



Photo: Diana Nethercott

## Q & A with Dr William Cunningham: BCMA President 2013–14

Dr Cunningham shares his family history, reflects on the benefits and challenges of working as an ER physician, and describes why he feels privileged to serve as BCMA president.

Jay Draper

**D**r William Cunningham is the first emergency department physician to be president of the BC Medical Association. After graduating from UBC and then McGill Medical School, Dr Cunningham returned to his hometown of Victoria to do a rotating internship. In 1986, he did a locum in Whitehorse, Yukon, where he stayed for 14 years. While in Whitehorse, Dr Cunningham set up a mammography program, was medical director of the Arctic Winter Games, served as vice-chair of the Mental Health Review Board, and was president of Medical Staff at Whitehorse General Hospital.

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Mr Draper is the managing editor of the *British Columbia Medical Journal*.

In 2000, Dr Cunningham and his family moved to the Cowichan Valley where he started a full-time job in the emergency department of Cowichan District Hospital. There he became involved in the Section of Emergency Medicine and the Society of Specialist Physicians and Surgeons, and also with the BCMA. Dr Cunningham and his three children live near Duncan.

**Your father was a Royal Navy physician in the Second World War and a diplomatic physician attaché. Can you tell us a bit about him?**

My dad was one of those doctors whose story makes you say, “Wow, what a fascinating, fulfilling, and varied career.” An MD ticket can be exactly that. My dad was born and grew up in

Portrush, Northern Ireland, and graduated from Queen’s Belfast in 1936. He did a house officer job briefly in London, and then the Second World War started. For the first few months of the war he worked on transport ships taking Canadian troops from Canada to England with the Merchant Marines, and then he volunteered for the Royal Navy. He served in all theatres of war: He was in France when the French surrendered, helped evacuate the Norwegian resistance fighters when Norway surrendered, did numerous north Russian convoys and North Atlantic convoys in destroyers chased by the submarine wolf packs, was in North Africa and Sicily when the allies landed, and was eventually in Denmark when the Germans sur-

rendered. Three days after the war ended he was at an ammunition depot where the German submarines and Navy were demobilizing, and the dump blew up. He took a group of volunteers under the dump into a tunnel, which they used as a surgery to save German lives. He was nominated for a Cross of Valour, but ended up with a military MBE [Member of the Most Excellent Order of the British Empire] because it was peacetime.

His next trip was to Canada, with the plan to go to Burma for the battle with the Japanese, but he was in Victoria when the war ended. His postwar jobs included working on the south coast of Newfoundland in a motor skiff with an engineer and cook, serving the outport communities, for which he was often paid in chickens and potatoes. He became a Canadian without knowing it when Newfoundland joined Confederation. He then worked in northern Ontario, Manitoba, and the Northwest Territories, in the kind of isolation that no longer exists. He pursued sailing as a hobby, and became the first Canadian to sail singlehanded across the Atlantic in both directions.

He “settled down” a bit at age 40, joining the Canadian Diplomatic Service as a medical attaché in London, England, then worked as a locum in Vienna, Austria, where he met my mother. He then took postings in Germany, Finland (where I was born), Holland, Austria, and Scotland, and eventually our family moved to Victoria.

I also had a great mother—she was a survivor. She was born in eastern Czechoslovakia. Her mother died of Addison’s disease after a bout of measles, before prednisone was invented, when my mother was 12 years old. Her father died in a concentration camp at the end of the Second World War when she was 14 years old, and she escaped from eastern Europe with her stepmother, carrying two suitcases and bribing their way out with cig-

arettes alongside the retreating German army. They slept under bridges to escape strafing by American planes while fleeing west to get away from the Russians. For most of the next decade she lived and worked in Austria as a passport-less refugee, until she met my father, after which she had a very good life. She was a fantastic, inspiring, musical, very bright mother. I had great parents, and they had great lives.

I am very close to my three brothers—the oldest is a surgeon in Victoria, the second-youngest is an FSFP in McBride, and the youngest is a Presbyterian minister.

### Can you tell us a bit about your three children?

The oldest, Richard, is 17 years old and just finished grade 12 at St. Michaels University School in Victoria. He has been accepted into the honors engineering program at Waterloo University. He is a great cello player, having played since fourth grade in any number of ensembles and orchestras, and he has finished his grade 9 piano. But his great passion is singing—he sang bass/baritone with the Pacific Opera Company in the choir this year in *Macbeth* and *Tosca*, and had a lead role in Benjamin Britten’s *Noye’s Fludde*. He played cricket on the 1st eleven, which he enjoyed, and St. Michaels University School won the Canadian school nationals.

David is 15 years old and is going into grade 11 at St. Michaels University School. He is doing his grade 10 violin and will be the school’s concertmaster next year, and he is also the school’s lead French horn player. He is a natural athlete, with a passion for rowing—he has the muscles to show for it—and he does great academically as well.

The youngest is Elizabeth, who is 8 years old and going into grade 4 at St. Michaels University School. She is very musical; she plays piano and starts cello this year, and she is a great

little athlete—tough as nails. She runs my household. I love playing with and doing projects with each of them.

### What drives you?

I love being busy and helping others. I love my family and my career. The patient-physician interaction is a privilege. Emergency medicine gives me a wide variety of cases and procedures, which I enjoy, and things move at a quick pace. I love watching processes happen and complex systems evolve. Being a physician has given me the privilege of participating in many satisfying projects, including being president of medical staff, starting a mammography program, being medical director at the Arctic Winter Games, being chief medical officer at the North American Indigenous Games, volunteering at the Olympics and Paralympics, and of course working with the Section of Emergency Medicine, the SSPS, and the BCMA.

