Q&A with Dr Alan Ruddiman: Doctors of BC President 2016–17

Dr Ruddiman has practised full-service rural generalist medicine in the Okanagan Valley for the past 20 years. He lives and works in Oliver. *BCMJ* associate editor Joanne Jablkowski spoke with Dr Ruddiman 1 month into his presidency about his background, life experiences, and his ideas for the future of health care in BC. Here is a condensed version of their conversation.

By Joanne Jablkowski

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Your parents are originally from Scotland. What took your family to South Africa when you were young?
It was opportunity. In the 1960s Britain was going through significant change and the shipbuilding industry in Scotland was starting to decline rapidly as the world was shifting to a global economy. My parents were a young couple at the time, with two boys—me and my younger brother—and they wondered what opportunities would be available for young men in the country if the main industry was starting to tank. At the same time the colonies were advertising for talent from Great Britain—places like Canada, South Africa, New Zealand, Australia had very active embassies in the UK at that time, recruiting people to bring their talent, come overseas, build a new life—and my parents saw opportunity in that.

What ended up selling them on South Africa was that the embassy staff did a really good job promoting the fact that if you came to South Africa as a young immigrant couple and were hardworking there was no ceiling to what you could achieve.

We were very privileged to move to South Africa while the country was going through some transformative and difficult changes, and to have been part of that history and change was phenomenal.

How do you think that environment shaped your interests?
When we arrived in the late 1960s there was a one-party state in the country, and the ruling government had been in power since 1948. So, having come from a country where you could promote yourself based on your skills and abilities, in South Africa one was very confronted by the class system, part of the colonial legacy.

My parents raised us to recognize that we were going to be confronted by apartheid, but to be careful where we raised questions, explaining that everything was not as it appeared. We had access to a wonderful educational system, and I have to say that in the ’60s, ’70s, and ’80s, South Africa probably offered its citizens one of the most reliable and complex education systems in the world, even

though there was a significant disparity in who had access to education at that time.

After high school I selected a university where race was not considered as an access point, and Wits University prided itself on challenging the government that there needed to be freedom of access to postsecondary education. That was a wonderful breeding ground for my activism and formed the qualities that framed my leadership profile.

After you earned your medical degree in South Africa in the 1980s, what prompted your move to Canada?

Most people will probably anticipate that I chose to move because of the challenging political situation. It wasn't that; it was the challenging economy. Interest rates were phenomenally high. When I graduated from medical school the interest rate on a credit card was something like 32% per annum. Interest rates on a mortgage were in the double digits. And I had a sizable student loan—I came from a blue collar working family, so my family didn't finance my education. My dad co-signed my student loan and I accumulated that debt through 6 years of medical school and then through my internship and residency, so I was really motivated to clear my debt before I decided what my medical career was going to look like.

Speaking to others, Canada seemed very welcoming to South African–trained physicians and other international medical graduates, and it didn't take long before I found a locum opportunity on the Prairies. The idea was to earn enough within 6 to 12 months that I could clear my student debt and decide what my medical career would look like after that.

Do you have a memory from your first days in Canada that made an imprint on your professional direction?

When I started practising in Moose Jaw, Saskatchewan, even as a new entrant to Canada who could speak the language and was pretty well versed on the culture, I was confronted by how different medicine appeared to be. In South Africa people would arrive at hospitals or community clinics with sometimes very pressing health issues; the disease processes were sometimes very advanced. We were faced with the whole spectrum of what medicine could present to young doctors.

In my Canadian community clinic I didn't see that same spectrum of nasty diseases. There were more nuances to medicine here. People presented much earlier in the context of their illness. The person sitting across from me in the clinic would often look very, very well, as opposed to the sick, ill, and injured people that I had seen as part of my training in South Africa.

You have two daughters who are now developing their own career paths. What advice do you give them about how they should shape their futures?

We traveled a lot with the girls when they were young and we've given them, I hope, a broad global perspective on how small this planet really is, how closely connected we are as human beings, and that we can all serve in different ways. We didn't raise either of our daughters to consider medicine or teaching, which is my wife's profession, as being the only two ways of serving society and having social accountability. And it shows in their behaviors. They value service; they're connected to society. My youngest daughter is definitely the most environmentally responsible person in our family. I think we've done a really good job in allowing our girls to embrace diverse thought.

We look forward to seeing what careers they will choose. They have unique personalities and are going in different directions—our oldest is working in hospitality and the hotel industry, and our youngest is doing a science degree at UBC at the Okanagan campus.

