

Summer rant

The ringing in my left ear gradually diminished as the Harley faded into the distance. On a beautiful summer day (which was rare at the writing of this editorial) I was out cycling along a peaceful country road when I was deafened by a speeding motorcycle. Now, I can understand the appeal of riding with the wind

blowing through your hair (that was what I was doing), but I have a hard time comprehending why we allow Harleys on our roads in the first place. People who like motorcycles purchase Hondas or Yamahas. Harleys are designed to be noisy and their owners (lawyers, dentists, and accountants) are more about being noticed. If you listen closely when a Harley motorcycle idles you can hear, “look at me, look at me, look at me” over and over again. With widespread promotion of hearing protection through organizations like WorkSafeBC, shouldn’t motorcycles be subject to some sort of decibel control? Having something that noisy on the road is a little like waving your middle finger at the world.

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ment, how do you justify popping in to the corner store in something that consumes more gas than produced by my patient Bob (just giving him a plug as it truly is amazing and he is quite proud of it). Maybe that Hummer driver is headed to the corner store to pick up cigarettes—which leads to my next rant.

As I ride my bike, I notice hundreds of cigarette butts lining the road. Most smokers wouldn’t throw paper wrappers and other garbage out their car windows, and I am also pretty sure that the majority don’t throw cigarette butts all over their driveways. So why do they think it’s okay to flick these things out of their car windows? Again, I bet they use their middle fingers. We

should pass a law that citizens are allowed to collect the smoldering butt and flick it back through the window at the earliest opportunity—say at the next traffic light.

At least I can enjoy the breeze and fresh air that summer brings. I like to leave my windows open to revel in all the scents of nature. Unfortunately, one of those scents comes courtesy of my next-door neighbor, who likes to relax outside and smoke. I have a desire to create my own foul odors and place a fan in his direction. I am a little concerned about the adverse effects of secondhand smoke, but I can’t really launch into a righteous tirade as he isn’t doing anything illegal.

Seeking relief from the sounds and scents of the city, from time to time I escape to picturesque lakes to enjoy the sun, mountains, trees—and the incessant sound of jet skis. These high-pitched, angry hornets strafe the beach, making peaceful slumber impossible. An entire lake exists on which to twirl, dive, and behave like idiots, but these riders perform just a few feet outside the marked swim area so we can all watch in awe. I am thinking of renting a water cannon.

Happy summer.

—DRR



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Requiem for a program

In 1982 a group of clinicians and scientists in the UBC Department of Obstetrics and Gynaecology began offering in vitro fertilization services at UBC Hospital. IVF was in its infancy in North America, and no “made in Canada” IVF pregnancy had been achieved. After some months of unsuccessful attempts, the program shifted to Shaughnessy Hospital where, in the summer of 1983, success was finally achieved. Robby Reid, Canada’s first “test-tube baby,” was born at Vancouver’s Grace Maternity Hospital on 25 December 1983—premature, but healthy.

Having an IVF program in British Columbia was a blessing for many women and their partners, but public opinion remained mixed. The first few pregnancies were slow to arrive, and the IVF process was labor intensive, requiring (as it did then) a laparoscopy under general anesthesia to retrieve eggs from the ovaries. The waiting list ballooned to 2 years. Fortunately, after some years the need for laparoscopy and general anesthesia disappeared, as transvaginal egg retrieval under conscious sedation became the norm.

The costs of treatment for the first few years were, to a large extent, offset by coverage from the Ministry of Health, but in 1988 the Vander Zalm provincial government de-insured IVF treatment. Thereafter, the costs of IVF treatment in British Columbia became the direct responsibility of patients. Requests to restore insurance coverage for IVF treatment were rejected on the grounds that such treatment was “experimental.” Many couples went into debt to pay for their single attempt at IVF, and only a minority returned for a second attempt.

In 1992 the provincial government announced plans to close Shaughnessy Hospital, and a new home for the IVF program was found in Vancouver General Hospital’s Willow Pavilion. Gradually, new techniques such as in-

tracytoplasmic sperm injection, egg donation, and blastocyst culture became incorporated in treatment options, and as the new millennium dawned global IVF pregnancy rates took an upward leap, just in time to meet the demographic shift in the age of women attempting pregnancy for the first time.

I can lament the fact that Canada has lost a trailblazing program. I can lament the fact that there is no longer an institution-based, not-for-profit IVF program option for the province.

The first 20 years of the IVF program were celebrated at a remarkable gathering at the Vancouver Aquarium in 2003. At that celebration, it was acknowledged that the costs of IVF treatment remained beyond the reach of many in British Columbia, and the Hope Fertility Fund was established to provide grants for IVF treatment to those who needed it. The first donation to the fund came from Robby Reid’s mother.

Additional IVF programs in the province gave women and couples more options for IVF treatment, but a core population seemed most comfortable with a program that was based in an institution. However, in 2006 VGH revised its patient footprint, and

the UBC IVF Program faced eviction once more. Further negotiations heralded a return to the Shaughnessy Hospital site, by now transformed into BC Women’s Hospital and Health Centre. The program’s members then had their first experience of working in an area designed specifically for reproductive technology.

A happy couple of years later, UBC’s Faculty of Medicine elected to divest itself of all clinical programs, and the IVF Program (being a not-for-profit entity) had to find a new sponsor. The administration of BC Women’s agreed to take over the program, and did so in late 2010. But the new era did not last. The old building in which the IVF Program was housed was creaking, and renovations in the vicinity of the program began in March 2012, necessitating temporary closure of assisted reproduction activities for fear of contamination. Further audit by the hospital of the aging equipment in the program’s gamete laboratory showed the need for multiple upgrades, the costs of which were considerably beyond the hospital’s budget.

And so the administration elected to close the IVF program.

I don’t wish to revisit this decision: it is what it is. However, I can lament the loss of a BC institution, one which over almost 30 years generated previously unimagined happiness for thousands of families in British Columbia. I can lament the fact that Canada has lost a trailblazing program. I can lament the fact that there is no longer an institution-based, not-for-profit IVF program option for the province. But I can also take comfort in knowing that UBC IVF was a wonderful program that was conceived in exciting times, yielded substantial scientific output, and provided generous service to the people of British Columbia for a long time. I will miss it.

—TCR