Dr Kathleen Ross: A history of stepping up

Dr Kathleen Ross, a family physician with a passion for surgery, is the new president of Doctors of BC. She tells us about her interests, her influences, her concerns, and those "hand-on-the-door" moments that she'll never forget.

David R. Richardson, MD

Dr Kathleen Ross was bestowed the chain of office and became president of Doctors of BC on 31 May 2019. *BCMJ* editor Dr David Richardson sat down with her at her Coquitlam office earlier that month. Drs Ross and Richardson are contemporaries, both family physicians who graduated from the Faculty of Medicine at UBC.

How did you decide to become a physician?

I don't ever remember not wanting to be a physician. When I was a kid, I was interested in anything related to anatomy, biology, physiology, and how things work. We had a family friend who was a physician, one of three in Port Coquitlam at the time, Harry Shaw. He and my dad hunted so we kids cleaned a lot of deer and moose with them, and there were always lessons.

Why did you want to become president now?

I've been associated with Doctors of BC peripherally for a long time—I was the first chair of our division of family practice, then I got involved with Shared Care and helped get that off the ground, and then Fraser Northwest developed Pathways and I chaired that too, and then when Doctors of BC wanted to set up medical staff associations, I said okay, I'll do that too. I understood the lay of the land, and it was just time.

How about your track to get into medical politics?

I'm not a politician, but I do like to lead, and I have spent a lifetime stepping up into leadership positions wherever they presented themselves. So when the kids were little it was always Scouts and Girl Guides and soccer and figure skating and school councils and so on. And then the divisions of family practice started up locally just around about the time the kids were all transitioning out of that so that worked out well.

You have two kids?

Yes, Colin, who's 26, and Shannon, who's 25. Shannon's a registered massage therapist and Colin is an assistant producer for Electronic Arts on the FIFA Game.

Speaking of young people, what are the challenges that medical students and residents face today?

Multiple things. Finances are a huge issue. Location is another, because if they live in a big city, trying to find a place to live that's affordable is difficult. Medical students are forced a bit early into deciding what they want do when they finish. It was so different for us. You could go do family practice and then go back and specialize later. That route's a lot more difficult now, and people decide what they want to do early on, by the end of second year.

I can't imagine that early in medicine knowing what I wanted to do.

I thought I was going to be an orthopaedic surgeon. I started medicine in an MD PhD program in medical microbiology. And then I moved over to trauma because I loved it so much; it really spoke to me. That was where I was going, but then we had our first child, and things changed. It's probably a good thing actually because now that I have this diverse skill set—you can drop me in the middle of the jungle in the Andes and I'm good to go. I've set bones there, done stitches, removed things, taught a whole crew in the Sacred Valley in Peru how to close wounds properly.

The coolest thing is that I'm at the stage in the practice where I am delivering the babies of the babies I delivered.

Who left the biggest imprint on your professional direction?

The matriarch from a family practice point of view is Dr Joan Eddy. She was the original person who set up our medical practice and set the tone for the family practice being patient-centred, where people come, they feel welcome, they feel like their needs are going to get addressed. Another person is Dr Bob Hayden. He's probably the most decent person I know. He's a cardiovascular surgeon and could teach anyone diplomacy.

What do you admire about those two individuals?

Patience. Their sense of calm in the face of utter chaos. The sense of positivity. You know you won't hear either of them say anything negative.

PHOTO: PETER HOLST

Dr Ross is a member of the Primary Care Obstetrical Group at Royal Columbian and loves working with skilled obstetrical nurses like Cheryl Britton (left) and Claudia Kraemer (right).

How has your medical practice in your numerous roles evolved?

I started in Fraser Lake, and that was full-time, with the extensive skill set that you need in a rural setting—everything from fractured necks to pneumonias to palliative patients. A good place to start. When we moved to Coquitlam I started with 4 days a week in the office, a full-service family practice. Then 2 or 3 years later the open heart program at Royal Columbian expanded, and I thought, wow, I'd really like to do that. It just so happened that they needed a surgical assistant 1 week per month, so I did 3 weeks in my office and then took a week to locum in hearts. Later, I joined the Primary Care Obstetrical Group at Royal Columbian, and I still do all of my independent deliveries, which was great, but the high volume obstetrical clinic meant I was only able to fit in Wednesdays as my surgical day. And then, as the politics and the meetings ramped up in the last 4 years, I haven't been as much in hearts; I've only been there twice this year so far.