What is the best advice you were ever given?

My dad was a wonderful mentor. He left school at 16 with a grade 10 education and he said to me on many occasions, "Alan, in knowledge there is power." He also provided me with an appreciation that talent comes through hard work and application—thousands of hours spent doing the same thing produces expertise.

Tell me about your life in Oliver. How do you like to spend your time?

It's very busy, but balanced. Having grown up in a family that valued the outdoors, I've always embraced experiencing what the world can give us. Not all rewards have to be monetary. We were an outdoor family—in South Africa it's called caravanning, here it's RVing—and when looking at where I'd like to live and work in Canada, the Interior of BC, and particularly the South Okanagan, most closely represented the climate and geography that I was familiar with from my childhood.

Also, because I trained at a generalist hospital—even though I had aspirations when I was younger to specialize in internal medicine or anesthesia—when I came to Canada I embraced rural life and I felt I could contribute more by living and working in a rural community than I could in an urban or metropolitan community. I think service is really important—caring about your neighbor, caring about the health of your community, not just one patient at a time as a family doctor or specialist might encounter in their practice, but thinking beyond that and being curious about what can make your community more vibrant.

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If I can look back on my career one day and say that my community is more vibrant because of my presence and the influence I've had, then I'll be a very happy professional when I retire.

As an avid sailor, what is your dream sailing trip?

We've lived the dream. Since the girls were very young Christina and I talked about taking a year off for a sabbatical, and when our girls were 14 and 16 we did it.

With a lot of thoughtful planning, we bought a boat in Florida and sailed for a year—down the East Coast of Florida, we crossed the Gulf Stream of the Atlantic (some of the most difficult waters for sailors to cross because the weather can be really unexpected), and then we landed in the Bahamas. There are 600 to 800 islands in the Bahamas, and when you get out to the outlying islands you start to experience what living and working in the Caribbean can be like.

We lived aboard the boat for a year. The girls were excellent crew members. And the fact that we could all take responsibility for one another's well-being and safety and the wholesomeness of what we were doing was fantastic. Whether it's for 3 months or a year, I encourage all my colleagues to consider taking a sabbatical. It's energizing to disconnect from the day-to-day routines that put such significant demands on us. You get a chance to reflect on where you are in your career, your professionalism, to consider if you are serving in the way that you were attracted to medicine to be able to do, what parts of your career you are finding rewarding, what the challenging areas are. It was a really good introspective year. As a mid-career physician, I could reflect on what I would like to do moving forward, and to identify what was truly important to me and what else could I do to support society.

What life lessons stand out to you from traveling with your family?

We've tried to raise our girls to appreciate that we live in a society that is based on consumerism, in the first world, and whether it's the consumption of information or the overconsumption of food, or having to keep up with the Joneses and have the best, those shouldn't be values that drive us to feel that we've lived a complete life. The bigger question we should all be asking is, when I look back, am I going to know that I left the world in a better place than when I entered it?

My measure of a satisfying life is the answer to, have I valued the people I have relationships with, and do they value me? I think you've truly lived when you're no longer anonymous, when you have a connectivity within your community, and when you're recognized for your work and your efforts.

Do you have any other interests that could have swayed you to follow a career path other than medicine?

My father had a strong and profound influence on me. Those who know me know I love telling a good story, I love debate, and I love being provocative in terms of questioning the conventional ways of doing things or the traditional values and views that society holds.

I also have a few health issues, one of which is that I was born with a lazy eye, or strabismus, which was corrected through surgery when I was young, but I've been challenged with my vision in the affected eye. In my high school it was expected that you participate in sporting activities, and the way that you demonstrated your sporting prowess at a boys-only high school was to play something like rugby or cricket. And I wanted to pursue that, but because of my eye disability my dad suggested I think about other activities. He knew that getting hurt and damaging my good eye could be problematic and pointed me toward debating. I was never a good public speaker, it was certainly one of my phobias in high school, and my dad recognized that to be a confident person you have to be able to share your views and opinions.

I considered law as a career in high school as well. Though because the legal system is based on Dutch Roman law in South Africa, my dad saw that as being limiting if I ever wanted to work in other jurisdictions, and we had many good evenings bantering about what life could look like and what a career could look like. And it was at that point that I started to reflect more on my mother's values—she was a registered nurse. In talking to my mum, and recognizing there were a few doctors in our family lineage, I started to think more about medicine as a way of defining who I was as a professional. And boy has it ever turned out well.

