

THE SQUARE

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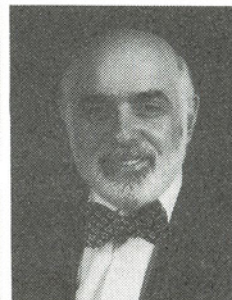
Dr. Richard L. Cruess on May 31, 1995 ended his excellent tenure of 14 years as Dean of the Faculty of Medicine at McGill since 1981. He and his wife, Sylvia, who has been Director of Professional Services at the RVH for 17 years, leave after a summer holiday for Princeton, New Jersey and next spring for Oxford, on a sabbatical to study the impact of budgetary restrictions on health care, medical research, education and manpower planning. A number of receptions have been given to thank both Sylvia and Dick and to wish them well in their ongoing work.

McGill Changes Deans

Dr. Abraham Fuks, B.Sc. '68, M.D. '70, was appointed as the new Dean as of June 1, 1995. He completed his internship and medical residency at the RVH. He has been on staff since 1978 and holds the rank of Full Professor in the Departments of Medicine and Pathology and at the McGill Cancer Centre. He is a specialist in Immunology and Allergy. He is a widely respected scientist and teacher, an effective negotiator, and a skilled administrator who is well qualified to deal with the challenges that lie ahead for the medical faculty. Dr. Fuks has served on innumerable committees including the Institutional Review Board of the Faculty of Medicine dealing with ethical issues, and the Advisory Committee on Research of the National Cancer Institute of Canada. He was also a key member of the Faculty's Curriculum



Richard L. Cruess



Abraham Fuks

photo courtesy of McGill Surgery Dept.

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DEPARTMENT OF SURGERY

NEWSLETTER

McGILL UNIVERSITY

VOL. 5, NO. 5, SUMMER 1995



► Implementation Committee. He has played a leadership role in Martinex R & D Corporation in promoting technology transfer from McGill, and was instrumental in bringing substantial research support to McGill. ■

EDM

The last fourteen years have seen a great evolution in surgery. This evolution has included many technical details relevant to the practice of surgery and it has certainly been accompanied by a change in the vision for the university department.

Surgery During the Last Decade and a Half

By Richard L. Cruess

When I became Dean, the majority of surgical procedures were carried out on in-patients using a very traditional approach. Most hospitals had made admission and discharge procedure more efficient, but even minor procedures were done using the hospital bed as the base. The effect of budget pressures and newer techniques have made an enormous difference in the surgeon's approach to an operation. The McGill network is approaching a situation where 60% of operations are carried out as out-patients. There are enormous advantages to the population and to society from an approach such as this, but it is the impression in the Dean's office that we are only beginning to address the educational implication of the changes. As has been emphasized by two successive chairs, residents at the present time are receiving less exposure to both pre- and post-operative management of relatively straightforward cases. As we begin to look into the future, undergraduate and postgraduate education must be modified in order to provide some educational continuity so that a student or a resident can follow the same patient from the time the diagnosis is made until the surgeon's role is finished.

The technical innovations in surgery have included both an increasing complexity to the procedures carried out and an increasing emphasis on minimally interventional surgical procedures. Virtually every discipline is now using some form of modified scope in order to carry out its procedures. The series of gallbladders which were recorded using the entire McGill network was a landmark achievement and shows what can be done when we work together. However, the impact on general surgery, orthopedics, urology, gynecology, and other disciplines has been enormous. At the other end of the scale, procedures of increasing complexity are carried out and this has certainly suggested that a greater centralization and rationalization of our resources will lead to better patient care, better education, and better research.

The final major factor has, of course, been the budgetary picture facing our institutions. It is probable that the other factors which have been operative during the last decade would have also forced us to allocate tasks to different institutions because of the necessity of sub-specialization, but the lack of resources has forced us to have a university wide vision of our role. This is just beginning, but if we are to remain competitive on the world scene, we must come together to a much greater degree and we must support each other's efforts to concentrate sub-specialized and expensive activities in a single institution.

As we look into the future, these trends will certainly continue. What will also become more important will be the ability of the Department of Surgery and its various divisions to add to their resource base from a variety of sources, including industrial contracts, private support, and perhaps a privatized sector as our legal framework evolves.

The Department of Surgery has a distinguished past and present. It appears to have the capacity to continue to evolve and I am confident that it will retain its status and its stature. ■

Letter from Dr. Susan Skanes

Susan is now in a busy active Plastic Surgery practice in Moncton New Brunswick. She received her Royal College Certification in General Surgery in 1989 following her residency training program at McGill, and that in Plastic Surgery in 1991 after residency programs both at McGill and at the Lahey Clinic in Massachusetts. In March 1994, she married an Acadian, Dr. Victor Robichaud, and they have a baby boy, Mathew Eric Skanes Robichaud born on January 24, 1995. She remembers fondly her training at McGill and appreciates receiving the Square Knot.



Letters to the Editor

We received letters from **Dr. Clarence James** of Hamilton, Bermuda and from **Dr. Breen Marien** (McGill 1949) of Montreal with generous donations to the McGill Surgery Alumni Association.