So coming back after your year of being president, do you plan to get back into the same sort of role that you had?

Yes, that would be my intention. In November I become the president of the Royal Columbian Hospital medical staff as well.

Because you don't have enough to do?

That was in play before I ran for president—we do 2 years secretary, 2 years vice president, 2 years president, and that's just when my time came up. But Dr Melanie Brown, a nephrologist, and the regional head of nephrology for Fraser Health, is coming in as vice president and is very prepared. Executive lead Leslie Rodgers worked with me in the divisions, through Shared Care, and now in the medical staff association. I have lots of help.

You *are* busy.

Yeah, that's what my husband said.

How do you balance it?

My challenge is that I'm like a puppy: I'm excited about everything; *everything* is my favorite thing. I don't do anything I don't like. It does become a time crunch though. And then when you add into that the fact that we have four elderly parents right now, all between 83 and 86, there are lots of time demands.

Can you tell me about some experiences with patients that made a significant impact on you?

For sure. There was a fellow who was under 40, here with his kids. He didn't have an appointment and I saw his kids, and when I was literally hand-on-the-door leaving, he said, "Oh, by the way, I'm having a little irritation when I go to the washroom and I'm up a bit at night." I said, "Okay, book an appointment and we'll put some time aside to examine you." And when he came back 9 months later, because that was the first opportunity he had to come back to the office, his symptoms had gotten quite disturbing, and he had metastatic prostate cancer. *Nine* months. By then it was everywhere. Every day there's one or two of those hand-on-the-door things that make me pause, and I say to myself, all right, it's going to put me behind but I just need to make sure it's not what I think it is. Or I march them out to the front desk and make sure that they come back the next day. So that experience was definitely important. Another patient who stands out for me was a gentleman who had grade IV astrocytoma and we knew he was at his end of days. One day he showed up with a massive flower arrangement for me, about 10 days before he died. I said, "Bill,* what are you doing here?" And he said, "Well, I really wanted to show you how much I appreciate what you've done for me and I didn't want to wait till it was too late." But the coolest thing, I think, is that I'm at the stage in the practice where I am delivering the babies of the babies I delivered. *That* is just ridiculously cool.

I love that too. What career path would you have taken if it wasn't medicine?

Polynesian dance, maybe? I could have done microbiology. I did my master's in medical microbiology and ran a research lab at VGH, but it just wasn't clinical enough for me. I always tell people I have a master's in poo because I studied *Yersinia enterocolitica* and *Giardia lamblia* with Drs Michael Noble and Judy Isaac-Renton.

So other than the Polynesian dance, what is something that people don't know about you?

I absolutely love camping and backpacking. Put me in the wilderness with my backpack for 8 to 10 days and I'm perfectly happy.

Where's your next backpacking trip?

I'd like to do the whole John Muir Trail in northern California. I've done two parts of it and I'm hoping, mid-August and September 2020, that my husband and I can do the whole trail.

Switching gears, are you concerned about the future of family medicine in the province?

Yes. The value that primary care brings has been underrecognized for decades. Physicians can't keep up with the demands, and we don't have access to enough resources. I spent an hour on the phone at lunch last week trying to find psychiatric services for a patient, and in the end I still didn't have what I needed. We can't continue to do that. The pay structure, both within our profession and comparable to other professionals, is not yet optimal. My concern is that physicians are getting disheartened.

It seems that despite expanding medical school, there are no more of us.