So that explains how you acquired your interest in medicine, or is there more to that story?

It goes further back than that. I often think about whether medicine selects the individual, or whether the individual selects medicine.

When I was in elementary school my very best friend's father was the principal, so I really admired the family. My friend James and I did everything together, and when he declared early on that he wanted to be a doctor I thought, you know what, James wants to be a doctor, I'll be a doctor too, that will be a great thing to do. And that stuck in my brain.

While I was debating what my life would look like with my father, that thought reoccurred, and I decided to stick with what I had originally signed up to do. In the end, James became a teacher, like his father, and I became the doctor.

I think most doctors have such a defining moment in their life—an experience as a child, or a circum-

stance where the idea of medicine as a potential future career shows up, a moment from which their desire to want to help others stems.

Do you have any professional heroes?

They shift and change throughout life. One of my early heroes in medicine was my professor of anatomy at the University of Witwatersrand, Phillip Tobias. He was also a palaeoanthropologist, and I remember one of the defining lectures he gave in medical school. He took us to a cave west of Johannesburg called the Sterkfontein Caves, where the earliest human hominids were discovered, and he stood there, lecturing to 240 young medical students while holding a skull in his hands. That vision is embedded in my brain. He had a very gentle voice, he was very well respected in South Africa and by the international medical community, and I thought, wow, if someone from our university can command that much respect, then I should really embrace my own career. It was a principle-defining moment for me.

Dr Anna Reid stands out for me in the context of Canadian health care. Dr Reid, who is a past president of the CMA, is a humble leader who has proven that women can put their footprint on service and leadership in medicine. And we need more women leaders in health care, both in BC and in Canada.

I look too to the Honourable Jane Philpott, our federal Minister of Health. She's got an incredibly powerful life story. She spent time practising medicine and doing volunteer work in Africa and, unfortunately, lost a young child to a treatable illness simply because there weren't enough resources available locally when they were needed.

The other person whose career I've admired and who has been a fantastic mentor to me is Dr Granger Avery. Granger welcomed me into rural health care leadership in BC and has been foundational in creating the space for my voice to come forward for the entire profession in BC. As a true friend, Granger has taught me to lead with a respect for all colleagues, specialists and GPs. The so-called divide between generalists and specialist shouldn't exist, and it's going to be one of my challenges this year to see if we can enhance the conversation about uniting the medical profession in BC.

We have a huge opportunity to seek system improvements in BC this year. We are hosting the CMA General Council, where Dr Avery is to be inducted as the national president, our own association has a strong provincial voice, and the federal Minister of Health is also a doctor. This is an excellent chance for the association to invest its energies in being part of a national conversation.

Can you tell me about a pivotal time in your career?

On one Sunday morning in 2002 I was the emergency department doctor at my local rural community hospital in Oliver, and I was Doctor of the Day, so I was covering all the patients in hospital on behalf of my colleagues who had the weekend off. There was a page over the hospital intercom—"Dr Ruddiman to the emergency department, stat!" I gave up my duties at the

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nursing station, ran down the hall, and ran into my wife. As soon as I saw her I thought, on no, there's something wrong with one of our daughters, I'm the emergency doctor, this is going to be horrible. And she said, "Alan, I want you to take a big breath. Your dad has come into the emergency department with crushing chest pains." I think to administer one's skills to a member of your community is already sometimes not at arm's length—you know a lot of the people socially, your kids play together—but to be called upon to administer care to your father when he's having a heart attack, for me, that helped shape where I needed to provide advocacy. We need the right resources across all of our communities across BC—metropolitan, rural, urban, and remote.

I activated all the protocols I would for any other patient, but to have to deliver emergency medical care to my father was a sobering reminder that if I hadn't embraced all the generalist pieces of being a family doctor my dad may not have had an opportunity that day to receive the best care. I'm fortunate to have had a great team—all the nurses were phenomenal—and I called a colleague in as soon as could. I didn't want to be the person responsible for my dad's success or failure with his acute health crisis, but I'm sure glad that I was trained to administer the care that he needed while I got the rest of the team together.

There are communities across the province where patients present every day with pressing medical needs, and to not have skilled professionals in those communities to deliver care to those people when they need it would simply be underservicing British Columbia.

How has your role as a general practitioner evolved since you started practising?