Letter from Dr. Lancelot K. Tin

Lancelot is in Oregon, Ohio where he is having to cope with extensive changes such as all kinds of managed care organizations - HMO; PPO; HPO, etc. He has passed the examinations of the Royal College in General Surgery, and also those of the American Board of Surgical Critical Care. He also has obtained his F.A.C.S. ■



C

COMMUNICATION SKILLS

There is an **ART** in talking to and about patients. Not everyone is a natural born communicator. Perhaps we have not paid enough attention to this skill in our Surgical Training Programs. Have you ever

been a witness to any of these scenarios?

Editorial

By E.D. Monaghan, M.D.

Scenario I

Surgeon taking a history, "You mean you have been taking that little white pill every day for twenty-five years and you don't know its name?" This is scolding the patient - bad communication skills.

Scenario II

X-ray technician to patient, "Your x-rays are OK, you may leave now." The technician is really referring to the quality of the films, but the patient misinterprets this announcement so as to mean that the X-rays are normal and leaves for home rather than returning to the Emergency Department - bad communications skills.

Scenario III

Some Residents doing Rounds enter the room of a patient who had an appendectomy last night. The family is there. However, the Residents are still talking about the patient in the previous room who had "a carcinoma of the colon with metastasis to the liver." The appendectomy patient and her family misinterpret this as involving them - bad communications skills.

Scenario IV

Service Rounds are being done in a four-bedded room. The clinical clerk presents the history of the patient in bed 2 and affirms that the patient is in for "radiation therapy to the spine because of a remote CA of the breast with metastasis to the spine." This is said in front of both the patient and in front of the other three patients in the room - bad communications skills.

Scenario V

In the clinic, a Resident brings you into a cubicle to see a patient who is lying on the examining table in the Sim's position to show you an anal fissure. Without knocking on the door and without introduction to the patient, immediate attention is focused on the perineum - bad communications skills.

Scenario VI

A patient's case history is presented at M&M Rounds and the presenter lists so many negative findings that you lose the gist - bad communications skills.

Scenario VII

You are taking a history on a patient who has been operated upon elsewhere. "The Doctor only told me that he removed a tumour from my stomach." - bad communications skills.

Many more examples could be cited. There is much emphasis nowadays in Medical Schools and Hospitals across Canada in order to improve these skills in their broadest sense from the dialogue between Surgeons and their patients to publications in peer review journals. The Royal College in its blue booklet entitled **General Standards of Accreditation Section B.VIc** stipulates the following: - *Communications skills should be assessed by direct observation of Resident interactions of patients and colleagues and by scrutiny of written communications to patients and colleagues including clinical and scientific reports, particularly consultation letters to referring physicians where appropriate.*

But good communication skills are difficult to teach. Basically, the core principle is just that of having good manners. One should talk to and treat a patient just exactly as the Surgeon himself or herself would like to be talked to and treated. At McGill, improvement in these interactions are taught both at the undergraduate level and at the postgraduate level. ■

Upcoming Events

Dr. Gerald Moss will be the First A.H. McArdle Lecturer for Surgical Nutrition on Sept. 7, 1995. He will talk on *Immediate Post-operative Enteral Feeding* at the MGH Grand Rounds. Dr. Moss comes from Troy, New York. He is the inventor of the Moss tubes.

The 64th Annual Meeting of the Royal College of Physicians and Surgeons of Canada in collaboration with **The Canadian Society for Clinical Investigation** will take place in Montreal, Sept. 13-17, 1995. **The Canadian Association of General Surgeons** will also meet at the same time and place.

The McGill University Department of Surgery Residents and Alumni Reunion will take place on Tuesday, October 24th, 1995 at 6:30 P.M. during the **81st Annual Clinical Congress of the American College of Surgeons** in the Sheraton New Orleans on Canal Street.

The L.D. MacLean Visiting Professor will be **Dr. William Pierce** from Hershey Medical Center in Pennsylvania on Nov. 16th, 1995. He is a world expert in cardiac assist devices and artificial heart.

The H. Rocke Robertson Visiting Professor in Trauma will take place some time in January 1996. **Dr. Kim Maul** is scheduled to be the Visiting Professor. He comes from Loyola University Medical Center in Illinois. ■

SEROLOGY:
Study of
Knighthood



Congratulations to Our Graduating Residents 1995

General Surgery

Renzo Cecere
David Greentree
Ahmed Jamjoom
José Mijangos-Palaez
Gary Salasidis
John Yee

Cardiothoracic

Kevin Lachapelle
Dominique Shum-Tim

Urology

David Eiley
Daniel Khouri
Sandeep Sawhney
Benjamin Tripp

Plastic Surgery

Hashim Balkhy
Phillip Dahan
Arthur Rideout

Neurosurgery

Karen Johnston
Mark Preul

Vascular

Lisa Alford
Patrice Nault

Orthopaedics

Richard Berkowitz
Ronald Castonguay
Carl Farmer
Cyril Rebel
Lisa Ronback



photo courtesy of McGill Surgery Dept.