There are a couple features driving that. Part of it is that we live with an increased complexity of patients. I spend half my day dealing with people who have multisystem disease. You spend 20, 30 minutes with an elderly person, you haven't written a darn thing down because you're helping them on the bench, you're helping them get their shoe off, you're helping take their jacket on and off, all of those things that happen when you're caring for a person. Inquiring about test results, their memory,

**Not his real name.*

Photo: Karen Tregillas

Dr Ross with her son Colin, husband Rob, and daughter Shannon the day of her inauguration.

who's supporting them at home doing the laundry and cooking. People are taking more and more medications and living longer. So that's part of it, and the other part of it is that there's a larger demand. For example, in the past, if you were a young person with a cold, you'd stay home for week, cover up your head, and complain to your mother. But the shift now that I've been seeing is that if they're sick for 2 days they come into the office to get fixed. Everybody's living so fast and they can't afford the downtime; they can't afford any time off.

There seems to be a reluctance for newer graduates to be full-service practitioners.

That has to do with their exposure to family practice in training. There's no reason that a first-year medical student should be seeing a nephrologist, for example. We need to start early in first and second year getting folks exposed to full-scope family practice, not niche practices. I am encouraged to see medical students in the rural areas, out anywhere where family physicians do everything, but I'd like to see even more. Then you'll see more people step up and say, "Yes, I have confidence, I can do full-service family practice." When we finished at Royal Columbian, there was nothing we didn't know how to do. I moved to Fraser Lake where there were two mills, a mine, and a major highway. I knew how to set the X-ray machine, how to take an X-ray, how to start IVs; I could have put in a central line if I needed to. Not that I would ever in a million years put somebody through an internship like what we did at Royal Columbian, that was tough, but I think that those skills can and should be developed early.

What do you think about the patient care network sort of approach?

I have such high hopes for the patient care networks. I think that, for all the reasons I just mentioned, we don't have the ability to do this ourselves anymore. We need help. The patients need help. The patients need more diverse services than what a single person can offer in an office setting. There aren't enough of us, and the primary care networks, if they're done correctly—if actual grassroots physicians' voices are heard and listened to—then we're golden.

Exactly, another provider could have spent that time on the phone finding that psychiatrist.

It's a challenge, but I do have high hopes. There will be some lessons learned, probably some mistakes, but I truly believe the only way to move forward is to learn from those mistakes.

Do you worry about physicians losing their autonomy in such a setup?

It's important that physicians provide the clinical leadership in a team as the most responsible provider. I do a lot of obstetrics, and we have the experience in our primary care obstetrical office, working with a nurse.