What's evolved is a deeper understanding for the social determinants of health. It's not always about health care. I think health care is only responsible for about a quarter of what makes people sick. A bigger component is the life that people have—where they live, what level of income they have, what kind of education they have, the early childhood development they were exposed to, whether they live with a disability. Of course, whether you have access to health care and whether you have acute or chronic illness is really important, but genetics also comes into play. Did you inherit good genes from your parents?

The other piece that I'm becoming more aware of is the damage that's being done to our planet and the related health issues. We have a huge responsibility as doctors to exercise our professional voice on issues of social determinants of health. The Council on Health Promotion has done stellar work over the years to highlight areas where doctors can advocate for social changes that can produce health. It shouldn't just be about managing sickness.

Have your patients' expectations changed as well?

The family practice I inherited almost 20 years ago was from a doctor who had been the family doctor for these patients for 20 to 30 years, so the average patient was in their early- to mid-60s. Jumping forward 20 years, my latest practice profile tells me that my average patient is now 76 years old. So I've got a 20-year relationship with people who have, for the most part, moved into the later part of their lives. When I have interviews with these patients I hear the most profound and provocative things because these people have lived sometimes very full lives, and their expectations and understanding of what it means to have a healthy life is very different from the opinion of someone who is 20. Elderly people are very clear on how they want their care delivered. They have very well-shaped ideas on what the health care system can do to support them. The one thing I've been delighted to have established in my practice is the opportunity to have conversations around end-of-life and advanced-care planning with my patients. Where we have pressure sometimes is from family members, children, grandchildren who don't embrace the values that elderly patients express about how they want to be cared for when they're confronted with an incurable disease or illness, or simply when they get to a place in life where they feel that they have reached the end.

That is a societal conversation we have to have. Instead of always deploying maximal resources and the most specialized care options, which may be futile, we should be asking, what can we do to support you to have the best quality of life at this point in your life? My elderly patients have helped and educated me to become an advocate in that regard.

Do you find that's a difficult shift for doctors?

I think we have to be careful in how we characterize medicine. A fulfilling medical career as a specialist or a general family physician isn't about saving all lives all the time, it's about making a fundamental difference in the life of the person sitting in front of you when they're confronted by acute or chronic illness. We shouldn't be in the business of simply focusing on saving lives, we should be focusing on making a difference in the lives of the people we encounter as part of this wonderful profession.

What do your patients think of your role as president?

I have developed relationships with my patients over the past 20 years—and many of them are now individuals who are closer to the end of their life than to the part of their life when they were most productive—so for me to be absent from my community

multiple times per week is quite challenging for them. I'm very fortunate to have a young female physician locum, a recent graduate from the UBC family medicine program, who embraces the same values that I do, is very professional, is a generalist physician, and has made a commitment to supporting me in my practice and my patients for the year. I feel reassured knowing there are colleagues like my locum who are willing to step up, though I do know there is angst within my patients about when I'm going to be in the office next. I'm back filling in my practice right now for when my locum is away and when there are other gaps in coverage to make sure I can continue to practise clinical medicine.

Could you tell me about a personal achievement that stands out for you?
There are many moments that have made me smile. Being recognized by your peers in a way that is uninvited, for example, is humbling—there are so many good doctors in this province who fly under the radar and aren't recognized for their contributions and service. We need to do more of that—recognize these contributions to medicine, to patients, to communities.

A number of years ago, I think it was 2008, I was recognized by the Society of Rural Physicians of Canada to be awarded a Fellowship of Rural and Remote Medicine in Canada. At that point I probably had arrived at a place where my career was evolving and I was starting to contribute beyond one patient at a time. To this day I wear the lapel-pin I was presented with as a reminder to myself of being recognized for serving well. And I think that is part of why we choose medicine—we have to embrace the tenants of professionalism, advocacy, and service.

Conversely, could you tell me about a challenge or regret?
Thinking back to when I was in university, and when South Africa was going through profound change, I feel a little disappointed and embarrassed that I didn't do more in terms of activism for change in the country. I was politically active, but I didn't do it in as brave a way as I probably could have concerning the social injustices that were occurring in the country. My parents raised us to question what appeared to be the real world—how law was applied, how a large portion of society was disadvantaged—and considering the empathy that was generated in our home I'm disappointed in myself when I think back.