Decreases in the Number of Residents and Medical Students at McGill 1995-1996

The government of the province of Quebec in its "Décret" has promulgated the following distribution of Residents for the 95-96 academic year. There are to be 330 new specialty positions divided amongst the four faculties of Medicine (320 "sans engagements" and 10 "avec engagements"). There are 75 positions for Surgery, 17 for Pediatrics, 94 for Medicine and 134 for other programs. There are 203 positions for Family Medicine.

For McGill, this translates into 83 Entries into Specialties as follows:

Surgery	General Surgery	10	} 21
	Neurosurgery	2	
	E.N.T.	2	
	Orthopaedics	4	
	Plastic Surgery	1	
	Urology	2	
Medicine		22	
Pediatrics		7	
Other	(incl. 6 Anesthesia)	33	

In addition, there will be 49 new residents in Family Medicine (this includes 3 in Emergency Medicine). Further, one of the 8 Canadian Transfer Positions will go to Pediatric Surgery and five of the new 9 slots under the American Quota will go to General Surgery (1), Neurosurgery (3) and Plastic Surgery (1). We will have 1 position in Surgery "avec engagement".

It is noteworthy that the 1st year medical class will have a decrease in admissions. Dr. Nelson Mitchell, ►

► Associate Dean of Admissions, informs us that there will be 94 Quebec Students, a decrease of 7 from the previous 101. In addition, there will be between 22 and 28 U. S. and Foreign students. It is established that the class will now number around at least 116 students compared to 164, 5 years ago. While this is mandated by the Ministries of Education and Health, to control medical manpower in the Province of Quebec, a smaller class size is more appropriate for our commitment to small group teaching in the New Curriculum. ■

EDM

Montreal Faces Hospital Closures

By E.D. Monaghan, M.D.

The Ministry of Health and Social Services has announced some important budget cutbacks that will be spread over the 16 Régie Régionales throughout the province of Quebec. The object is to reduce overall expenditures by \$1.4 billion over three years starting in 1995. The 1995 budget was set at \$12.5 billion before the cutbacks were announced. In 1995, there will be a \$550 million cut

of which \$340 million will come from the acute care sector and \$133 million from payments to physicians. It is expected that between 9,000 and 10,000 health care jobs will be lost in 1995. It is anticipated that, by 1997, there will be 2.5 acute care beds per thousand, with 5 beds per thousand in the long-term care sector.

In May, the Regional Council for Health and Social Services for Montreal Center issued a proclamation that it intended to close seven hospitals and to cease sponsoring two others. These measures would permit economies of \$178 million dollars. Almost a thousand Doctors, that is, more than 20% of medical personnel from Montreal would be affected by this important restructuring. In June, the Montreal Regional Health Board gave its final approval to close the Queen Elizabeth Hospital, The Lachine General Hospital, The St. Laurent Hospital, The Reddy Memorial and the St. Jeanne D'Arc Hospital. It will also cease to sponsor the Bellechasse Hospital and the Guy Laporte Private Clinic. Further, the Centre Hospitalier Gouin Rosemont and the Centre Hospitalier St. Michel would become centers for Long-Term Care.

The Catherine Booth Hospital in Notre Dame de Grace and the Villa Medica Rehabilitation Hospital on Sherbrooke St. East were spared after review.

Health Minister, Dr. Jean Rochon, defended these measures as being necessary not only for economic reasons, but also because "there are too many acute beds in Montreal". The Board's plan is to cut 1,224 beds and with the savings set up a new system in which hospitals, 30 CLSC's and 5,422 doctors in private clinics would work together to coordinate patient care.

The Regional Health Board based its conclusions on a credit or demerit system utilizing five criteria viz., proportion of beds filled, number of patients admitted, average length of stay, level of outpatient care, and the number of beds used by patients who did not need to be hospitalized.

There has been immediate negative reaction not only from the hospitals, but from many sectors of the Montreal area. One counter proposal has even been offered in which the Royal Victoria and Hotel Dieu Hospitals would close which would save \$270 million compared with the \$178 million the Board expects to save by shutting the aforementioned community hospitals. This was not accepted.

In Quebec City, the Centre Hospitalier de l'Université de Laval, the Hôtel Dieu and Hôpital St. François d'Assise have a unified medico-administrative structure. The *Enfant-Jésus* as well as *St. Sacrament* Hospitals have also requested to be "fused" to form a Centre Hospitalier Universitaire de Québec (CHUQ). There is much anger particularly by the 15,000 anglophones because the Quebec Regional Health Board intends to close the *Jeffrey Hale* Hospital. The "Jeff" which is 130 years old has 138 acute care beds and 20 long-term beds.

In Quebec City, there are 7.5 acute treatment hospital beds per 1000 population, whereas in Montreal there are 4.2 beds per 1000 population.

