

Grating expectations

A highway of paper crosses the desks of all physicians on a daily basis, but I recently received a document from my health authority (HA) that stood out. Perhaps you've received something similar—if so, I would encourage you to examine the wording closely.

At the end of September I received a glossy, full-color handout from my HA labeled “Statement of Expectations between Physicians and the HA.” Attached was a cover letter from the vice president of medicine at Fraser Health advising that this Statement of Expectations (SoE) was approved by the HAMAC, which is either a nice place to take a nap or the Medical Advisory Committee. The cover letter states that, “The SoE is an essential step in developing true partnership between physicians and the Health Authority.” It goes on, “I ask you to indicate, voluntarily, you have read and understood the Statement of Expectations in order to guide future developments in our partnership with you. I stress I cannot and do not want to mandate a response.” It then asks me to indicate my acknowledgment by sending a signed copy to the credentials office.

What kind of “true partnership” is fostered by not allowing a response? It seems a little like having the king's proclamation nailed to the tree so they can hang you later if you don't comply. Also, is there any other way to read something than “voluntarily”? If I am only acknowledging a document then why am I sending the response to the credentials office? What could this office have to do with a voluntary “true partnership”?

The document itself has many good things in it. Words such as support, encourage, collaborate, and share are used frequently. It is divided into

two columns under a number of headings—“Fraser Health Responsibilities” in one column and “Physician Responsibilities” in the other. I notice that under the heading “Focus on Patients” the health authority is going to “Support effective and efficient care delivery within the available resources,” whereas the physicians are going to “Provide timely care coverage” and “Participate in an on-call coverage group.” It appears that the health authority can say it doesn't have available resources but we must be on call. Also, who gets to decide what “timely care coverage” means?

Let's read further. Under “Foster Excellence,” the health authority's responsibilities are full of the words “support” and “encourage,” whereas the physician's responsibilities start with words like “maintain,” “advise,” “remain current,” and “abide.” Seems like one group is doing all the work. Under “Listen and Communicate,” the health authority is going to “share information,” “offer opportunities,” and “provide performance appraisals” in which (you guessed it) physicians are responsible for participating. I am curious as to what type of performance is going to be appraised and who is going to be doing the appraising.

Moving on: under the heading “Collaborate on Care Delivery,” physicians are going to “attend necessary multidisciplinary meetings and behave in a manner that is supportive of program vision and goals.” Again, who decides which meetings are necessary? What programs are we talking about? Lastly, under “Leadership and Ownership,” the physicians are going to “implement the clinical standards of care adopted by the programs.” What programs and which clinical standards?

I am deeply concerned about signing a document and sending it to the credentials office without the opportunity to ask questions, especially a document containing so many items that require clarification. By signing I am only acknowledging that I have read it, but if this Statement of Expectations isn't going to become some sort of contract down the road, why does it exist? Lastly, why does the health authority get to tell me what my responsibilities are when I can't do the same for them?

I am curious whether other health authorities are already using or considering a similar document, as that could be a slippery slope indeed.

—DRR

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Holiday customs: Making light of our differences

Where I grew up, Christmas falls during the height of summer. No snow, no reindeer. Not much in the way of Christmas decorations outside people's homes. Being Jewish, the first time I saw Christmas decorations was on a Christmas tree in the living room of a friend's home. Their twinkling tree lights were no match for the elaborate decorations that adorn the exterior of many homes in the average Canadian neighborhood today.

In 1990, during my first winter in Canada—in Gladstone, Manitoba (population 1000)—I was asked to be the one and only judge in the town's annual Christmas light competition. I was likely asked because I was the new doctor in town and was viewed as being unbiased. Perhaps it was also a way to make me feel welcome. The request came as quite a surprise, since not only had I never seen Christmas lights like these before, but I don't even celebrate Christmas! As my wife had not arrived in Canada yet, I was the only Jew in Gladstone. Ironic, that they chose me to be the judge of this very serious competition.

I know the story of Christmas and its traditional images, but have never understood the nuances of what constitutes a winning Christmas light display. Although I may have been un-

biased in the eyes of the locals, I was more clueless than anything else. I didn't know whether to choose the display with the most colorful lights or the display with the most lights; the display with the traditional images of the baby in the manger, or the more modern images of the chap with the white beard in the red suit. In the end, I don't recall how I decided on a winner. I do remember that they didn't ask me to judge the competition a second time.

There is the same irony in this editorial. Each member of the *BCM/J* Editorial Board gets his or her turn to write an editorial once every seven issues (excluding the editor who churns out an excellent editorial 10 times a year). It so happens that the only Jew on the Editorial Board has his turn come up for the last issue of the year. There is a saying in Yiddish that came to my mind in the fall of 1990 that also applies here: "Vos vais a chazzer vun lokshen?" Literally translated this means "What does a pig (or non-kosher animal) know about Jewish noodles (or traditional Jewish food)?" What do I know about Christmas?

I know that this is a joyous time of year for most. For many, it is exhausting. For those without loved ones nearby, it may be a difficult time. Some of my patients feel more de-



pressed over the holidays. A lot of people feel stressed by the pressure to spend money on gifts, or pressure to host large gatherings for extended family members.

The Jewish festival of Hanukkah falls at this time of year as well. Hanukkah is not connected with Christmas, except that they both occur in December. It celebrates two miracles that occurred about 2200 years ago in which light (or enlightenment) won over might (or brute force). We celebrate for 8 days, and the emphasis is on family, food, fun games for the kids, and giving to charity.

For me, it is also a time to reflect on the year about to end—both the good and the bad. I look forward to the approaching year with hopes of happiness, health, peace, and prosperity for everyone. To those of you celebrating the birth of Jesus, I wish you a very Merry Christmas. To those of you celebrating the Miracle of Light, I wish you a very Happy Hanukkah. To those of you who celebrate other holidays, I wish you a happy end to 2012.

To all of you, I wish a Happy New Year!

—DBC



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