Having taught Family Medicine R1 residents in their family medicine rotation, what is your impression of the challenges that medical students and residents face today?
They're coming into medicine at a time when so many changes are occurring—just the exponential growth in how we access and share information is unprecedented—and as exciting as that is it's also incredibly challenging because we need to filter what is factual, what is scientifically based. As doctors we pride ourselves on being the experts in medicine, and there are so many career opportunities available for young doctors, but we have to understand that the foundation of a general medical education is generalism. We also have to think about social accountability—there's a social contract that we have in Canada with the federal and provincial governments—we are responsible for giving back to society. To this end, we need to require from our universities and medical students as broad-based a generalist training in medical school as possible before they choose an area of specialty. There needs to be a strong foundation of generalism, both in specialty practice and family medicine.

What are your concerns about the future of family medicine in this province?
My biggest concern would be that we promote sub- and superspecialization as the only ways to derive satisfaction from a medical career. We're very privileged to gain a world-class, strong, scientific education in Canada, and we don't want to dilute that scientific capital by gaining a significant medical education and then streaming off into a superspecialized area. I don't think that serves society well. When it comes to serving individual patients, communities, regions of the province I think it's the generalism in medicine that needs to be promoted as the primary way that we invest our energies as taxpayers and as society looking after the health care needs of our populations.

What health care issue do you think is not getting enough attention right now?
We've recently seen the formation of the First Nations Health Authority, and I think we have a lot to do surrounding Aboriginal health in BC. We don't give it enough attention, and we have to build that into the social fabric. We need to be culturally sensitive. We need to respect the custodianship that First Nations in our province have for being responsible to the planet. They are leaps and bounds ahead of where we are in understanding that if we don't look after our planet, it won't look after us. We can do better in terms of building relationships with our First Nations partners across health care and beyond.

The other piece that deserves ongoing attention is simply bringing specialists and generalists back together as a united profession so we can tackle these tough issues.

What technological developments in medicine are you excited about?
One of the greatest investments that governments and societies can make in health care is around how we choose to organize, fund, and support

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activities around information technology and information management. Having a patient medical record that is dynamic, current, accurate, and that truly reflects the health of a patient will go a long way to reducing unnecessary health care costs and the burden of medical errors, and ensuring safely delivering care to patients. We need to look at how we integrate information technology effectively to reduce the duplication and multiple layers of barriers that we have by trying to accommodate 6, 8, 10 different information technology delivery systems.

I hear citations of privacy as the issue that's limiting us from removing various IT barriers, but if you ask patients if privacy is the biggest issue for them, they'll say absolutely not, it's about access. They want health care providers to have their most current medical information in front of them when they're being asked to be partners in their own health care. If we can't deliver that, we're doomed to fail in health care in 2016.

You are also highly engaged on Twitter. How has social media affected your practice and your interactions with your patients and colleagues?

We have a responsibility as a profession to engage with one another, and social media is a huge opportunity to share our voice and express our opinions with the public and with government. I encourage my colleagues to look at social media as a way to get their professional voice out there, to talk about their concerns. It has helped my career in cutting through red tape—being able to reach leaders who I might otherwise not have traditional relationships with.

You've spoken about the importance of collaborative efforts between all health care providers and partners. What specific improvements or opportunities do you think greater collaboration will result in that are currently underdeveloped?

When we talk about team-based care we need to understand who all the partners are who are responsible for producing outcomes. The doctor-patient relationship is fundamental. It is the most-valued relationship in health care, so we can't undo that. There has to be a strong physician voice, and a credible and safe place for the patient voice to land. But we also need to recognize who the other partners in health care are. We certainly look to the provincial government for its leadership and we look to the societies that support family physicians and specialists. We need to bring those voices together and to work with allied health care professionals, our nursing colleagues, our pharmacy colleagues, licensed practical nurses, social workers, physiotherapists, the list goes on. We need to bring the right providers together and have meaningful conversations about delivering timely and efficient care to patients, reducing unnecessary admissions to hospital, and rooting out areas where there is unnecessary risk to patients.

Two pertinent research examples come to mind. First, the Commonwealth Fund released a report in late 2014 showing that Canada scores 10th out of 11 in First World nations when you look at the matrices of how their health care systems are measured. We need to sit down with the governments of the day and have a conversation about transforming, not just tweaking, health care for the generations ahead.

Second, OECD data tells us that the safest hospitals in the world have a maximum bed occupancy of about 85% at any given time. When I listen to colleagues both close to me and around the province, it's not unusual to hear that our hospitals have occupancies of over 100%. That's a problem. We need to make our hospitals more efficient, we need to improve access, and we need to admit the right patient to hospital at the right time.

