

Dr Marco Terwiel: A career built on reason and compassion

Dr Terwiel passed away on 4 January 2014. Second-year medical student Claire Campion Wright interviewed him in August 2013 and this article was originally scheduled for publication in the March issue of the BCMJ. With Dr Terwiel's recent passing, we expedited publication. We also welcome an obituary from his colleagues. —ED



Marco Terwiel, MD, CCFP, FCFP, was a 2013 recipient of the BCMA Silver Medal of Service Award, recognizing his long-term contributions to medicine and medical politics. His career in medicine took him to the Netherlands, the US, Dominica, New Zealand, and for most of his professional life, Maple Ridge, BC. Throughout his career Dr Terwiel was often nominated by his peers to represent them, and this most recent award is just one of many well-deserved recognitions. Between the awards and acknowledgments is the exciting story of a life in medicine.

Early life

Marco Terwiel was born in Utrecht, the Netherlands, in 1937 just before the Nazi occupation in 1940. His father was a dentist and, as a local professional with a nice house, their home was seen by the Nazis as a good location for housing a German officer and his orderly. The tension that arose from housing these individuals was heightened because the Terwiel family was simultaneously hiding three Jewish fugitives—there was no safer place than under the nose of a German officer.

Dr Terwiel's first exposure to the English language happened one night

in the late days of the occupation. Their house had again been selected as quarters for German officers, this time with British prisoners-of-war in tow. The prisoners were to be transported to Germany, but Marco's father was able to coordinate their escape along the transport route and they were able to make it safely back to their units at the front.

As the oldest of five siblings Dr Terwiel remembers most of the late days of the war, including the night his father demanded they move to the cellar during dinner as the fighting drew closer. Much to his mother's consternation, who insisted they finish dinner, they made it into the cellar just as the dining room received a direct hit. Dr Terwiel felt that Lady Luck was looking down on them that day, as many others were not so fortunate. They spent the next 3 days hiding below as the house was shaking above, and not a single window was left by the time the fighting stopped.

Medical training

The decision to become a medical doctor was a clear one. With his father being a dentist and many of his friends' fathers being physicians, Dr Terwiel felt that he was also destined for the profession. With his mind made up he went straight from high

school to medical school. His years of study in Utrecht were balanced by the physical requirements of his successful varsity rowing team. Between the discipline of his studies and his early morning practices, Dr Terwiel didn't smoke, didn't drink, went to bed early, and ate like a logger. He attributed his academic success to the balance that the vigorous physical activity required.

Dr Terwiel completed a 2-year intense rotating internship in many disciplines, which was the start of his love for obstetric care. He was assigned to a midwife and attended many deliveries in the homes of women without the security of hospital resources. This experience imparted him with a confidence and passion in providing obstetrical services for the length of his career. At that time medical students were also taught pharmacy and had to be able to compound medicines, which provided him with a strong understanding of pharmaceutical remedies. He completed his internship in Rotterdam and was granted his full licence in 1963.

Moving to North America

During medical school Dr Terwiel was working for the Utrecht student tourist bureau and had the opportunity to travel to the US for the summer. He

traveled first class on a cruise ship to New York for only \$60 and worked as a waterfront director in Wisconsin, which solidified his desire to move to North America. He would have preferred to move to Canada because he remembered Canada's role in the liberation of the Netherlands, but at that time it was simpler for him to move his medical expertise to the US. He was an associate in a downtown Seattle practice from 1964 until 1966, at which time he moved to the small town of Issaquah, Washington. On Dr Terwiel's first day of practice in Issaquah he had 20 patients and the numbers grew quickly from there.

During the Vietnam War, Dr Terwiel read an article in the *Medical Tribune* extolling the US presence in Vietnam. Not one to stay quiet when he disagreed on an issue, Dr Terwiel published a rebuttal article. A week after his article was published his availability for draft was changed from "not eligible" to "immediately available." Despite the town's effort to ensure that their much-needed physician was not removed from the community, the decision was not likely to change. At the same time Dr Terwiel was completing the necessary paperwork to immigrate to Canada. He arrived at the border in the middle of the night and entered Canada as a landed immigrant.

Soon after entering Canada, Dr Terwiel moved to Maple Ridge where he opened his full-service family practice as an associate of Dr Arber, one of his most inspiring mentors, and he remained there from 1968 to 1999. He had hospital privileges including intermediate surgical and obstetrical privileges at Meadow Ridge Hospital. He spoke fondly of the honored position of being able to deliver the baby of a woman he had himself delivered years before.

Leadership

During his time as the president of medical staff at Ridge Meadows Hos-

pital, a colleague suggested that he become involved with Doctors of BC (then the BCMA). This prompted him to join the Society of General Practice (then the Section of General Practice). After a few years he was elected as the president and after the year term was asked to remain for a second term. He then spent 10 years on the Tariff Committee (then the Economics Committee).



Dr Terwiel's coat of arms

Dr Terwiel's economic expertise was valued by his colleagues and he was asked to serve as the chair of the National Taskforce on Medical Economics of the College of Family Physicians. His focus was on physician remuneration and how to create a pay system that would allow physicians to provide value for money.

In 1992 Dr Terwiel stepped up to the plate as the president of the College of Family Physicians of Canada. He was lucky enough to have a full-time locum as he traveled across the country to fulfill his duties as president. Some of his lasting initiatives included planting the seeds for the Research and Education Foundation and getting the *Canadian Family Physician* recognized by the Library of Congress as a peer-reviewed journal. His theme as president was the "seven Cs," to be a competent physician who gives comprehensive care on a continuous basis, is cooperative

with other health care professionals, is community based, cost effective, and compassionate.