### What do you do for fun?

I love being with my children—building things with them, doing sports (especially soccer or cricket with Elizabeth), reading books—doing things that make them happy. I go to all of their musical performances and sports events. I also love music, either listening or playing around on my guitar, or playing my double bass, for which I unfortunately have little time now. I just bought a small sailboat and a pool table, two pastimes I look forward to enjoying with my children. I also love singing, attending church, and being with my brothers and their families.

### What keeps you going?

There are four sayings that have always stuck in my head:

- “It is the set of the sails, not the direction of the wind that determines which way we will go.”—Jim Rohn.
- “The heights by great men reached and kept were not attained by sudden flight, but they, while their

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companions slept, were toiling upward in the night.” —Henry Wadsworth Longfellow.

- “Be the change you wish to see in the world.” —attributed to Mahatma Gandhi.
- Buddhism’s three marks of existence (also true in Christianity), shared by all sentient beings: impermanence (inconsistency), suffering (dissatisfaction), and non-self.

**What drew you into emergency medicine?**

In the Yukon all GPs did emerg, and some of us did much more than others. I also did many dozens of medical evacuations to Alberta and BC, and some to the USA and Europe. When I moved to Duncan in 1999 I was approached by two docs who told me there were too many GPs in town, and emergency needed full-timers with their CCFP(EM)s to do all the shifts the GPs didn’t want to do. That was how the full-time EM group started. I love emergency medicine and the collaborative and collegial team-based care delivered with the RNs, CNAs, ward clerks, respiratory techs, etc.

**Can you tell us about a typical day for you (before becoming president)?**

There is no typical day for a shift

worker, emergency doc, or single dad. You never know what will happen in emerg, but I always looked forward to going to work and I cannot think of a single shift where I didn’t see something interesting, something I hadn’t seen before in 28 years of practice, or something that other emerg docs on shift at the same time mentioned or shared. Some days you see a lot of fractures, some days are chest pain or abdominal pain days, and some days are pediatric days. You never know. At home I maintain more of a routine—I bake bread every week, and make the children a warm lunch every day. I get Elizabeth to the bus or drive her to school, which is a great time for a brief chat, and the boys walk half a block to school.

**Any hair-raising stories from the ED you can share with us?**

There are many, and interestingly a lot of emergency docs are the calmest when things are the most serious. Like all emerg docs I like to intubate (especially as technology makes it easier), do deep conscious sedations, and put in things that are out, like shoulders or hips. The reality of resuscitating a child while the parents watch really only sinks in afterwards, when it is good to take a few deep breaths and get onto the next case.

Fortunately I’ve been assaulted only once—a fist to the head from an unstable psych patient. I have been in medevacs where the plane depressurizes at altitude and those little masks fall out of the ceiling in a puff of white powder... you’re not really sure what is worse—to inhale the thin air or the white powder. I have also landed in a small medevac where an engine has ceased to function in an ice storm, and the plane lands on a foam runway with fire engines waiting. All in a day’s work.

**What are your favorite and least favorite things to do as a doctor?**

It is always difficult to tell a family that their relative has died. It is also difficult to broach the subject of resuscitation status, when you, the emerg doc, are the first person to do so. However, emerg is a fun place to work with good camaraderie among the staff and a lot of different things to do. The interaction between physician and patient and the trust needed for the relationship to work is very special.

**What traits do you most value in a colleague?**

Honesty, knowing when to ask for help, and putting the patient’s needs first. And also individuals who “seek justice, love kindness, and walk humbly before God.”



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Dr Cunningham discusses a patient with Dr Tracey Stephenson in the emergency department of the Cowichan District Hospital.

**How would you describe your leadership style?**

Collaborative and peaceful. Always well prepared and knowledgeable about the subject matter. I like the quote “Doubt the conventional, create the exceptional.” And I’ve always believed that we are given two ears and one mouth for a reason, and that is to listen—in this case, to members.

**Can you tell us about a mistake you’ve made, and what you learned from it?**

I probably worked too much, and made too many other people’s problems my own, which may have been a contributor to my divorce.

**Why should medical students and residents care about the BCMA?**

The BCMA is the voice of organized medicine in BC. The organization creates a great deal of BC health policy, solves problems collaboratively to create excellent patient care, negotiates the value of the health care product, and changes the product as the system changes. Membership is excellent value for money spent. The BCMA is always there for the individual physician.

**If you could achieve just one thing this year, what would it be?**

Externally I will support the complex processes that transform the health care system into a patient-centred, sustainable system which gives the population better health and creates an environment where we can have professional satisfaction. Internally, within the BCMA, I will continue working to give members even better value for money. I will continue to push for best business practices and to ensure that our association better reflects the demographic of our membership, while keeping the corporate memory. At the end of my presidency I want members to feel better connected to the BCMA as individuals and really get the feeling that the BCMA is for them.

**What do you think you might get out of being president?**

It is a great privilege. It is an opportunity to influence, which is really what power in a complex system is all about. The training is also a privilege, as is meeting with so many members.

**How has the BCMA changed in the last few years?**

It is a totally different organization. It is sort of like the wild west finally growing up and adopting proper business methodologies and becoming

much more merit based and less of an old boys’ network.

**What’s something that the BCMA has done right, but not many people know about?**

I think it would be great if we could better communicate the work of the General Practice Services Committee, Shared Care Committee and Specialist Services Committee so that their best practice recommendations would be adopted across the province, and that we could replicate the divisions of family practice in facilities and make them work once again.

**Which health issue is not getting enough attention?**

End-of-life care and planning for it.

**Do you have any message for your colleagues that you’d like to share?**

We are all in a great profession. We are very privileged. Use your profession to do good and try different things in different places. You will then have a great and satisfying career and will retire with a good story to tell. **BCMJ**