dr Gillespie has been involved with the BCMA on various committees for over 30 years, including the information technology, physician health, and emergency medical services committees, as well as being a Board member for a total of 12 years. He has three grown children and a young son. In his spare time he likes to swim, cycle, take photos, and travel with his family.

BCMJ managing editor Jay Draper spoke with him in July.

We've had BCMA presidents on the cover on the beach, but never in a wetsuit! Can you tell me about your swimming?

I did competitive swimming in junior high and high school, and I've been a recreational swimmer since that time. I've raced in the Thetis Lake Open Water Swim frequently since it started in 1993 and enjoy participating in a local masters swim club for fitness and stress management. This has been particularly meaningful since recovering from some major health challenges in 2008. I'm also doing a series of swim races around Vancouver this summer. Being in Vancouver 3 days a week as president allows me to swim with an early-bird club at the Kitsilano outdoor pool before coming to the office.

You're also into photography. Have you been doing that for a long time?

Since age 14. In high school I was processing color slides, and I've been learning more about digital photography for the last few years.

What is it you enjoy about photography?

It's a way of recording special moments and being creative. I had the good fortune to go on a couple of photo treks organized by *Popular Photography*. The first one was to Portland, Oregon, and the second one was in Manhattan. Those were quite special—an opportunity to get expert critique of your work as you do it, and to photograph places that are usually out of bounds. In Portland, we were taken

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"All of these photos were taken while I was on Popular Photography *training workshops. Most images were on E100VS slide film taken with a Canon EOS 7D or Canon A-1 camera. In this session we were learning techniques for panning to blur the background while keeping the subject in focus, but with enough motion blurring to convey the speed."*

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out to Sauvie Island, which is a wildlife preserve in the Columbia River, and we had an opportunity to do aerial photography of a corn maze from a helicopter with the doors removed. We also had access to the Portland Art Museum, Pittock Mansion, and we got some great waterfall pictures near the Columbia River Gorge.

And you're building a kayak—can you tell me about that?

Yes, I went to a kayak symposium that used to be held annually in Port Townsend, Washington, and ordered a kit from a place called Pygmy Boats. It's a stitch-and-glue construction using mahogany plywood. They're nice kayaks, much lighter than fiberglass, and easier to make than some of the beautiful cedar strip kayaks that some colleagues have built. The hull is complete, but I got stalled with some other projects, including an extensive renovation. A sign whether I can achieve a reasonable work-life balance this year will be whether I can complete the kayak! It's probably another 50 hours of work.

What inspired you to become a doctor? I know you have health care in your family.

Yes, my father is a retired pediatrician and my mother was a nurse, and her father a GP/surgeon in Iroquois Falls, a small town in northern Ontario. My first job at age 15 was as a janitor in the Royal Jubilee Hospital operating rooms. I was drawn to medicine because it combined applied science with very rewarding human contact. As a young person I was interested in biology, engineering, and biomedical electronics, and I had been doing quite well in sciences, so, with some summer sessions, I was able to do my premed in 2 years.

What drew you into psychiatry?

It wasn't something that I thought of before medical school, but I enjoyed the rotations during my training and I thought it would be a good fit for me.

I see that one of your areas of interest is PTSD. Can you tell me about that?

I treat patients who have experienced all kinds of trauma, including the kinds that occur in childhood and have long-lasting effects—things like the consequences of emotional and sexual abuse. In North America, motor vehicle collisions are a more frequent cause of PTSD than those arising from the very challenging circumstances that our military personnel face in combat. Civilians with PTSD don't have much available in terms of treatment options in the community. Chronic forms of this condition may require longer-term treatment, but this is a very treatable condition.

Can you tell me about the new screening tool for senior drivers, the

SIMARD-MD—it's in pilot testing now?
Yes, physicians in Alberta have piloted it and it will be piloted in BC before its adoption by the Office of the Superintendent of Motor Vehicles as a recommended screening tool. The *2010 BC Guide in Determining Fitness to Drive* was extensively revised, and quite a few areas of the *Guide*—those parts that focus on the risks arising from cognitive impairment—recommend the SIMARD test. The problem was that the test had not been peer-reviewed and published, even though a lot of thought had gone into the selection of this particular test. It was actually a modification of a previous screening tool called the DemTect, which has been validated, going back at least 5 years. The BCMA can't support an approach that doesn't have good evidence for it. The author's paper has now been accepted and is due to be published in July [it has since been published: Dobbs BM, Schopflocher D. The introduction of a new screening tool for the identification of cognitively impaired medically at-risk drivers: The SIMARD, a modification of the DemTect. J Primary Care Community Health 2010;l:119-127. Abstract at: http://jpc.sagepub.com/content/1/2/119.abstract]. The BC pilot studies will demonstrate whether this is a widely applicable and practical dementia screening tool for identifying those at high risk if they continue to drive.

How did it come about that you became president of the BCMA?
Two colleagues on the Board approached me in January of 2008 to encourage me to run for the position of chair of General Assembly in that year's BCMA election. I said no, at first, and then thought that this was an opportunity to apply leadership in areas of long-standing interest, such as in health promotion and in conflict management. After the next year's contested election, I began my 3-year commitment for the positions of president-elect, president, and past president of the Executive Committee.

I know you've got a number of goals for the year, but if you could achieve just one thing this year, what would it be?
It's hard to pick just one. The GP Services Committee has been very successful, and I'd like to see the Specialist Services Committee (SSC) experience equivalent success. However, it's much more complex, and I think a greater challenge with so many sections involved. I'll be doing whatever I can to ensure the success of the SSC so that at the end of the day both physicians and patients are finding that their experience in providing and receiving care is getting better. As a separate project, I would like to see a more consistent and thorough approach to the identification of cognitive impairment among patients presenting in emergency departments after traumatic brain injury.

