

All in a day's work (or perhaps a couple of weeks)

So, are you enjoying being BCMA president? What is it like?”

To frequent questions such as this, I would say “fascinating, satisfying, challenging, and more.” The BCMA is a well-integrated group of teams including the Executive Office, Professional Relations, Policy and Economics, Negotiations, Communications, Finance, Benefits, and Member Services. The work is varied and can change on very short notice.

My practice is compressed into 2 days per week with the remaining time spent at the BCMA office. My patients and my office assistant, Rosemary, have been very understanding and supportive of my taking a turn at this leadership.

Once weekly, I meet with the senior staff of the BCMA to keep abreast of Association issues, plus I have other meetings with staff, physician members, government officials, and individuals from stakeholder organizations. Responding to e-mail and phone calls usually has to fit in around the other tasks. Media interview requests can bump other plans and are often on

short notice because of reporter deadlines. It can be quiet for several weeks and then there will be a flurry of activity all in one day, usually when an issue grabs the media's attention. Most reporters are respectful, however they do like to polarize the news to increase the level of audience interest.

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While president-elect, I was invited to speak to the BCMA staff. During the question period, someone asked if I had a special project to undertake during my presidency. For some time I have had an interest in the computerized assessment of cognitive ability and have noticed that there is a wide variation in findings and that there are often long delays in the identification of significant impairment. I'd like to

see more brain injury prevention programs and more effective methods of assessing brain injury in our emergency departments. Regarding the latter, I am working on a pilot project intended to improve the quality and consistency of the assessment patients receive when they present in BC hospital emergency departments after traumatic brain injury. Our small group has met with interested and knowledgeable experts, including representatives from ICBC, and a second meeting is forthcoming to discuss a draft assessment flowchart, intake forms, patient information forms, and how to ensure good communication with the patient's family doctor. We will then decide on the appropriate terms of reference for any committee work that will be carried forward and report that to the Board of Directors.

With respect to brain injury prevention, the BCMA's resolution supporting a ban on mixed martial arts (MMA) fighting in Canada somehow came to the attention of a Vancouver newspaper 2 weeks before it was to be brought to CMA's General Council

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By BC physicians, for BC physicians

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meeting. The story (and subsequent ones) generated a visceral reaction from many MMA fans and a request to meet with an MMA representative. After our meeting, in which he wanted us to withdraw our resolution, all we could agree upon was the common goal that the incidence of brain injuries must be reduced.

The sole intent in an MMA fight is to disable your opponent, which includes by inducing a brain injury.

Not surprisingly, there was debate at the BCMA caucus meeting when this resolution was first introduced, and even more debate at CMA's General Council when it was presented for discussion. My argument among media, physicians, and interest groups has always been the concern with the degree of violence in this sport and the risk for brain injury. The sole intent in an MMA fight is to disable your opponent, which includes by inducing a brain injury. We know that repeated brain injuries have long-term debilitating effects. Continuing research also confirms the increased risk of neurodegenerative disease, and at an earlier age, after repeated concussion. We would not be doing our job if we didn't speak up on behalf of the brain health of Canadians.

Critics have wondered (somewhat sardonically) why we haven't also called for a ban on football, hockey, or baseball, as they too have a risk of

brain injury. All sport has its own inherent risks; however the intent of these competitive team sports is very different than the intent of MMA, plus these players are padded and helmeted. And even though many sanctioned MMA fights have a physician ringside, his or her presence will not fundamentally reduce the risk of long-term brain damage to a fighter, even if the physician does provide other worthwhile ringside medical care.

With the passing of this resolution at CMA's general council meeting by an 84% majority, it is now up to the CMA to advocate for a ban with federal legislators. In Canada, under Section 83 of the Criminal Code, prize fighting is illegal with exceptions made for boxing (which the CMA voted to call for a national ban in 2002) and events authorized by provincial sports commissions. MMA itself has been banned in six provinces and territories, however Ontario reversed its ban in August after strong lobbying. Our role will be to provide expert opinion to government about the risks to brain health, if and when government decides to consider the Canadian Medical Association's recommendation.

Debating this issue has been challenging, eye opening, and at times frustrating. But being president of the BCMA means you don't back down when the going gets tough. I am proud that I stuck to my principles and persisted in working with those who had objections, and in the end the position of our caucus was validated by a large majority of physician delegates at the CMA's annual meeting.

—**Ian Gillespie, MD**
BCMA President

Recently deceased physicians

The following physicians have died over the past 9 months; please consider submitting a piece for our "In Memoriam" section in the *BCMJ* if you knew the deceased well.

- Andrews, Dr William John
- Baldwin, Dr John Henry
- Bartok, Dr Katalina
- Boxall, Dr Ernest Alfred
- Brunton, Dr Lawrence Jackson
- Chen, Dr Ferdinand
- Chetwynd, Dr John Brian
- Dudley, Dr John Howard
- Duffy, Dr John Peter
- Findlay, Dr Ian Douglas
- Goh, Dr Anthony Poh Seng
- Kalyanpur, Dr Vasant Raghav
- Lewis, Dr David John
- MacDonald, Dr Alan Angus
- Mackenzie, Dr Conrad
- McAdam, Dr Ronald
- McCannel, Dr John Arthur
- McDaniel, Dr Bernard Minshull
- Milobar, Dr Tony
- Penny, Dr Helen Angela
- Percheson, Dr Peter Brady
- Pinkerton, Dr Alexander Clyde
- Puttick, Dr Michael Paul Ernest
- Queree, Dr Terence Candlish
- Selwood, Dr Michael
- Smaill, Dr William Donald
- Thomas, Dr Ifor Mackay
- Tucker, Dr Frederick Gordon
- Van Schie, Dr Lisa

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