

# BCM J

BC Medical Journal

We welcome original letters of less than 300 words; they may be edited for clarity and length. Letters may be emailed to [journal@doctorsofbc.ca](mailto:journal@doctorsofbc.ca), submitted online at [bcmj.org/submit-letter](http://bcmj.org/submit-letter), or sent through the post and must include your mailing address, telephone number, and email address. All letter writers will be required to disclose any competing interests.

## Happy 60th birthday BCMJ!

**H**appy 60th birthday to the writers, editors, designers, and all others who create the *BC Medical Journal*!

This journal forms a common bond for the doctors of our province. In addition to presenting valued medical articles, the journal offers humanistic messages through the often lighthearted editorials and by way of submissions from my fellow physicians to the Letters, Premise, Good Doctor, and Special Feature sections. These sections offer readers medical history, biographies, comments about medical practice, and even humor. In contrast to the more pointed messages from the elected officials of our medical establishments, the stories on

these special pages deliver their messages subliminally, so that they go directly to the readers' hearts.

About 2 years ago I asked the editors if a collection of some of these special pages could be published in the form of an anthology. I was pointed to obvious reasons why this was not feasible. So, for my own education and pleasure, I thumbed through close to 300 back issues on the shelves of the College Library, searching for my targets. As a prize, I got a feel not only of the important repeated messages for care and humanism in the practice of medicine, but also a feel of the writers' love of medicine as a profession.

Consider the article about early Canadian ships' surgeons [1959;1:103-

116]. The lengthy story was written by one of the founders of what is now the College Library, Dr W.D. Keith.

"One fine summer morning in 1903 when I was walking north on the west side of Granville Street," is how this narrative starts about Dr A.T. Stanton, ship's doctor on the *Empress of China*. Dr Stanton and associates proved that beriberi was intimately associated with a diet of polished rice.

Or read and become riveted to the diaries of Dr Charles Gould, well-known Vancouver neurologist in the past, and his wife on their 5-year-long round-the-world sailing adventure on *Astrocite III*, faithfully recorded in the June 1968 issue.

*Continued on page 390*

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Neil Pollock, M.D.  
Jack Chang, M.D.

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Or just let yourself go with “The man who stopped the rain,” a story that stays with you about an old man who believed he was God, by Conrad Moralis, MD (pseudonym of the retired psychiatrist) in the May 2008 issue.

Then you might as well switch back to the January/February 2007 issue and read Dr Leslie Andrew’s humor: “When I told [my mother that] I wanted to be a stand-up comedian, she said: Comedian, schlamedian. Okay, but become a doctor first.”

Or read a series of Back Page articles by retired pediatric surgeon Dr Graham Fraser, recalling his experiences as a house surgeon in the UK.

Continue by reading Dr Gerry Greenstone’s and Dr Christopher Marrant’s stories gathered from medical history, and then focus your attention on BC’s medical history by Dr C.E. McDonnell—a series commissioned by the then BCMA’s cen-

tenary celebration committee in 2000.

Each of these artful pieces reminded me how far we have come in medicine in some ways, and how in other ways we have stayed the same. For proof of that you might read “A physician’s view of the future of health services” in the November 1967 issue, by one of our most distinguished members of the past and a past president of the then BCMA, Dr Peter Banks. Forward in time again to the March 1997 issue, and feel the pain of author Dr Mark H. Lupin, in “Physician suicide—where the system fails.” The article, dedicated to the memory of his brother, psychiatrist Dr Daniel Adam Lupin, begins: “Last summer, I lost my brother. I also lost my faith in our ability to care for each other.”

Dear *BC Medical Journal*, I thank you for triggering thoughts, feelings, ideas, and notions in my mind and heart, making me appreciate my medical teachers, my medical colleagues,

and my medical training and experiences over and over again. I wish you a happy 60th birthday, and many more.

—George Szasz, CM, MD  
West Vancouver

*Dr Szasz is a frequent contributor to the BCMJ blog. To read his posts, visit [www.bcmj.org/blog](http://www.bcmj.org/blog).*

### Building a culture of information sharing

I recently read an interesting article on the business culture at Netflix in *WIRED* ([www.wired.com/story/reed-hastings-at-ted](http://www.wired.com/story/reed-hastings-at-ted)). In the article, Netflix CEO Reed Hastings spoke about a talk he had given at the TED conference in Vancouver in April 2018, where he had said that “he purposely built Netflix to have a culture of open information sharing after his first company, Pure Software, struggled because it was too obsessed with creating processes to prevent mistakes from happening. ‘We were trying to dummy-proof the system, and eventually only dummies wanted to work there.’”