Although hardworking with the College of Family Physicians of Canada, Dr Terwiel was also heavily involved with St. John Ambulance. As a member of the executive committee he was a major player in the overhaul of the association to ensure they were able to continue their good work. Through his work with St. John Ambulance Dr Terwiel was offered the unique honor of being knighted in 1996. He spoke humbly of this experience and of the adornments it provided stating, "You still put your pants on the same as anyone else!"

Retirement and onward

As for many physicians retirement for Dr Terwiel was more of a process than a single event. He closed his practice in 1999 but took the opportunity to practise medicine as a locum, first in New Zealand and then 8 years in Nunavut. He was there at various times of the year and faced some of the biggest clinical challenges of his career. By the end of his time attending to the medical needs of the people in Nunavut, Dr Terwiel was left feeling simultaneously exhausted and with a sense of what it truly means to care for others.

Throughout his career Dr Terwiel was also involved with Rotary and found that it offered something that no other organization could. As part of a collection of community leaders looking to create a better world he was immediately among friends when visiting meetings anywhere in the world. He was asked during his career if he would be interested in acting as president but turned down the opportunity due to the demands of practice. Only after retirement was Dr Terwiel able to step up as the president of Meadow Ridge Rotary in 2009–2010. From his vast experiences in medical politics he was able to greatly enjoy his time

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in this position.

Dr Terwiel always spoke up about what he believed in, whether it was speaking out against the Vietnam War or the compensation of physicians, making him a leader among peers. He continued to express his thoughts through the Maple Ridge Healthy Opinion column until recently and also maintained his own blog (www.marcoterwiel.ca).

As a physician the realities of life and death are all too often exposed, and recently Dr Terwiel focused on the topics of end-of-life care and decisions. His own experience living with metastasized cancer made these topics too important to leave undeliberated.

Dr Terwiel hoped his medical career would be inspiration and provide a template for future physicians to create positive changes within our profession. Over the years he taught many students in seminars at UBC, in his family practice office, and in Nunavut. The students he interacted with are lucky to have seen him work with patients and in his element. He commented that 95% of the things he did in his career were fun. He chose to do things because he enjoyed doing them rather than because of the prestige they might provide. These fun activities included gardening with his wife, Lila, at the home they built in Maple Ridge.

As part of being knighted Dr Terwiel was asked to develop a motto for his coat of arms. After a long and thoughtful process of distilling his life and medical career into a few words he decided on “reason and compassion.” Dr Terwiel believed that if decisions in medicine were made by the balance between reason and compassion, then both patients and the system would benefit. He encouraged us to always remember that we are treating human beings, not just a liver or a heart.

—Claire Champion Wright, BSc
UBC Medical Class of 2017

in memoriam



Dr John David Ewart Price 1927–2013

John D.E. Price, born on 26 April 1927, died on 30 April after a long illness. Dr Price was a pioneer of renal medicine in BC and much of the success now achieved in this field results from his early initiatives.

Raised during the interwar years in the lush green valleys and wooded dells of southeast England, John was enrolled in the Royal Dartmouth Naval College at the age of 13. He graduated in 1944 having won the King George VI gold medal, and briefly saw active service with HMS *Newcastle* and HMS *Berwick* in the Royal Navy before the war ended.

Price won an Ajax scholarship to McGill, obtained a first-class honors degree in math and physics, and assisted in building the first cyclotron in Canada. He graduated in 1954, winning gold medals in clinical subjects and obstetrics and gynecology. He also received the J. Francis Williams Fellowship in Medicine.

Dr Price served his junior medical posts in Montreal and Vancouver, where he was appointed assistant resident at Shaughnessy DVA Hospital in 1955. That appointment may have been his introduction to hemodialysis, since it was

there in September 1947 that Dr Russell Palmer¹ did the first successful hemodialysis in North America using Dr Willem Kolff's original rotating drum machine, built by Dr Palmer using a blueprint the inventor had given him. By the time Dr Price arrived, however, the machine had been transferred to VGH where Dr Palmer, now head of the metabolic unit, supervised hemodialysis.

From 1956 to 1958 Dr Price had a fellowship at VGH and the Department of Medicine at UBC. He collaborated with Dr Palmer, who arranged for him to visit Cleveland, Ohio—where Dr Kolff had immigrated, from Holland—to learn more about Dr Kolff's new twin-coil hemodialysis machine. On his return Dr Kolff invited them to trial this equipment, which led to the publication of a paper entitled “Clinical trials with the Kolff Twin Coil Artificial Kidney” in 1957.²

There was no such thing as a renal unit in those days. Dr Palmer moved to St. Paul's in 1962,³ and from then on Dr Price was in charge—he expanded the renal program at VGH and developed the first renal unit in BC in 1964 with assistance from the late Dr Roland (Rolly) Lauener. Dr Price brought in several important partners, including Dr C.E. (Ted) Reeve who supervised the first kidney transplant in BC in 1968, the late Drs Henry Ballon and Michael Moriarty who further developed hemodialysis and peritoneal dialysis, Dr E.C. Cameron with research interests, and Dr Victor Chan, who launched the renal unit at the Royal Columbian Hospital in 1972. The first home hemodialysis patient was trained at St. Paul's Hospital, but VGH followed soon after.

Dr Price attained the FRCPC and FACP and was a full professor of medicine at UBC and head of nephrology at VGH. He was a good teacher, cared deeply for his patients,