

Gratitude

I was reminded about gratitude lately during a conversation with a patient.

“Congrats, Bob, on making it to 80. There aren’t too many 1933 models still out there.”

“Thanks Doc, but I don’t know why I’m still around. I can’t do the things I want and had to give my motor home to my son as I don’t feel safe driving it anymore.”

“But Bob, you can still drive your car, you live in your own home and you are independent. Most of all you can still hear the birds sing and feel the sun on your face.”

“Yeah, but I’ll probably get a sunburn.”

I find it interesting how some people are filled with gratitude and thankfulness as they age and others become bitter and resentful. I have patients who age gracefully and feel blessed with all they have experienced despite having had a life filled with numerous hardships. They wake up each day at peace and thankful for the extra time they have been given. I try to follow their lead and accept the many blessings I have in my life. I have a job and

enough money to live comfortably, and I am surrounded by amazing people. Anything above this is such a gift.

Another reminder happened while I was in Whistler competing in Ironman Canada. I became anxious, irritable, and unfocused the day before the race. In short I was “losing it.” I had brought up a few motivational books and took some time to flip through them. I began to write down some of the words I found in them like “perspective,” “balance,” “appreciation,” “calmness,” “clarity,” and particularly, “gratitude.” I had tied my participation in this race with fundraising for the ALS Society of BC because both a patient and an acquaintance of mine died of this horrible illness in the past year. I thought a lot about them and how they would give anything to still be alive. I am sure they would have been so thankful to have spent even a little more time with their families and loved ones. What they would have given for the opportunity to hear the birds sing or feel the sun on their faces. Life is so fragile and such a gift, and here I was

losing perspective because of an athletic challenge that I had chosen and had the fitness and ability to complete. Talk about a wakeup call.

I came up with a mantra that I used the next day during the race: “Quiet the mind and open your heart to the beauty around you.” I took the time to look around and enjoy the sheer beauty that Whistler offers. I thought about the inner beauty of the people who are special to me. I remembered those who had died and thought of the beauty of their lives and what they would have given to be experiencing what I was. Mostly, I felt gratitude for this gift and blessing I had been given. Sure the race was hard at times, but when you face a challenge—and life in general—with gratitude in your heart, you can’t help but revel in the experience.

I would challenge each of you to not worry about “getting a sunburn,” but to live each day being thankful for what you have. Not only will you be more content and happy but you will be honoring those who are no longer with us.

—DRR

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Equal care: Is it possible?

That all men are equal is a proposition which, at ordinary times, no sane individual has ever given his assent. —Aldous Huxley

For many of our professional associations, health care transformation translates into more government dependency, as they seek ever more resources from taxation. For most physicians, I believe the opposite is true. The emphasis (for example at the last CMA General Council) on seeking equality, or equity, raises the question: what do the terms really mean?

We live in the third most sparsely populated country on earth. Equal care across the land is a practical impossibility. Metropolitan dwellers in need of emergency critical care for catastrophic illnesses will always have better access and outcomes than those living in smaller communities.

There are variable complication and survival rates for treatments in different hospitals. Individual physician expertise and success rates vary. Physicians have insider knowledge of whom we perceive to be the best doctors. Not everyone has that knowl-

edge and, even if they did, might have difficulty making use of it. Equality is a myth, and will remain so, until all diagnosis and treatment is automated and performed by universally available intelligent robots.

Equitable distribution of resources does not, of course, correlate with equal. Equitable availability of health care introduces the concept of fairness and thereby subjectivity. It raises ethical questions relating to lifestyle-induced health problems (for example, smoking, alcohol, drugs, boxing, hockey, and so on). Professional athletes risk injuries in order to earn multi-million-dollar paychecks.

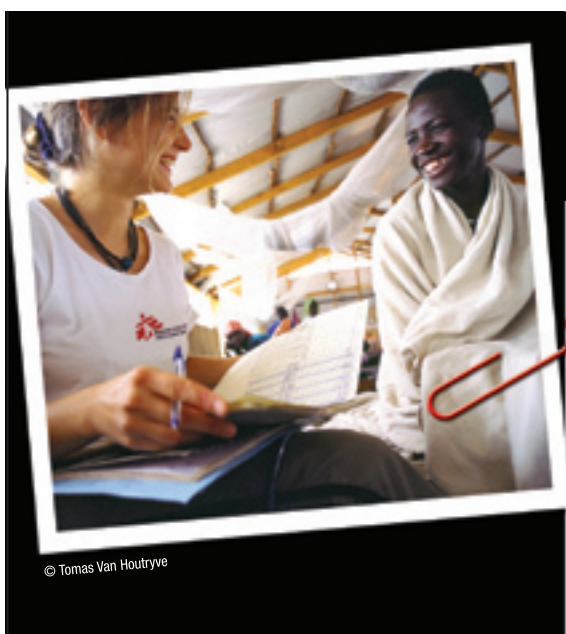
An oncologist recently pondered the issue of new life-prolonging drugs for patients with terminal illnesses. Who will authorize treatment costing \$20 000 per week for a 3-month life extension? Will those who are not offered the treatment have the option of paying for it? Equality is maintained when either everyone or no one gets

the treatment.

Tommy Douglas wanted good basic care for all, but did not set a ceiling on what citizens could access for themselves. When his daughter (actress and medicare supporter Shirley Douglas) received poor nursing care in the public system, he hired private nurses to care for her.

Early in 2014 (after a 5-year wait), these and similar issues will be placed before a judge of the BC Supreme Court. Such arguments will be heard in the context of a constitutional challenge to inappropriate rationing of access and care in Canada. We expect an impartial, evidence- and fact-based decision. It is unfortunate that we as a profession, and our governments, have abrogated our responsibility for leadership in achieving transformation of our health system. We must now depend on our legal system to enforce necessary change.

—BD



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