On June 20, Bill 83, the health reform bill, was passed by the government. It is expected that hospital closures will be as follows:

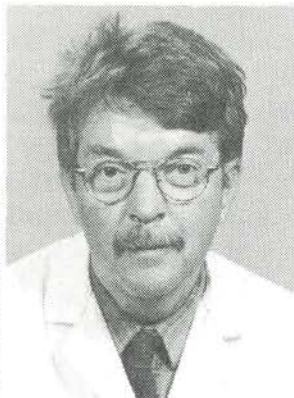
- April 1, 1996 - St. Laurent and Lachine General Hospitals.
- Sept. 1, 1996 - Queen Elizabeth and St. Jeanne d'Arc Hospitals
- Feb. 1, 1997 - Reddy Memorial and Bellechasse Hospitals.
St-Michel Hospital will convert to long-term care.
- April 1, 1997 - The last closings will be Gouin-Rosemont and Guy Laporte Hospitals.

The main elements of the health reform in Quebec, so far, are the horizontal mergers of facilities, facility shut downs and the expansion of the ambulatory care sector. However, given the time frame for the implementation of the reform, certain Régies Régionales are having difficulty funding the ongoing services during the transition period. ■

Dr. **Allen Van Beek** from Minneapolis, Minnesota was a Visiting Professor to the Plastic Surgery Program at McGill, April 12-13 1995.

Visiting Professors

Dr. Jean Deslauriers, Professor of Surgery at Laval University and Chief of the Division of Thoracic Surgery at Hôpital Laval in Sainte-Foy, Quebec, was this year's Stikeman Visiting Professor for Cardiovascular and Thoracic Surgery at McGill. Dr. Deslauriers lectures widely on an international level, and has trained many young thoracic surgeons from Quebec and from many other countries. He has developed an international reputation for his expertise in general thoracic surgery, particularly lung cancer, esophageal surgery and surgery for emphysema.



Dr. Jean Deslauriers

At the MGH Surgical Grand Rounds on Thursday morning, June 1, his topic was *The History of Surgical Approach to Emphysema*. In the afternoon at the RVH Rounds, Dr. Deslaurier's topic was *Principles of Tracheobronchial Reconstruction*.

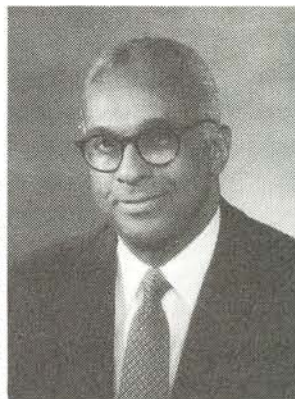
During the morning session, residents presented their research work and on Thursday evening during the annual dinner held at the Mount Stephen's Club, Dr. Brian Mott was the recipient of the 1995 Edward Charette Research Prize.

The Stikeman Endowment Fund for Surgical Advancement was established in memory of Richard Alan Stikeman in 1965 by the Stikeman family. The fund was mandated to be "people oriented", with the main objective to "sharpen people" who are engaged in the practice, training and research in cardiovascular and thoracic surgery. It is also a reunion of previous residents in CVT Surgery at McGill, providing a forum for professional, scientific and personal interactions among alumni, current staff and trainees. Thus, the Stikeman Visiting Professorship has become an outstanding occasion both for scholarship and friendship, significantly contributing to the development and vitality of Cardiovascular and Thoracic Surgery at McGill University.

Dr. C. W. Elston is Consultant Histopathologist at City Hospital in Nottingham, England. At the MGH on March 10, his talk was entitled *Making the most of histology - the value of traditional patho-*

logical factors in breast cancer. On March 9th at the RVH, he spoke on the following topic, *Assessment of Prognosis in Breast Cancer; Experience in the Nottingham Tenovus Primary Breast Cancer Study*.

Dr. LaSalle D. Leffall, Jr. was the seventh Fraser Gurd Visiting Professor on May 25, 1995. He is Professor and Chairman of the Department of Surgery at Howard University in Washington, D.C. His professional life has been devoted to the study of cancer, especially as it relates to African-Americans. He is President-Elect of the American College of Surgeons.



Dr. LaSalle D. Leffall, Jr.

On May 25th, 1995, he gave Surgical Grand Rounds at the MGH discussing *The Evolution and Changing Status of Surgical Oncology*. In the afternoon at Surgical Grand Rounds at the RVH, his topic was *The Diagnosis and Management of Soft Tissue Sarcomas*. That evening he

was the guest speaker at the Fraser Gurd banquet held at Le Westin Mont-Royal.

Dr. Robert K. Finley, Jr., Professor, Department of Surgery, Wright State University, School of Medicine, Dayton, Ohio visited McGill on June 8th. His topic at Surgical Grand Rounds at the RVH was *Practicing Surgery in Undeveloped Countries*. He spoke of doing Surgery in northwest Kenya and in Rwanda.

Professor Henrik Kehlet visited the Department of Anesthesia and Surgery at McGill during the week of March 20th. Professor Kehlet is a Surgeon at Hvidovre University Hospital in Copenhagen and a pioneer in the study of the effect of multimodal pain management on stress and surgical outcome. He gave the Surgeon's perspective on various types of peri-operative analgesia. His visit was sponsored by ASTRA Canada. ■

EKL

CAUTERIZE:



Made
eye contact
with her

AVERAGE DOCTOR'S AGE BY SPECIALTY - PROVINCE OF QUEBEC

The numbers following the specialty indicate the percentage of doctors over the age of 60 in that specialty.

