

Obituaries

We welcome original tributes of less than 700 words; we may edit them for clarity and length. Email obituaries to journal@doctorsofbc.ca. Include birth and death dates, full name and name deceased was best known by, key hospital and professional affiliations, relevant biographical data, and a high-resolution head-and-shoulders photo.



Dr Anthony “Hugh” Robinson
1947–2026

Dr Anthony “Hugh” Robinson was born in Saltash, Cornwall, England, to Tony and Joan Robinson. He attended Sherborne School in Dorset and, as a young man, developed a lifelong love of sailing, working as a sailing instructor in Saltash.

Following in the footsteps of his father and grandfather, Hugh pursued a career in medicine, qualifying from Middlesex Hospital Medical School in London in 1972. That same year, he immigrated to Canada and began working as a family physician in Vancouver.

Hugh met his wife, Caroline, in 1975, and they married in 1976. Their daughter, Claire, was born in 1978, followed by their son, Jamie, in 1980.

Hugh worked as a full-service family physician until retiring from his practice in 2013. He cared deeply for his patients and practised medicine in the truest sense of “cradle to grave”—from delivering babies to caring for the elderly, including his work as medical coordinator at St. Jude’s Anglican Home in Vancouver.

Hugh lived life to the fullest. He was an avid skier and sailor and later became a passionate road cyclist, completing numerous races and Gran Fondos, including the Maratona dles Dolomites in Italy. He also completed three Vic-Maui Yacht Races.

Retirement did little to slow him down. Hugh enjoyed his Probus groups, investment club, and book club, and he especially valued time spent with his many dear friends. He continued to travel and seek out new adventures, including recent family trips to Patagonia, hiking in New Zealand, and travels throughout Europe.

Above all, Hugh was a wonderful husband, father, and grandfather. He was immensely proud of his three equally adventurous grandsons, William, Benjamin, and Oliver, and he loved sharing his spirit of adventure with his family. His many friendships also meant the world to him, and he was fortunate to have wonderful friends throughout his life.

Hugh is survived by his wife, Caroline; his children, Claire and Jamie; his grandchildren, William, Benjamin, and Oliver; his brother, Jo, in England; and his nephews, Charles, Miles, and Alexander.

Hugh passed away on 30 July 2026, surrounded by his family, just 11 days after being diagnosed with lung cancer. His loss was sudden and profound, and he will be deeply missed by his family and the many friends whose lives he touched.

In lieu of flowers, donations may be made in Hugh’s memory to Doctors Without Borders.

—**Claire Robinson, MD, CCFP**
Vancouver



Dr John Law
1958–2026

Dr John Law, my friend, passed away peacefully in Nanaimo on 11 March 2026 at the age of 68, surrounded by his loving family.

I write this remembrance of John from a place of grief but also with immense gratitude for the blessing of his presence in my life and the lives of many others. He embraced life fully, with curiosity and enthusiasm, and he met every person with kindness and compassion. Our lives have been enriched and transformed by John’s words and actions. He inspires us still as a model of what a physician can be and what to make of a life. John was my best friend from medical school and the physician I most admire.

John was born in Vancouver on 1 February 1958. He grew up in the Strathcona neighborhood of Chinatown in a house with no indoor plumbing except for the kitchen sink, which sat atop a dirt-bottomed cabinet. He could hear the coos of the pigeons living in the vacant suite upstairs. John’s first career was plumbing. John once said, “The

past serves me well, and I am so grateful for all that I have survived. I like to think of investing and profiting from my suffering when I encounter challenges. This is how we can learn and improve.”

At the University of British Columbia, he met his wife and best friend, Bonnie. After graduating from medical school, John served in the Canadian military as a medical officer and began his family practice in the Courtenay Medical Clinic.

Like all great physicians, John continued to refine his skills and expand his knowledge beyond medical school, motivated by his deep desire to help his patients. I know of no other physician with the breadth and depth of John’s clinical and counseling skills.

