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a professional vibe. We may send them into patient rooms independently, without first modeling what should be done. We may complain to them, often casually or with mild derogatory humor, about a colleague or colleague's opinion in an attempt to inflate our own. We may speak about patients or their families (or administration) in a less-than-flattering light in front of residents. We may model poor time management, brush off meetings, procrastinate filling out forms for patients or students, not keep up with medical records, or keep people waiting longer than necessary. I am listing these behaviors because I know I have been guilty of all of them, even though I really try to be professional and am aware of my role in a teaching hospital. Putting this in writing is actually clarifying a lot of my own bad habits to me, and I realize that I probably owe many of my students, patients, and colleagues a professional apology and a promise to improve. Our young colleagues only have so much time to be with us, and if we send them a signal that these unprofessional activities are normal, these behaviors may be all they have to model. This morning a colleague sent me a cartoon out of the blue with a quote from Robert Fulghum: "Don't worry that your children never listen to you; worry that they are always watching you." Maybe we could turn that worry around and make the watching worthwhile.

—CV

Reference

1. BC Medical Association. Working together: An exploration of professional relationships in medicine. Accessed 6 November 2013. www.bcma.org/files/BCMA_Policy_Paper_Med_Prof_FINAL_WEB.pdf.

**Dr Clarence Roger Fernandes
1949–2013**



Clarence left us suddenly on 7 October. He left a huge void in the hearts of his family, his patients, and his colleagues.

Clarence came to Canada in 1972 from Uganda, which was politically unstable at the time. He made the move unwillingly, as a lifesaving step, and entered UBC to continue his medical education. Like many of us, he checked out various specialties and loved every branch of medicine, so he chose family practice in order to embrace all aspects of medical practice.

Clarence came to Maple Ridge for part of his residency requirement and, finding that he loved the work and the congeniality of his colleagues Dr Brian Dixon Warren and Dr Bruce Pitt Payne, he decided to stay. That was in 1976. For the following 37 years, with the indispensable assistance of Vienna by his side, he built up a family practice with special interest in fertility.

Clarence was one of the most dedicated doctors I have ever met. He started his work day at 9 a.m. or earlier 6 days per week, working until 8 or 9 p.m. He would attend to his patients in Ridge Meadows Hospital, or at their homes or nursing homes whenever the need would arise. At the end of an office visit Clarence would ask his patient, "Is there anything else you would like to go over with me?" During one of his family vacations, he carried a briefcase full of his patients' charts, so he would not be idle on the plane!

A devoted teacher to medical students, medical residents, and nurse practitioners, he had at least one of them in his practice for the majority of the year.

Clarence was a soft-spoken gentleman with much wisdom. While we, his colleagues, had heated debates in the doctors' lounge, Clarence never raised his voice. He simply made his point and left quietly.

Clarence left some big shoes to be filled in our medical community. He will be sadly missed by his wife, Vienna; his sons, Aaron, Aalton, and Aiden; his staff; his colleagues; and all his patients in Ridge Meadows and beyond.

—Daniel K.C. Wong, MD

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