Average Age	Specialty	Percent	Average Age	Specialty	Percent
42	Geriatrics	13	49	Plastic Surgery	20
45	Nuclear Medicine	20		Allergy and Immunology	21
46	Dermatology	10		Internal Medicine	29
	Medical Microbiology and Infectious Diseases	19	50	Orthopedic Surgery	23
	Radiation Oncology	19		Endocrinology	21
47	Neurology	13		Ophthalmology	24
	Rheumatology	17		Diagnostic Radiology	27
48	Gastroenterology	17	51	CVT	29
	Hematology	17		OBS/GYN	27
	Nephrology	17		O.T.L.	27
	Pediatrics	20		Community Medicine	29
	Pneumology	22		Urology	22
	Psychiatry	22	52	Anatomo-Pathology	35
49	Anesthesia	29		Neurosurgery	33
	Medical Biochemistry	17		Physiatry	32
	Cardiology	23	53	General Surgery	38

SOURCE: College of Physicians of Quebec.

Welcome Aboard to Our New Core Surgical Residents 1995-1996



RI

Khaled Al-Albdulhadi

(Ear, Nose and Throat)

Salem Al-Amri (Neurosurgery)**Hussain Al-Mutairi** (Orthopaedics)**Khalid Al-Othman** (Urology)**A'Ayeed Al-Qahtani** (General Surgery)**Craig Baldry** (General Surgery)**Abdollah Behzadi** (General Surgery)**John Borkowski** (Orthopaedics)**Margaret Chen** (General Surgery)**Victor Chu** (Cardio-Thoracic)**Philip Downer** (Orthopaedics)**Graham Elder** (Orthopaedics)**Paola Fata** (General Surgery)**Chantal Giguere** (Ear, Nose and Throat)**Felicia Huang** (General Surgery)**Emma Husain** (Orthopaedics)**Sandra Kay** (General Surgery)**Eric Labelle** (General Surgery)**Ayman Linjawi** (General Surgery)**Nancy Morin** (General Surgery)**Zubin Panthaki** (Plastics)**Jose Pires** (General Surgery)**Jose Adrian Prudencio** (Neurosurgery)**Archana Ramaswamy** (General Surgery)**Daniel Rosenstein** (Urology)**Jean-Pierre Souaid**

(Ear, Nose and Throat)

Adel Taha (General Surgery)**Carson Wong** (Urology)**Steven Zielinski** (Neurosurgery)**CONGENITAL:**

Friendly



FRASER GURD DAY BANQUET



*Dr. Rea Brown, Dr. Baird Smith
and Dr. David Mulder*



Dr. David Mulder and Dr. LaSalle Leffall, Jr.



Dr. David Latter and Dr. Jonathan Meakins



Dr. Taguchi and Dr. Benjamin Tripp



*Dr. Gerry Fried, Dr. Lucie Lessard
and Dr. Jeffrey Barkun*



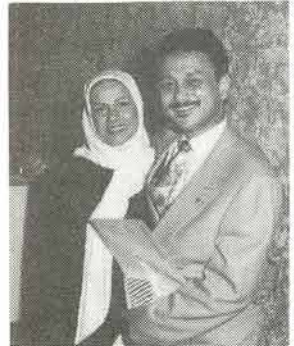
*Dr. William Fisher, Dr. and Mrs. Ronald Castonguay,
Dr. and Mrs. Richard Berkowitz*



*Madeleine Beaulne with Sarkis Meterissian
and Marcelle Lavoie*



*Dr. Sandeep Sawhney, Dr. Benjamin Tripp,
Dr. David Eiley and Carol Shear, Dr. David Greentree*



Dr. and Mrs. Hashim Balkhy



Dr. Peter Richardson and Dr. Harvey Brown



*Dr. José and Olga Mijangos
with Dr. Renzo Cecere and Natalie*



*Dr. Lawrence and Donna Rosenberg
with Dr. Nick Chrostou*

AWARDS

TEACHING EXCELLENCE AWARD (STAFF)

DR. OREN STEINMETZ

TEACHING EXCELLENCE AWARD (RESIDENT)

DR. AHMED JAMJOOM

BEST TEACHER (UNDERGRADUATE)

DR. DAVID LATTER

MAY 25, 1995

AWARDS

BEST CLINICAL SCIENCE RESEARCH AWARD

DR. JOSEPH TECTOR
"EX-VIVO XENOGENEIC
LIVER PERFUSION
AS A BRIDGE TO TRANSPLANT"

BEST BASIC SCIENCE RESEARCH AWARD

DR. JULIO FARIA
"ANALYSIS OF PHENOTYPIC
EXPRESSION IN
AN IN VITRO MODEL
OF ENTEROCYTE DIFFERENTIATION
BY DIFFERENTIAL DISPLAY
OF M.R.N.A."



*Dr. David Mulder, Mrs. Ruth Leffall,
Mrs. Norma Mulder and Dr. LaSalle Leffall, Jr.*



*Mrs. Blundell, Dr. Peter Blundell
with Dr. Lisa Alford*



Dr. Owen Steinmetz and Dr. Joe Helou



Dr. Julio Faria and Dr. LaSalle Leffall, Jr.



