

## Dr Mark Schonfeld: Skilled physician, arbitrator, and leader

Colleagues in both medicine and medical politics for more than 35 years, Dr Brian Day pays tribute to recently retired BCMA CEO Dr Mark Schonfeld.

### Brian Day, MB

I first met Dr Mark Schonfeld in July 1973. I had just arrived from London, England, to begin my orthopaedic residency, and he was about to embark on what was to become a very successful 22-year period in the practice of family medicine.

Those early days were, to many, the “golden era” of modern medical practice in BC. Vancouver General Hospital was a complex institution and incorporated all specialties, including obstetrics and pediatrics. The entire organization was run in a remarkably efficient manner by the medical director, Dr Lawrence Ranta, who acted as a “benevolent dictator,” always putting patients first. Mark and I were probably both impressed by the fact that a physician was both the leader and manager of such a large and very complex facility. In those days, whether the crisis was an issue with the ICU, a leaking pipe in the underground tunnel, a shortage of B negative blood, or a complaint that there was no bread left in the house staff living quarters, a call to Dr Ranta’s office led to an immediate solution to the

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problem. Now, almost 40 years later, international studies show that the best performing hospitals are run by physicians.

Early in Mark’s career he recognized that while a clinician’s focus must be on patient care, it was important not to neglect the administrative and political roles that doctors had traditionally held. He realized that if we abrogated such roles to others, both we and our patients would suffer. Not only did Mark immerse himself in clinical practice in those early years, including leadership roles at VGH and BC Children’s Hospital, but he also became actively involved in multiple medical, academic, and nonprofit organizations. His patients were unhappy when he retired from active practice, but understood his reasons. BCMA President Nasir Jetha recently wrote about Mark’s achievements during his terms as president of the VMA and BCMA, and specifically recognized his contributions as CEO of the BCMA.

Mark understood the difference between his role as BCMA president and that of CEO. He achieved success and longevity in a role that many other accomplished individuals had found very difficult. He understood the difference between political leadership and top-level management. He proved able to make that transition. During my 3 years as a BCMA Board member I was able to observe his masterful

handling of the CEO role. Few can deny that he is likely the most successful CEO in the organization’s history. His knowledge and experience were a great resource for the Board but, unless asked, he never volunteered or tried to impose his views on issues under discussion. On the other hand, his counsel was often actively sought, especially if there were important historical or procedural questions. That is perhaps the reason he excelled in his role through the tenure of 13 consecutive BCMA boards and executives.

To simply describe Mark’s achievements as a leader and a manager is interesting, but I believe it will be a little more instructive to others if I summarize the difficult realities faced by him, and others, in similar positions.

We physicians are a difficult group to lead. We are equally difficult to manage (good leaders do not always make good managers). I hope non-physicians will not consider us arrogant if I opine that, as a group, we are fairly intelligent, moderately well educated, and generally confident and opinionated on most subjects—especially those that relate to the practice of medicine. Some have documented that we listen to a patient for an average of 26 seconds before we interrupt them. From my experience on boards and committees, some of us apply a similar formula to our colleagues. The challenges created by rapid advances

in medicine and technology in the 21st century—especially the resulting economic pressures—have created a “divide and rule” opportunity for governments in negotiating with doctors. Thanks to our leaders and managers, we have remained united under our professional associations.

It is perhaps a gross understatement to say that during Mark’s tenure as CEO, there were many periods when the BCMA faced difficulties and even crises. On more than one occasion I have personally witnessed Mark’s talent as an arbitrator of conflict and his ability to manage critical incidents. While most physicians acquire some of these abilities through their clinical training and practice, I know of none who can match Mark’s tolerance and skill in this area.

Mark’s activities outside of the BCMA are perhaps less well known. His volunteer involvement and leadership with the BC Variety Club, BC Jockey Club, Justice Institute of BC, Hamber Foundation, Sauder School of Business, and the Vancouver Board of Trade are a tribute to his sought-after talents. Those of us who have known Mark both professionally and personally are aware of his tremendous commitment to his family. He is a devoted husband to Tracey, and a proud father and grandfather. I am sure they will all soon enjoy a little more time together.

In a recent book chapter on leadership I wrote, “If you succeed in climbing Mount Everest, remember not to stay at the summit too long. That will be fatal.” Mark did not wait too long at the top, and has chosen to descend from the summit at a time when the BCMA is the envy of every other provincial medical association. He can, and should, look back with great satisfaction and pride. I know Mark has a lot more “fuel in the tank,” and I look forward to following him as he moves on to other innovative and exciting challenges.

### Colorectal cancer linked to bacteria

Two new studies, one of them involving Simon Fraser University researchers, have uncovered the first link between human colorectal cancer and a specific microorganism.

The studies, just published online in the journal *Genome Research*, found the bacterium *Fusobacterium* hundreds of times more prevalent in tumors than normal tissue in 99 colorectal cancer patients.

*Fusobacterium* is a known infectious agent that is rarely found in the contents of a normal gut. It has not previously been associated with cancer, and it has yet to be proven whether *Fusobacterium* infection causes or precedes colorectal tumors.

Researchers plan to further investigate the possibility that *Fusobacterium* could be a direct cause of colon cancer, and if so, by what mechanism. The same methodology can then be applied to look for correlations between infectious agents in other types of cancer. Some other cancers known to be caused by viruses or bacteria are cervical cancer (human papilloma virus) and liver cancer (hepatitis B and C virus).

### Improved access to psychiatry

The work of the Mood Disorders Association of BC (MDABC) Psychiatric Urgent Care Program was recently profiled at the 2011 Canadian Psychiatric Association’s annual conference held in Vancouver in October.

Drs Ron Remick, Chris Gorman, Judy Allen, and colleagues discussed their work in conjunction with the MDABC to change the traditional practice of care and create new capacity, with existing resources, for patients with mood disorders. The group led a well-received sym-

posium on their use of group medical visits or regular e-mail communication between psychiatrist and patient in lieu of individual follow-up appointments.

With five psychiatrists each working 1 day a week assessing new consultations and chairing one group medical visit, they’re able to assess and provide care for approximately 1500 new patients a year, while maintaining a follow-up cohort of 2000 patients.

Group sizes range from 8 to 12 patients, and sessions include patients with a range of conditions including depression, anxiety, and bipolar disorder, as well as patients with concurrent substance abuse issues and/or co-morbid psychiatric conditions.

Demand is growing, and plans are underway to add a sixth weekly session. Additionally, Drs Remick and Gorman have both changed their Providence Health Care clinic to mimic this model.

Interest in the program is also growing: representatives from the University of Ottawa’s Department of Psychiatry plan to visit Vancouver to observe the program with the intention of starting something similar in Ottawa, and physicians from the Surrey South Asian community, Abbotsford, north Okanagan, and Nanaimo have also expressed interest in learning more.

Funded by the Shared Care Committee, the Psychiatric Urgent Care Program (also known as the Rapid Access to Psychiatry program) provides five drop-in group medical visits a week at the MDABC Vancouver premises.

Remick’s poster on content analysis of e-mail communications between patients and physicians in the program further highlighted the

*Continued on page 562*