

Invasion of the body scanners

Do you think it's normal for your dentist to check your prostate?" I ask the new hygienist. "Because Dr Plaque checks mine every time I come in."

At this point, somewhat alarmed, the hygienist glances at the last entry in my chart, under which, while unattended, I have written, "prostate normal." After I explain my little joke to the slightly creeped-out young woman, all my appointments go pretty much the following way.

"You haven't had X-rays for a while so we should do them."

"Why?"

"Well, Dr Plaque likes to have them done periodically to check on things."

"Well, then Dr Plaque can pay for them." I don't think the dentist likes me.

Imagine, doing a periodic X-ray to check on things. This has always been frowned upon in our profession. However, we are now on the crest of a brave new scanning wave. Patients can pay privately for almost any scan imaginable. Then with the scans and reports

in hand they come to us for advice. The problem is that nobody really knows what to do with the results. Randomized controlled trials that investigate the impact of routine diagnostic imaging on mortality and morbidity are scarce. So what does one do with an otherwise healthy 50-year-old man who pays privately for a coronary CT that shows calcifications? Do you order a stress test, exercise MIBI, angiogram, or just monitor and encourage risk-factor modification (which is what was prescribed prior to the scan anyways)? How about tiny renal or lung lesions? What about small cerebral ischemic changes? The list goes on. Private companies are happy to do the scans, but what is the next step? Patients are signing up for virtual colonoscopies, ultrasounds, CTs, PET scans, carotid dopplers, and more in ever-increasing numbers.

Let's not forget magnetic resonance imaging (MRI). Oh, how I hate those three letters. It doesn't seem to matter what the patient's problem is, eventually they always come to the conclusion (based on the expert advice of

their lawyer, spouse, parents, physio, massage therapist, barista, or gardener) that they need an MRI just in case something is being missed. This happens despite my explanation that an MRI won't aid in the diagnosis of their ingrown toenail or make their obesity-related back pain go away. I am considering purchasing a big magnet to glide over people while I make a humming noise. I will then give them a stick drawing of the appropriate injured area and bill them for a discount MRI.

Technological advances are often a good thing, but some rational judgment must be applied. There is still an art to practising medicine, an art that can be intriguing, satisfying, and alluring. I'm calling for the use of good old common sense. A good question to ask is, "Is the management of this patient likely to change depending on the outcome of this test?" If not, don't do it. If your patients remain dissatisfied, send them to my newly opened discount MRI clinic.

—DRR

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The end of an era

We are approaching the end of an era at our community hospital. As you read this line, you may be expecting a lament on the death of the full-service family physician. The family doctor who has an office practice, hospital privileges, does house calls, does palliative care, delivers babies, and perhaps also does ER work. The dinosaur that has previously been described in these pages, and whose imminent demise has been much lamented. This would be a reasonable thought.

It may also be reasonable to expect an essay on the demise of the community hospital. I expect that this may happen soon in the new era of “program management.” The new buzzwords in our health authority seem to be carving our once unified hospital into separate silos of health care delivery. Our interdependent departments such as obstetrics, pediatrics, anaesthesia, and surgery are being managed and directed by individuals who are not on site full-time because they have too much on their plates and have to manage and direct multiple hospital sites and programs.

But, alas no. I am going on about the imminent loss of an indispensable person at our hospital, our medical staff secretary who for approximately the past 17 years has been doing her job with amazing dedication. Unfortunately, she is retiring and her position is not going to be filled.

I must be getting old. I find myself reflecting more and more about how things used to be. I am becoming one of the *When we* generation. You know who you are. You start sentences with *When we*, such as, “When we started at this hospital...” It is true.

When I started at my hospital 20 years ago, I applied for hospital privileges through the medical staff secretary. It was the medical staff secretary who organized my pager for me, as well as the multiple replacements I

have needed over the years. She reminded me that my annual dues were overdue, as was my annual reapplication for hospital privileges. The medical staff secretary took minutes at our medical staff meetings (and many other committee meetings); she coordinated our on-call schedules and notified others of the changes that we seemed to make so frequently. The medical staff secretary updated our hospital’s physician directory, an indispensable tool for us and our office staff. She was the “go to” person at our hospital when one had a question or a problem. She coordinated weekly education sessions for physicians. Our medical staff secretary managed our medical staff bank accounts and administered the scholarships our hospital medical staff gives to worthy medical students each year.

Her job description has been changed by the hospital administration. She

is no longer supposed to be doing the things she has done for the medical staff for the last 17 years. She has outlasted every other secretary in the hospital. She has gone above and beyond

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on many occasions, quietly and efficiently. She is due to retire shortly. The glue that holds our hospital’s medical staff together is about to be dissolved.

By the time we realize what we have lost, it will be too late. From one dinosaur to another: Have a well-deserved retirement, Marcy. You have certainly earned it. We will all miss you. It won’t be the same around here any more. —DBC

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