Dr. Joseph Tector and Dr. LaSalle Leffall, Jr.



Dr. Ahmed Jamjoom and Dr. Andrew Selly



Dr. Carl Farmer and Dr. Eric Lenczner



*Dr. Lisa Ronback, Dr. Najma Ahmed
and Dr. Delphine Glorieux*



*Dr. Jean Tchervenkov, Dr. Vinay Badwhar
and Dr. Jonathan Fridell*



Dr. Arthur Rideout and Dr. Bruce Williams



Dr. Hélène Flageole and Dr. J.M. Laberge



*Dr. Ronald Zelt, Dr. Andrew Hill
and Dr. David Owen*

photos courtesy of McGill Surgery Dept.

General Surgery Residents



photo courtesy of McGill Surgery Dept.

BACK ROW (L to R) Louis-Phillipe Palerme, Marc Pelletier, Vinay Badhwar, Kent Mackenzie, Talat Chughtai, Danny Enepekides.
FRONT ROW (L to R) Jody Bothwell, Marian Blumenkrantz, Andrew Seely, Jonathan Fridell, Liane Feldman, Eric Keyser-Gauvin, Daniel Swartz.

URINE:
Opposite of
"your out" 

Administrative Support Staff

The faculty is genuinely appreciative of the fine work and dedication of these hard workers shown here at the Fraser Gurd Dinner.

Sitting at the table are Gloria Morgan, Emma Lisi, Rita Piccioni, Maria Bikas and Maria Betancourt. Standing are Suzanne Dupont, Madeleine Beaulne and Cathy Torchia. ■

EDM



photo courtesy of McGill Surgery Dept.

Dr. Jeffrey Barkun of the RVH presented a lecture entitled *Biliary Tract - Laparoscopic Cholecystectomy - Outcomes and Costs: The Montreal Experience*

KUDOS !!

at the meeting of the Society of American Gastrointestinal Endoscopic Surgeons (SAGES) which was held in March at Walt Disney World in Lake Buena Vista, Orlando, Florida. SAGES is an organization of more than 2,800 surgeons which fosters academic, clinical and research excellence in endoscopic surgery.

Dr. Paul Belliveau was Visiting Professor at the University of British Columbia from May 24th to May 26th. On July 1st, Paul becomes the Chief of the Blue General and Oncological Surgery Service of the RVH. He replaces **Dr. E.D. Monaghan** who has held that position since 1984.

Dr. Ray Chiu was the Invited Speaker at the International Symposium on Myocardial Protection in Chicago, and at the International Circulatory Support meeting of the Society of Thoracic Surgeons in Pittsburgh, both in October of 1994. He also presented a paper at the Society of Thoracic Surgeons in Palm Springs in January 1995 on *Myocardial Regeneration*. He was an Invited Faculty at a Symposium on Biomechanical Support for Heart Failure at the American College of Cardiology meeting in New Orleans in March 1995, and a Visiting Professor at the Shanghai Chest Hospital in Shanghai, China in April 1995. He was in China as a guest speaker to the Chinese National Conference for Medical Residencies sponsored by the Ministry of Health of the People's Republic of China. This conference was to develop a national system of graduate education in medicine, and Dr. Chiu was asked to introduce the North American System of

Graduate Education to them both for medical specialists and family physicians. The new system being developed in China could eventually affect the quality of health care affecting a population of 1.2 billion in that country. Two delegates from each of the 28 provinces attended this policy conference. The magnitude of its implication can be glanced that a single province of Chiang-Su, where this conference took place, has a population of 70 million, more than twice that of all of Canada. Dr. Chiu was the Invited Speaker at a Symposium on Impact of Molecular Biology on Cardiovascular and Muscle Disease held in May 1995 at the State University of New York Health Science Center in Brooklyn, New York. Dr. Chiu was awarded the "Membre a l'Honneur" at the annual meeting of the Association of Cardiovascular and Thoracic Surgery of Quebec held at the Manoir Richelieu in June 1995.

Dr. Nicolas Christou of the RVH has been appointed President-Elect of the Surgical Infection Society (SIS). Along with **Dr. Jonathan Meakins**, **Dr. Julius Gordon**, **Dr. John Yee** and **Dr. Lloyd MacLean**, he co-authored a paper presented at the American Surgical Association entitled *The Delayed Hypersensitivity Response and Host Resistance in Surgical Patients: 20 Years Later*. This gave a 20 year follow-up of research on anergy done at the RVH to a very prestigious society.

Dr. Martin Entin, McGill M.Sc'42 and MD'45 received a Distinguished Service Award in November of 1994 from the RVH. This award is given yearly in recognition of achieving a high degree of professional competence. It is noteworthy that Dr. Martin Entin has served the Royal Victoria Hospital for 40 years. He is also Vice-President of the McGill Sigma Xi Research Society which promotes science and

mathematics among high school students. Dr. Entin has been re-elected President of the Canadian Authors Association, Montreal Branch for 1995.