Recruitment and retention challenges in BC continue to be top of mind. What do you envision as a way to overcome the enduring obstacles?

Recruitment and retention is no longer on the radar of only our rural communities; there's a desperate need for recruitment both in urban and rural and remote communities. Yes, there continues to be a disproportionate allocation of where physicians choose to live and work—25% of BC's population lives and works in rural communities, yet only 11% to 14% of doctors choose to work in these communities. We need to invest in rural-proofing BC, but we need to talk about the greater need as well. If we look at where the biggest investment in health care is, it goes back to the conversations around generalism, and those occur at our postsecondary education institutions. Universities need to grow their understanding of why investment in generalist medical training is going to serve society well. Absolutely, we need the broad range of world-class specialists in this province that we already have, who can continue to support patients when they need that type of care most, but we're now at a place where, because of the system of delivering care that we've developed in rural communities, we're better prepared to inform the urban conversation about what organizing services can look like. Maybe we can take the rural model and have a conversation with urban and metropolitan communities and get back to the day when generalist, hospital-type care was the foundation for what most people need.

What drives you?

I grew up with two brothers and a younger sister, so there was always a competitive streak in our household, and I think competition is very

healthy. Those who know me recognize that I can be impatient, sometimes tenacious, but I tend to organize those qualities around opportunities. Yes, I can be impatient when I see that we are not organizing our energies efficiently in health care across the province, but it's also about taking those energies and recognizing that if we can't produce meaningful change, we're going to tire out a lot of the people who are demonstrating leadership in BC's health care system. We need to move from collaboration to truly enacting the partnerships that we've created, and I see this as one of the most important areas that I can contribute to as the Doctors of BC president.

As president, what are you most interested in doing straight out of the gate?

The trajectory for the president is short—365 days—so I didn't come out with a clearly defined 100-day action plan because I think that's artificial. I have a strong mandate that's organized around embracing diverse thought, so I'm traveling extensively around the province right now, going to small communities, meeting with individual doctors, hearing the individual physician's voice, and giving them the chance to tell us what's working well, or where the health care system needs to improve; that's important.

I've made a promise to myself that I'm going to keep physically and emotionally healthy, as I could exhaust myself if I have to reach as many physicians in their own communities as I can if they themselves can't get to Vancouver from time to time.

Being a connector, I have some phenomenal relationships with physicians around the province, and I think my role as president is to help promote and support the activities of these physicians in their own roles as physicians of influence.

We have a huge responsibility as doctors to exercise our professional voice on issues of social determinants of health. The Council on Health Promotion has done stellar work over the years to highlight areas where doctors can advocate for social changes that can produce health. It shouldn't just be about managing sickness.

Do you have any concerns about achieving everything you set out for your year as president?

All of the goals I promoted in my campaign, I think, are achievable. But I think it's most important that I lay a stronger foundation for the association to stand on when it moves forward. We've got a strategic plan that's about to be renewed and updated, we're looking at governance reform within the association, these are important pillars.

The profession points its fingers at the association sometimes and says that we're simply not addressing certain needs, but we need to understand *why* we're organized as an association. Let's not forget, we have the College of Physicians and Surgeons, we have the Health Professions Act, we have the provincial government and health authorities. The Doctors of BC mission is to promote a social, economic, and political environment in which members can provide BC citizens with the highest quality of health care while allowing the doctors that we're serving to have a great professional life and receive fair economic reward. And that occurs in a publicly funded health care system, so we have to partner with society through the government and health authorities and other professions to ensure we can produce an improved system as we move forward. That change starts with having a collective will across those partners to transform health care in 2016. If the Commonwealth Fund tells us we are 10th out of 11, then we're failing.

We don't yet have a renewed Canadian Health Accord, so I look forward to working with the provincial government and the presidents of other provincial and territorial medical associations and starting a conversation with the federal Minister of Health if the opportunity allows. Let's talk about creating a sustainable health care system in Canada for the next 30 to 50 years.

Recognizing, as you do, that change takes time, where would you like to see the association in 10 years?

I would like to see Doctors of BC continue to be the strong representative voice for all doctors in the province, with a high-functioning Board that does executive work on behalf of the association while allowing the association's committees to grow their relationships with health authorities and government to make sure we're addressing the basic health care needs of all BC citizens.

In 10 years I would love to see that there are no wait lists or access issues in the province. It occurs in other countries; we should have the same in this province. BCMJ