What can be done to ensure that success?
We can build on the Shared Care initiative, wherein the relationship between GPs and specialists is developed in the best interest of patients, and on the Divisions of Family Practice as well. It's going to be very important that we have the multisectional forums—there are four planned this year. The first is the Surgical Forum. They're going to be quite pivotal in strategic planning, and I'm looking forward to those.

What do you hope to get out of being president personally?
I'm not doing it for personal reasons, but I guess I'll enjoy the satisfaction of working with such an outstanding group of staff and colleagues, the opportunity to apply leadership, and to learn from the process. I don't have any interest in other medical-political positions after this; I just want to do the best job I can as president of the BCMA, then as past president. After that, I may still do some committee work. It has been very satisfying to see the changes that the Board has adopted in how committee positions are announced and are open to application by interested members. If I apply for committee work in the future

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"My wife Jaqueline took this photo of me taking aerial shots of a corn maze from a helicopter with the doors removed. This was above Sauvie Island, Oregon."

Above: *"Cannon Beach is a popular tourist destination on the Oregon coast. The best photos are usually with the light of early or late day—it's more challenging when there's significant cloud cover, as there was that day."* Facing page: *"The Columbia River Gorge features dramatic cliffs and has the highest concentration of waterfalls in the Pacific Northwest. The Multnomah Falls is the second highest continuous waterfall in the United States. It's fun to experiment with different shutter speeds to see the effect on waterfall images. This was about 1/4 second."*

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and am not selected, I have full confidence that it will be because there is someone better qualified to do the work.

You've been doing the job of president for 2 weeks now—how's it going?

I've been told by past-presidents that they counted down the days until they were president, then they soon were counting down the days until it was over—there's even an iPhone application for that! Actually, it's been fun and exciting so far. The staff do a great job preparing you, so there haven't been as many surprises as you might expect.

What are some of the problems with the BCMA that you'd like to address?

Keeping in mind that we've had very good ratings in the surveys on member satisfaction, I do think we can still improve how we select and evaluate Board and committee members. We now have a new selection process for committee members that became operational earlier this year. We invite applicants to send in a statement of interest outlining what attracted them to the position, the qualifications that they bring to it, as well as declaring any potential conflict of interest. The Nominations Committee then engages in a careful selection process and makes a recommendation to the Board. This is going a long way to fulfilling the need to be more inclusive of members. We need to have more women and younger physicians involved in the BCMA and in leadership positions.

Were there concerns that the pool of people being attracted to the Board was too small?

Partly. The Board has had a lot of discussion about the advantages and disadvantages of term limits for directors. One of the issues is how to retain the experience and valuable services of some long-standing board members, while steadily recruiting talented new members. Since the governance proposal was narrowly defeated by referendum, and then a revised proposal—which was supported by the two societies—was rejected by the Board, the changes we've been making are more incremental. We will still have to address Board size and terms-of-service issues. Personally, I would rather see a fair and open evaluation process of Board members performance as a criterion for retention, not fixed-term limits.

Why should doctors get involved in the BCMA?

Well, I first got involved to help deal with the problems residents and interns were experiencing, and took part in the creation of PARI-BC. It was very interesting to do that—negotiating and problem solving can be a very rewarding part of professional practice. I think it's an extension of the advocacy we do for our patients in

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day-to-day clinical care. A colleague from eastern Canada recently said, "If you're not at the table, you're on the menu." So, one reason that physicians need to be involved is that we frequently express concerns about changes that occur without considering the front-line experience of clinicians. It's never as productive to engage in rearguard action as to be involved in strategic planning that respects the contribution of all stakeholders, including the patient, from the start.

That does seem to be a change: the BCMA is now at the table with government.

There has been a lot of change with collaborative planning, but we still have times when we've been concerned about initiatives that occur without the necessary discussion first. So we're not in nirvana just yet—we need to insist that those consultations *do* take place.

Where would you like to see the BCMA in 10 years?

I would like to see a continued focus on health promotion, as well as on improved member services and continued success in negotiations. I'd like to see broader representation from the different regions of the province. While there are always advantages to sitting down together, I expect that technology is going to change the way we do meetings—more and more, they're going to be electronic. It will be a way to get broad representation while keeping costs down.

Any final thoughts?

If there's a central thing that's important to physicians, it's that they're valued for their contributions. Physicians' experience with the health authorities has not always been that way. We often don't feel that our input is invited or respected, and that creates a situation where physicians are less willing to attend medical staff meetings. That breeds apathy, so valuing people for their contributions is essential. During challenging times, it's better to have the approach that we're all in this together, so let's figure out how we can best deal with this rather than finger-point or say, "That's how it's going to be—like it or lump it!"

So what can be done about that?

The Divisions of Family Practice initiative certainly has the potential for improving this working relationship. I'm really excited to hear their plans, because for the first time physicians will have incentives and support for assessing the needs of their local community and creating customized solutions that better integrate their local skills and resources. Involving patients and the health authorities in this process has great potential to benefit everyone and to spend health care dollars more effectively. BCMJ

"Sunset view of the Columbia River Gorge with colors enhanced by a Cokin P173 blue-yellow polarizing filter. Digital technology has many advantages, but no amount of Photoshop manipulation will take the place of creative use of filters, especially polarizing filters."