

Forms, lies, and advocacy

This time of year many patients bring me the disability tax credit form to fill out. Advised by their helpful accountant, they are sure they qualify for preferential treatment due to their chronic hang-nail or halitosis. Many of my patients haven't even read the form; to summarize, for an individual to qualify for this tax credit they must have a prolonged, severe disability that markedly restricts one or more activities of daily living. Physicians are asked to answer basic questions such as, Can your patient hear? Can they speak? Can they see? Basically, if you can understand that your accountant wants you to take this form to your physician and you can manage that task on your own, you don't qualify. Refusing this request often puts me in a position of conflict with my patients.

I often have the same experience when patients request a disability parking permit. To qualify, an individual should be unable to walk 100 metres without risk to health or be unable to move, period. I have patients with sore backs and ankles who ask me for a permit. I have patients who are obese and find it difficult to be mobile due to their girth who want a permit (these are the individuals who

should actually park farther away and walk more). I even had one active senior who wanted a permit just because she is old. When I told her she didn't qualify and I wouldn't fill out the request, she told me I was mean and scolded me, "Just wait until you are old one day." Again, my refusal puts me in an awkward position of conflict with my patients.

The form currently causing me the most aggravation is the one designating persons with disabilities. If patients qualify for this designation they receive a monthly stipend, which admittedly isn't a large amount. Many of my unfortunate patients rightfully qualify for this money, and my problem isn't with them. The application form is long and has both a physician report and an assessor report component, the latter of which can be filled out by the physician or another allied health professional. Physicians are paid reasonably well to fill out this form. I have gone through these forms with patients, filled them out honestly, and the patients have been denied this designation. A new trend has my patients going to an advocacy group that fills out a suggested version of the report for me to transcribe onto a blank form. The problem is that these suggestions are outright lies. I have had a patient get dressed, prepare and have breakfast, climb the stairs out of their basement suite, walk five blocks to the bus, come to my office, and give me a form that says they need continuous help with dressing, grooming, and meal preparation. It also outlines how they can't take public transportation, can't walk a block, and are only able to climb two to five stairs. I even had one guy who completed the Sun Run claiming he couldn't walk a block. These forms are dishonest and, frankly, fraudulent. I understand that

these advocacy groups are trying to help their clients, but lying to have people collect unjustified income supplements is just plain wrong. When I then complete these forms honestly my patients are often rightfully denied this designation, which again makes me the bad guy. I have even had these advocacy groups advise my patients to take the forms to an advocacy doctor who transcribes the lies, collects the fees, and ensures they qualify as disabled.

I will continue to be an advocate for my patients, but I won't commit fraud. I wonder why these advocate groups and some physicians are willing to do so.

—DRR

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Dr John Hunt: Diabetes care innovator

There are many individuals who have shaped my medical knowledge and practice over the years, but Dr John Hunt deserves mention for the many contributions he has made in the field of diabetes care, both locally and nationally. Over the course of his long medical career he dedicated his time and energy to improving the lives of Canadians affected by diabetes. He has been retired now for about 10 years and just recently celebrated his 87th birthday. He accumulated many accomplishments during his career of over 50 years and I would like to highlight a few of them.

I met John when I moved here to join him in practice in 1986. Until then he had been practising endocrinology solo for years on the North Shore. Although he loved all aspects of medicine, his main interest was in treating individuals with diabetes. He had a large population of patients ranging from children to seniors and a large referral base extending from Vancouver to the Sunshine Coast, Northern BC, and Vancouver Island. Whenever I had a difficult case to manage, he was there to offer sage advice. He employed innovative approaches with insulin therapy, giv-

en the limited types of insulin available at the time.

In 1962 he started Camp Kakhamela, a camp for type 1 diabetics age 6 to 17 years where they could spend time away from home in a safe and fun environment, meet other people living with diabetes, and learn skills to lead productive and full lives. *Kakhamela* is a First Nations word that means *hunt*, and the camp is named in honor of him. The camp continues to this day.

Dr Hunt was president of the Canadian Diabetes Association from 1964 to 1966. In 1966 he established the Diabetes Day Centre at Lions Gate Hospital, the first of its kind in North America. It started as a project to keep diabetic patients out of hospital and teach them how to live normal, useful lives in the community. As he said, "The person ultimately responsible for controlling diabetes is the patient. And he can only do this effectively if he has sufficient knowledge of his diabetes and how to handle it." When this project was first proposed, government funding was not available, but it went ahead anyway with help from donations. It was so successful that other hospitals modeled their programs after it. Today the cen-

tre is still going strong, which is a testament to Dr Hunt's vision.

In 1984 Dr Hunt was the first recipient of the Canadian Diabetes Association's Dr Charles H. Best award, recognizing a health professional who made a significant impact in improving the quality of life of Canadians living with diabetes.

In 1988, along with Dr Hugh Tildesley, Dr Hunt convinced the government to fund glucose monitoring test strips as a Pharmacare benefit. This was the first program to be linked to a diabetes education centre and stimulated the growth of diabetes centres throughout BC. This also led to a certification process for diabetes teaching centres incorporating Canadian Diabetes Association standards.

In 2012 he was a recipient of the Queen Elizabeth II Diamond Jubilee Medal for providing essential diabetes support. The award honors significant contributions and achievements by Canadians.

Dr Hunt did all this in his quiet, unassuming way. I thank him for his dedication, compassion, and tireless commitment to the improvement of diabetes care. John, a huge toast to you!

—SEH

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