With the collaboration of medical schools across Canada, **Dr. David Fleiszer** of the MGH has started a consortium to put together a library of electronic medical images for teaching purposes. There is strong business support from Kodak, Canadian Aviation Electronics and Merck Frosst. The ACMC, the Royal College and the Medical Council of Canada have all agreed to participate in this endeavor.

Dr. Daved Forbes, orthopaedic surgeon for over 30 years at St-Mary's Hospital, retired in June. A farewell dinner was held for him at the Royal Montreal Golf Club by his colleagues, **Drs. Jim Sullivan**, **Jack Sutton**, **Paul Stephenson** and **Ron Dimentberg**. His wife Patricia, who is a pediatrician at the MCH, will strive to accompany him in his travels.

Dr. Michel Gagner who graduated from the McGill Postgraduate Training Program in General Surgery in 1988 has left the Hôtel Dieu de Montréal for the Cleveland Clinic where he has been named Director of the Section on Minimal Invasive Surgery.

Dr. Philip H. Gordon as President of the American Society of Colon and Rectal Surgeons hosted the annual meeting here in Montreal May 7th to the 12th, 1995. On Monday, May 8th, he gave the presidential address to a large appreciative audience. It is noteworthy that at the same meeting **Dr. Phil Gold**, Physician-in-Chief of the MGH gave a presentation entitled *The Study of CEA 1965-1995: My Life in a "Millimorgan"*.

Congratulations to **Drs. Andrew Hill** and **Margaret Fraser** on the birth of their son, Fraser on March 4th, 1995, weighing 7 pounds 3 ounces at St. Mary's Hospital. ►



► **Dr. David Latter** was awarded the RVH "Outstanding Teacher Award - Commitment to Excellence" by the class of 1993-94.

Dr. Lloyd D. MacLean immediate Past-President of the ACS was one of the guest speakers at the meeting of The American Society of Colon and Rectal Surgeons in Montreal in May of 1995. His subject was *Medicare in Canada - A 25 Year Follow-Up*. Lloyd was a Visiting Professor at the Robert Wood Johnson Medical School in New Brunswick, New Jersey on June 27th and 28th, 1995. It is noteworthy that **Dr. Alan Graham**, formerly a member of the RVH Surgical Staff is currently the Chief of Vascular Surgery at that centre. Lloyd also had the happy occasion to be a participant at the Shouldice Hospital in Toronto for the 50th Anniversary International Symposium on Hernia Repair in June.

Dr. Carl Nohr is taking a leave of absence for one year. During this time, he will be experiencing community practice in Medicine Hat, Alberta, thus improving his ability to train surgeons.

Dr. Christopher Oung has received the 1995 Ethicon Endosurgery Research Grant from the Quebec Association of General Surgeons for his project *Hemodynamic Effects of Carbon Dioxide Pneumoperitoneum versus Laparolift in Laparoscopic Surgery*, which was presented during the annual meeting in Quebec City in June 1995. Dr. Oung also succeeded in obtaining funds from the Quebec Government in the amount of \$18,000. for the McGill General Surgery Training Program at Mont Laurier Hospital.

Dr. Hani Shennib has been busy. He became a member of the American Association of Thoracic Surgeons in May 1995. Last November 1994, he was a Visiting Professor at the Mayo Clinic. He gave a

lecture on *Chronic Irreversible Graft Dysfunction After Lung Transplantation*. He has been asked to join the Editorial Board of SESAP by the American College of Surgeons Continuing Education Committee. In April of 1995, he chaired several sessions at the International Society of Heart and Lung Transplant meeting in San Francisco. In June in Luxembourg, he gave a lecture on the *Evolution of Strategies in the Localization of Lung Nodules for Thoracoscopic Resections* at the Third International Congress on New Technology and Advanced Techniques in Surgery.

Dr. Henry R. Shibata has been honored by the Canadian Society of Surgical Oncology which established a lectureship in his name. President, **Dr. John MacFarlane**, has organized this and the first invited lecturer is Dr. Ian Tannock, Chairman of Medical Oncology at the Princess Margaret Hospital of Toronto. The CSSO held its Annual Scientific Meeting in April in Toronto and Dr. Tannock's **Shibata Lecture** was entitled *Cancer of the Great Toe: A Clinical Approach to the Interpretation of Clinical Trials*.

Dr. Barry Stein of the JGH was Chairman of the Local Arrangements Committee for the meeting of the American Society of Colon and Rectal Surgeons held at the Queen Elizabeth Hotel and Convention Centre in Montreal May 7th to 12th, 1995. Barry also informs us that the Colo-rectal Manometry Lab has been opened at the Jewish General Hospital.

Dr. Marvin Wexler has been promoted to the rank of Professor, Departments of Surgery and Oncology, McGill. He organized and moderated a Panel Discussion entitled *The Use of Performance Measures and Outcome Evaluations in Managed Care* at the spring meeting of the American College of Surgeons in Boston, April 1995. This was part of the Assembly for General

Surgeons which had as its theme "The General Surgeon, the Patient and Managed Care". The session was attended by over 2,000 surgeons. In addition, a video entitled *Laparoscopic Herniorrhaphy - A Preperitoneal Approach* produced by Marvin and Dr. Meakins was chosen for presentation. In March 1995, along with **Dr. Jeffrey Barkun**, he presented their preliminary results on *Laparoscopic Versus Open Inguinal Herniorrhaphy - A Randomized Controlled Trial* to the Central Surgical Association in Cleveland, Ohio.

