

Gibbled in translation

“Hey Bob, what can I do for you?”
“Doc, I’m afraid I’m gibbled.”

This response got me thinking nostalgically about words and phrases from my youth and about how everything changes, including language. Those of us from a certain generation know that *gibbled* means you have done significant damage to a part of your body, much more than just being gimped. You aren’t being bogus or acting like a dweeb, dork, dufus, or goober. No, this is a real bummer; so much so that all you may be able to do is watch the boob tube and you aren’t able to blow this joint. Can you dig it? This is not bodacious or far out but a real drag. You wish you could, like, totally go back and undo the stupid thing you did for kicks. Now, since you can’t split, all you can do is take a chill pill and get grody to the max as you stop bathing and lie around feeling sorry for yourself. You want to gag yourself with a spoon when other people tell you about their insignificant injuries and you feel liking narc-

ing them out to Revenue Canada for even complaining about something so trivial. No, you don’t want to give them some skin and instead find yourself telling them to sit on it. This is no longer tubular, radical, or out of sight. You have a real heavy problem. You wish you could be there or be square but all you can think about is what’s your damage, since you aren’t working. You gradually become more depressed and don’t even care anymore about where’s the beef. Soon you are a fugly jive turkey who can’t mellow out as everything is not copasetic. I’m mean, as if you could get psyched when you can’t do jack squat. Slowly your life unravels as you begin to resent the man and find yourself telling smokies to bite me. Your friends tell you to peace out and keep on truckin’, 4sho, but you have become a miserable hoser who, I kid you not, develops serious spaz issues while getting in everyone’s face. Dream on if you think that’s sick and that you can do anything to the max. Your life as you know it is bunk and

you no longer get the skinny. You tell everyone to catch you on the flip side as you heal hoping that the force will be with you. So, for now, goodnight John Boy.

—DRR

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Patients fight for freedom

On 8 September 2014 an 18-week trial, which is being called “the biggest legal case in Canadian history,” will finally begin before the Supreme Court of British Columbia (www.charterhealth.ca). The outcome of this case will significantly impact the health system. At a time when access issues are severely impacting medical care, all should welcome the fact that we will have an objective, evidence-based decision that will end the monopolistic system that is harming Canadian patients.

Several groups are opposed to the case. In that six of the seven plaintiffs were patients suffering from the system’s failings (sadly, two plaintiffs have died during the almost 6-year delay in getting to trial), it is regrettable that a small doctors’ group has joined ranks of certain unions in opposing their right to timely access. One union recently announced a \$50 000 donation to their efforts. Given that our clinic’s main users are unionized workers, and that it was built by union workers, this makes no sense. There are three defendants in our case. They are the Medical Services Commission, the Minister of Health, and the attorney general. Of course, since our action was launched, the individual defendants have changed many times over. In a Monty Pythonesque manner, one of the former attorneys general has had private surgery himself, another is now one of our lawyers, and the others have expressed strong support for our cause. The problem is that the tails (bureaucrats) are wagging the dogs (elected leaders).

In an unprecedented action, the government has submitted 30 expert reports to support their arguments. The government has hired highly paid (with your tax funds) advocates of the status quo, some of whom—seemingly unknown to the bureaucrats who hired them—have already been discredited by judges in previous

actions. I believe that these experts will, under cross-examination, actually help our cause. They will be supported by the four expert reports that we have submitted.

The attorney general’s office has used a ploy that is similar to that of a poker player who has unlimited chips but a poor hand. They have tried to push up the costs to a level that they hope will force us to abandon the effort. Their plan will not work, and we will see this case through.

Our current health system has all the features of the North Korean airline, rated the world’s worst. Air Koryo extracts funds; sets prices and dictates spending; owns and controls the facilities; decides where services will be located; trains, employs, regulates, and funds the workers; governs how, when, and where clients are served; determines the level and quality of services; self-regulates, self-evaluates, and outlaws competition. Canada’s “Koryocare” model is unique on this planet.

Every other country offers options for nongovernment care. Our current laws allow injured workers, RCMP, armed forces, not to mention foreigners and federal prisoners, such rights. We will plead with our judge that free Canadians should be granted the same rights as those in jail, and the same constitutional protection under the Charter of Rights and Freedoms that was granted to citizens of Quebec. Canadian patients must be emancipated from laws that force them to wait, suffer, and—in the words of the Supreme Court of Canada—sometimes die while they wait.

Sir William Beveridge, founder of the British National Health Service, declared: “The State, in organizing security, should not stifle incentive, opportunity, responsibility; in establishing a national minimum, it should leave room and encouragement for voluntary action by each individual

to provide more than that minimum for himself and his family.” In a free and democratic society, governments are elected to serve the people, not to dictate to them, limit their freedoms, and restrict basic human rights. Let’s hope that our justice system agrees. We believe that governments act unlawfully when they promise but fail to deliver timely care, and at the same time outlaw other options.

Justice J. Spencer of the BC Supreme Court has stated: “... if it comes to a choice between a physician’s responsibility to his or her individual patient and his or her responsibility to the medicare system overall, the former must take precedence.” Doctors who act otherwise are, in my opinion, guilty of unethical behavior and are complicit in the suffering of patients needing access to care. I hope, as the trial approaches, that our various professional associations will support our case. So far they have been quiet.

The medicare monopoly in Canada is simply a failed insurance scheme that is not serving the needs of the public. “Koryocare” is an apt description. Success in our case will enable the introduction of a system similar to European models of hybrid, universal, accessible, patient- (rather than government- or union-) focused care.

The suffering experienced by our six patient plaintiffs (and many more patients across Canada) would not have occurred in other developed countries. Here, the poor and the underprivileged suffer from the worst access and outcomes. That has to change. I believe that change is coming.

—BD