A spade by any other name

I'm afraid I'm not a very good Canadian. I don't eat much back bacon, seldom wear a toque and don't really like the way our great late novelist, Robertson Davies, writes. He uses a fifty dollar word when a five cent word would suffice.

Over the last few years, I have been forced to attend a number of meetings chaired by administrators of my local health region. Since I don't want to single any one group out I will disguise their identity by referring to them simply as FH (I live in the Fraser Valley). The problem? I often have no idea what they are talking about. They use all these words and sentences that leave me completely lost. I have a university degree, and apart from my friend Robertson I like to read and usually can follow along without a dictionary. Therefore, I went to FH's website for guidance. Perhaps the executive is made up of brilliant, Nobel Prize–winning wordsmiths? Maybe their bios would bring more clarity. To paraphrase a few, one vice president "has a mandate to create great workplaces through innovative, sustainable, and results-oriented strategies that engage leaders and team members in organization transformation." Another vice president "provides executive leadership and strategic oversight to a range of integrated community programs designed to improve health system capacity and foster a population health focus that will help sustain care and services across our rapidly growing communities." Anyone else confused?

I began to think that perhaps like medicine, the corporate world has a unique language. To explore my theory I visited the websites of many top corporations—banks, investment firms, and communication companies to name just a few. Interestingly, their executive titles read like this: "vice president of human resources," "vice president of technology," "vice president of finance," and so on. The bios were clear and concise and left no room for confusion about what the individual was responsible for.

So why are health administrations filled with such confusing language? It seems to be a systemic problem as I have checked other health regions and even other provinces. Maybe if it isn't clear what you do then you can't be evaluated? How exactly does one determine if an individual has been successful at "creating great workplaces through innovative, sustainable, and results-oriented strategies"? What does this even mean? Throughout history certain groups set themselves apart by having a secret language, thereby keeping the populace at a disadvantage. I suspect that the private corporate world is simpler because if it isn't clear what you do they know they don't need you.

How about we call a spade a spade. I fear that potentially good people are being weeded out as they refuse to learn the language and play the advancement game. The survivors run entire meetings where nothing is said and nothing is accomplished. Previously we had fewer administrators who were very approachable. If you asked a question you got an answer. Good ideas didn't have to go up through all sorts of committees and face "adjacencies, paradigm shifts, or operational matrixes." How about we get back to making timely, commonsense decisions that improve the health and welfare of our patients?

In the meantime, I have an opportunity to innovate strategically and align my operational needs thereby sustaining my changing and challenging environment. In short—I am going grocery shopping.

—DRR

I want to be like Mike

One of the privileges of working with young people is that the course of their lives is still so flexible and unshaped. I work at a pediatric hospital, and it's been my distinct pleasure to meet children of all ages, sometimes just once or twice and often despite them seriously not wanting to meet me. I also work with students and trainees who seem to be starting younger every year and who very quickly grow up to be colleagues. Just by virtue of these youngsters being here in my office, our personal and professional interactions may jiggle the course of their still malleable future.

It strikes me, however, as I "mature" into this career, that we don't always appreciate how much nonmedical impact, good or bad, we may have on these young people, even when we don't realize it. I remember visiting my doctor as a child only a handful of times, but I remember each visit vividly. I would guess I made very little impression on him in his overall life and career; he probably saw 30 clones of me over one day, poor guy. However, I know that watching him and asking him questions was what planted medicine in my neophyte career-option file.

I read that Michael Jordan would carefully groom and dress in a custom-tailored suit to make the very short walk to and from the dressing room on each and every game day. When he was asked why he would make so much effort for so few metres of public exposure, he explained that the fans lining the walkway were often people who might only ever be at one NBA game in their life, waited around after the game, probably scrimped to afford tickets, and it may be the only time that they would ever see him up close. He always wanted to be his best even for just those few seconds with them, and that included dressing respectfully and greeting them nicely. Wow. Okay, most doctor-patient and mentor-student relationships aren't complicated by one of them being a multiple championship MVP legendary icon, but you get my drift. We are constantly meeting caseloads of individual people and we tend to lump them together, speed through consults, or define them by their diagnosis, their manners, or their particular misery. They, however (hopefully), have relatively few doctor visits or illnesses in their lives and what we say and do during our interactions may be planted quite deeply, especially when they are young.

I've had the pleasure of seeing a patient I operated on as a 10-year-old come through our service on a fourth-year surgical elective 14 years later, telling me that the childhood surgical experience we shared helped lead to the decision to practise medicine. I've seen kids with burns who start our relationship screaming in tears when they see me and end up as proud youth leaders mercilessly squirting me with Super Soakers at the Burn Camp Kick-off a decade later. I know there have been patients who will always have fears of hospitals and doctor visits because of what I have had to do with them, even when I do try to make each visit finish being "sort of" friends. And parents will quote me back to myself years later with something I said to them on the spur of the moment that somehow struck them, and I barely remember saying it. I'm sure everyone has those stories.

Medical students are on service for just a week at a time, sometimes two. Many of them are in the process of trying to decide what to do. There might be one single OR case that we do together—those first sutures they work so hard to put in and that particular case may be seared forever into their brain. That one interaction may help them decide what path their whole life might or might not take, even though I might have trouble recognizing their name if they decide to apply to our program.

Without being overly dramatic and assigning more relative importance to practitioners of medicine than most of us probably deserve, it strikes me as important that we acknowledge and be respectful of the lopsided effect that we can have in our relationships with our students and young patients, even with only a short exposure time. This one may grow up to be prime minister, that one may become our department head, and that other one may be the lawyer whom we all hope not to need. That prime minister may never forget how her doctor sang a twisted, out-of-tune version of "Old MacDonald" during closure of her laceration, and maybe priorities in health care politics will be subconsciously modified.

Maybe not, but you'd always be able to wonder. **—CV**