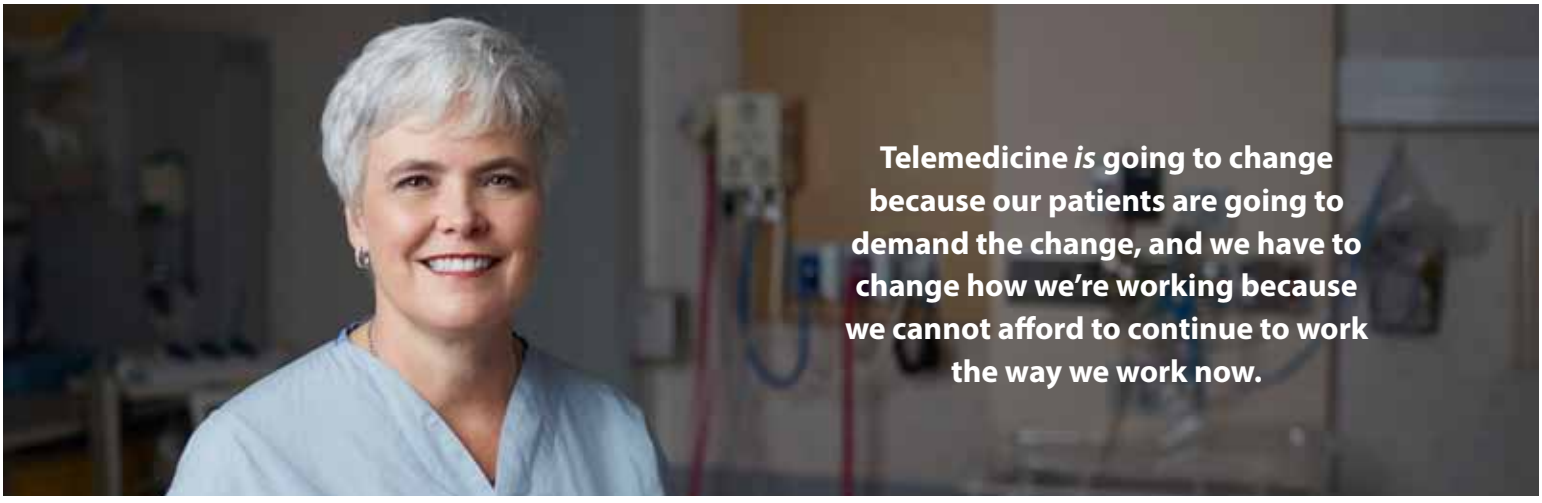

Photo: Peter Holst

We have clearly defined roles that work extremely well. I know what the nurse can do; I completely trust what they can do. Nurses know their skill set and they know when to pass the care up. It happens all over the hospital. With open heart surgery, nurses have their job, the assistants have their job, and the surgeons have their job, and if one part of that machine doesn't work well then the whole thing falls apart. So I think that it's a risk and roles need to be clearly outlined, but I think we as physicians need to get past the, "who's trying to eat our lunch" attitude. It's not helpful.

And it would be invaluable to have a team that could take over various things that we don't actually need to do.

I agree. You and I have lived through a number of difficult years where government was not particularly collaborative with physicians. They said we were overpaid, just wasting money. So it's hard to get the trust back after that, but thankfully we're past that. One of the key things I need to get out to my fellow physicians is this: it's time to reengage.

Why are you excited about health technology?

I firmly believe that IT is going to change the way that we practise medicine in the foreseeable future. In the next 10 years, the way that patients seek and receive care is going to change exponentially.

How do you see it unfolding?

We see it already. My last two diagnoses of atrial fibrillation were off of a Fitbit. Patients come in with their data. What's going to be really cool is the augmented intelligence that comes along with those home wearables and people who are able to come in and speak in an educated fashion about what's gone on with their health.

What do you think about telemedicine?

If telemedicine is incorporated into primary care, it's awesome. But telemedicine as a glorified electronic walk-in clinic? Just more fragmentation. And I think that the few doctors that I've spoken to who are working in that setting feel the same thing—that it's an awkward transition. There is *definitely* a place for it, though. I would absolutely love to see telemedicine incorporated into primary care. We have a number of programs inside Fraser Health that utilize it; Breathe Well at Home is a good example. My sister lives in Fraser Lake, my niece lives in Vanderhoof and is pregnant, and without telemedicine communications, their access to care is considerably less. The other risk is that the cost will land on physicians, becoming part of our overhead. But telemedicine *is* going to change because our patients are going to demand the change, and we have to change how we're working because we cannot afford to continue to work the way we work now.

So, speaking of change and moving Doctors of BC forward, where do you see the association in 10 years?

I would like to see the association advocating for physician wellness as a priority. Another priority is that many of our members have not seen themselves reflected in the organization. I would like to see a more diverse and inclusive organization. We're in the midst of a big push to investigate the lack of diversity and find ways to improve it, so that's a first step. And finally, there are the service components that Doctors of BC offers as a member-driven organization: our insurance, parental leave, telephone services, retirement assistance, and so on—these are things that weren't available to us when we started and are extremely helpful now; they need to be maintained and even improved.

What would you like your legacy to be?

I would love to see an improvement in our culture and connectivity among the members. A year is a short time, and a lot of this work is actually already started. There are more opportunities now in Doctors of BC to engage than there have ever been. You can engage in your division, you can engage in your MSA, you can look at Shared Care, you can get involved on so many levels now that were not available 10 years ago even. We just need to encourage and support physicians to step up. And *listen* to them when they do step up.

Last question. What's the best advice anybody ever gave you?

My dance teacher, many years ago, said, "As long as you're smiling, people will think you're doing the right thing." I still use that advice. ■