John studied and practised mindfulness, acupuncture, clinical hypnosis, trigger-point therapy, neuroprolotherapy, and a variety of myofascial skills, including the Franklin Method and osteopathic techniques. He shared his learning generously with colleagues and trained international medical graduates.

John did more for his patients than any other physician I know. In addition to his full clinic practice, he taught weekly 90-minute group sessions in psychological skill building, teaching his patients practical skills such as mindfulness, couples’ therapy, motivational interviewing, trauma therapy, dialectical-behavioral therapy, addictions therapy, and cognitive-behavioral therapy (CBT). He would accept some of the most challenging patients, because he knew no other physician would care for them.

John told me, “I have realized I am so drawn to medical hypnosis, motivational interviewing, positive psychology, mindfulness, and CBT because of the empowering nature of the communication and the intent. Put together with our technological advances, wonderful outcomes can result.”

John enjoyed a rich life outside of medicine. With his lifelong curious and humble spirit, he challenged himself by studying public speaking with Toastmasters; swimming; playing guitar, ukelele, violin, piano, saxophone, and banjo; singing;

and dancing, including doing the West Coast Swing with Bonnie.

John cherished his beautiful family. He was a devoted, loving, and wise husband and father, and he inspired both of his children, Christine and Meesh, to become physicians.

John inspired his family, friends, colleagues, and patients to rise to life’s challenges. He saw and brought out the best in us. He was always cheering us on.

John did not get lost in the title, role, and work of a physician. This was his advice to me on life after an accomplished career in medicine: “Going into retirement to explore and learn skills that might enhance my quality of life meant at times being the one with the least skill in a group. It is liberating to judge myself not by my skills or accomplishments but [by] how I treat others and myself.”

After John’s retirement, he and Bonnie moved to Nanaimo, where their daughter, Christine, had established her family practice. He continued to enjoy his passions in music, exercise, gardening, and, above all else, his family.

He is survived by his loving wife, Bonnie; his children, Christine Layton (Elliot) and Meesh QX; his grandchildren, Quinn and Afton Layton; and many family members and friends. Our lives have been enriched and transformed by John. He inspires us still.

—Davidicus Wong, MD
Vancouver

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Patients who believe they have had exposure to a harmful substance at work but haven’t experienced ill effects can file the exposure through WorkSafeBC’s Exposure Registry Program ([worksafebc.com/form-41m1](https://www.worksafebc.com/form-41m1)). ■

—Kieran Steer, MD, FRCPC, MSc
Medical Specialist, Occupational Diseases,
Medical Services, WorkSafeBC

—Jeanette Campbell, MSc(A), CIH, ROH
Senior Occupational Hygienist,
OHS Science and Technical Service,
WorkSafeBC

References

1. Galarneau J-M, Beach J, Cherry N. Respiratory ill-health and welding exposures: A Canadian cohort study. *Am J Ind Med* 2024;68:99-111. <https://doi.org/10.1002/ajim.23678>.
2. International Agency for Research on Cancer. Welding, molybdenum trioxide, and indium tin oxide. In: *IARC Monographs on the Evaluation of Carcinogenic Risks to Humans*. Vol 118. Lyon, France: International Agency for Research on Cancer; 2018.
3. Cherry N, Galarneau J-M. Occupational dermatitis in welding: Does nickel exposure account for higher rates in women? Analysis of a Canadian cohort. *Ann Work Expo Health* 2021;65:183-195. <https://doi.org/10.1093/annweh/wxaa049>.
4. Karczyski RE. Occupational health concerns in the welding industry. *Appl Occup Environ Hyg* 2000;15:936-945. <https://doi.org/10.1080/104732200750051175>.

Additional reading

Canadian Centre for Occupational Health and Safety. Welding – Ergonomics. Last reviewed 12 August 2024. www.ccohs.ca/oshanswers/safety_haz/welding/ergonomics.html.

WorkSafeBC. Controlling exposure risks from welding and cutting processes. March 2024. www.worksafebc.com/en/resources/health-safety/books-guides/controlling-exposure-risks-welding-cutting-processes.