He went on to say that “The Netflix culture of information sharing builds a sense of responsibility. . . . We’re like the anti-Apple. They compartmentalize, we do the opposite. Everyone gets all the information.”

“That’s why Hastings promotes courage as a fundamental value at the company. We want people to speak the truth, and we say, ‘To disagree silently is disloyal.’ . . . It’s not ok to let a decision go through without saying your piece. We’re very focused on trying to get to good decisions with a good debate.”

Is such a cultural change needed at Doctors of BC?

Is the failure to make the cultural change contributing to why Doctors of BC is having difficulty engaging members and other nonmember doctors?

Maybe it’s time not to turn away

## #1 for Practice Closure



Circa 1997

Eric Silver MD and Elan Eisen – co-founders of RSRs.

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—Zafar Essak, MD  
New Westminster

### Look and learn still holds true

The article in the July/August 2018 issue of the journal about assessments by pit appointment [2018;60:304-313] reminded me of the dom appointments I took part in, in UK general practice. No, not that kind of dom, but the domiciliary visit. A specialist consultant and the family doctor would meet at a patient's house. The fields covered included internal medicine and especially psychiatry. These visits were very popular with all concerned, especially with the specialist, who was extremely well paid for this service. Some of the lessons from these visits have stuck with me all my long professional life. An illustrative case follows.

A late-middle-aged accountant suddenly changes his behavior. Previously his routine was immutable. He took the same train in from his small village to his firm in the city of Birmingham every day for years. Suddenly, changes occurred. He began stealing women's underwear from washing lines and planning grandiose

holidays and world tours. Naturally, his wife was worried and, as was the fashion then, called the village constable, who, instead of locking him up, called the doctor.

As a junior in the practice I was delegated to meet the psychiatrist on a domiciliary visit. We found a gregarious, garrulous, excitable but very happy chap. A short history disclosed the sudden and dramatic change in behavior in a man who had never been mentally ill in his life and had no family history of mental illness. "What was your impression?" the psychiatrist asked me. "Hypomania," I replied. "True," he said, "but look at his fingers." They were heavily nicotine stained and gave the suggestion of clubbing. Several months later he died from lung cancer. The possibility of paraneoplastic syndromes presenting as mental illness has been a life-long lesson. "Look at and learn from the patient" was promoted by Osler and remains as true today as it was over 100 years ago.

Having a specialist and the family doctor meet the patient had obvious advantages. Perhaps as our health system evolves we could revive some of these ancient practices?

—Ralph Jones, MD  
Chilliwack

### Partner publications

**Divisions Dispatch.** Bimonthly news from the Divisions of Family Practice initiative. [www.divisionsbc.ca/provincial/dispatch](http://www.divisionsbc.ca/provincial/dispatch)

**Newsletters from local divisions of family practice.** [www.divisionsbc.ca/provincial/divisionnewsletters](http://www.divisionsbc.ca/provincial/divisionnewsletters)

**GP Update.** Quarterly GPSC newsletter. [www.gpsc.bc.ca/news/publications](http://www.gpsc.bc.ca/news/publications)

**The Link.** Updates from the Shared Care Committee. [www.sharedcarebc.ca/news-and-events/newsletters](http://www.sharedcarebc.ca/news-and-events/newsletters)

**SSC Focus.** Quarterly newsletter from Specialist Services Committee. [www.sscbc.ca/news/ssc-focus-e-news](http://www.sscbc.ca/news/ssc-focus-e-news)

**Pathways Update.** Latest news and user tips from Pathways. [pathwaysbc.ca/newsletters](http://pathwaysbc.ca/newsletters) (login required)



CIBC WOOD GUNDY

**We have space available for 40 guests at a dinner presentation at the Wedgewood Hotel in Vancouver on Thursday November 1st featuring Ian Humphries of Thorsteinssons LLP who will discuss how recent federal budget changes affect doctors with corporations. Please contact me if you are interested in attending.**

**Peter Leacock, BSc, MBA, CFA, Senior Portfolio Manager**  
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