

May 12, 2017

**"It takes two flints to make a fire."
Louisa May Alcott**

Hi Everyone

Typically a Departmental Acknowledgement is given for something someone does or achieves. However this week's acknowledgement goes to Mitch Shiller and Harley Eisman for what they didn't do.

What they didn't do was put their own self-interest before that of the MCH community. Basically they took one for our team. They were under no obligation to do so, but they did so willingly and without much in the way of hesitation. For this I am grateful, and our entire community should be grateful.

The sequence of events begins with the PEM system that is quite frankly the bane of my administrative existence. PEMs are a way for the MSSS to micro manage health care. It essentially applies the principles of command and control central planning and supply management that worked so well in such robust economies and societies as the former Soviet Union (remember that one?) and applies it not to consumer products, but rather to physicians. It does so without a shred of demonstrable evidence, now 20 years post-implementation, of any improvement of population access to health care or ameliorating health outcomes, which are its stated objectives.

The net result of PEMs is a loss of local control and flexibility to respond to needs or enable proper respectful management of a physician's professional career journey. We often have no places for bright young trainees, no way to recognize substantive research, education and administrative roles, and no way for our older members to gradually reduce their work and practice efforts.

We encountered this most recently in the context of a recruit for our PICU. We will leave aside that by any metric utilized that we are staffed at half the level of the other PICUs in Quebec. We will also leave aside that we were promised (in writing no less) an additional PICU PEM if we created an Alternative Care Unit (ACU) or step-down unit (which we did). The recruit (Tanya Di Genova) even before securing a staff position has already done miracles in bed flow and bed management that has substantially reduced operative cancellations and ensured access to critical care beds when needed. She is by all accounts a budding superstar. Yet our logically reasoned request for a PEM for her was arbitrarily and summarily rejected.

Rather than simply accepting this, hospital and Departmental leadership thought creatively of a solution. However this involved Mitch voluntarily giving up his PEM in the ER and Harley as the ER Division Director accepting Tanya being given an ER PEM on a short term basis. With her commitments in the PICU, Harley was well aware that Tanya's presence in the ER would be less than expected for a PEM. Mitch was well aware he was parting ways with a segment of his professional practice that he enjoyed and excelled in.

These were not easy decisions for any of those involved. We live in the 'selfie' era that says a lot about priorities, but its nice to know that some folks stand not by themselves, but with others. A lesson for all of us to take note of.

Have a great weekend everyone

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