Drs. Hinchey and Meakins were co-participants of this work which will be published in the October issue of the Journal "Surgery". In May, he was a principal participant in an evening program entitled "Women and Wellness - Update on Women's Health Issues" sponsored by Women's Federation of Federation CJA and gave a 45 minute presentation on *Treatment of Breast Cancer - Past, Present and Future*.

Dr. H. Bruce Williams was a Visiting Professor at the Medical College of Wisconsin in Milwaukee, March 14-16; at Albany Medical College in New York, March 29-30; and at Yale University in New Haven, Connecticut, April 26-27, 1995. Dr. Williams was also an External Reviewer of the Division of Plastic Surgery, University of Saskatchewan in Saskatoon, April 4-5; and of the Department of Surgery, King Edward VII Memorial Hospital, Hamilton, Bermuda, April 11-13, 1995. Bruce has organized along with a plastic surgeon, **Dr. René Crepeau**, that McGill Plastic Surgery Residents continue to visit the northern communities of Povungnituk and Kuujuak. This facilitates better understanding between local communities and the Department of Surgery here at McGill. ■



ENEMA:
Not
a friend



Achievements of Residents and Fellows

Dr. **Ibrahim Al-Sheneber** presented a paper at the April meeting in Toronto of the Canadian Society of Surgical Oncology entitled *Small Bowel Resection for Metastatic Melanoma*.

Dr. Najma Ahmed presented a paper to the Surgical Infection Society entitled *Modulation of Human Neutrophil L-Selectin During the Systemic Inflammatory Response Syndrome is Partly Mediated by Tumor Necrosis Factor- α* . This will be published in the Archives of Surgery next spring. Najma will be the recipient of the Glaxo Canada Fellowship Award which is given through the Canadian Infection Disease Society for residents who carry research on surgical infections. She was presented this award which is for one year's salary at the meeting of the 19th International Congress of Chemotherapy in Montreal, July 16-21, 1995.

Dr. John Antoniou, fourth year orthopaedic surgery resident and a McGill Ph.D. candidate, received the Canadian Orthopaedic Association's COR/ACOR award for 1995. This was for a project entitled *Quantitative Magnetic Resonance: Diagnostic Tool of Intervertebral Disc Matrix Integrity and Turnover*. This award is given to the best research by a young Canadian orthopaedic resident.

Dr. Frank Campanile, a graduate of our program in Plastic Surgery, started a Hand Fellowship at Ohio State University in August of 1995.

Dr. David Clas has been named an Assistant Professor in the Division of General Surgery and Critical Care at the Maison-neuve-Rosemont Hospital.

Dr. Julio Faria has received a fellowship award from the FRSQ (Fonds de Recherche en Santé). Julio is registered in the Ph.D. program in Experimental Surgery under the co-supervision of Gary E. Wild, MD, PhD, FRCP. His research focuses on *Differential Gene Expression in Colon Carcinoma*. Working with **Dr. Judith L. Trudel**, Julio presented a paper at the 1994 Surgical Forum of the ACS and has had two posters accepted for presentation at the 1995 American Gastroenterological Association meeting in San Diego, and at the 1995 American Society of Colon and Rectal Surgeons meeting in Montreal respectively.

Dr. Hélène Flageole is going to do pediatric surgery in Belgium on a McLaughlin scholarship for one year.

Dr. Frank Fleming, a graduate of our Plastic Surgery Program, has taken up practice in Seattle, Washington, July 1st, 1995.

Dr. Ezat Hashim and his wife Carole Picard are the proud parents of a son Julien Albert weighing 9 pounds 1 ounce born on May 20, 1995.

Dr. Teanoosh Hosseinzadeh started a Hand Fellowship in Plastic Surgery at the Medical College of Wisconsin in July 1995.

Dr. Brian Mott presented a poster at the Moderated Poster Session on Tachycardia Induced Cardiomyoplasty of the 17th Annual Meeting of the North American Section of the International Society of Heart Research on *Effects of Adynamic Cardiomyoplasty on Ventricular Function in a Rapid Pacing Heart Failure Model* on May 20th, 1995, Orange Beach, Alabama.

Dr. Steve Paraskevas was awarded a Canadian Diabetes Association Research Fellowship to conduct work on his M.Sc. project entitled *Factors Mediating Cell Sur-*

vival in Isolated Human Islets. Dr. Paraskevas is working under the supervision of **Dr. Lawrence Rosenberg**.

Dr. Baird Smith is an Assistant Professor of Pediatric Surgery at Stanford University effective July 1st, 1995.

Dr. Mitchell Stotland won first prize (basic science) at the Canadian Society of Plastic Surgeons 49th annual meeting in Saskatoon, June 9, 1995 for a paper entitled *E- and L-Selectin Adhesion Molecules in Reperfusion Injury*. The co-author on this paper was **Dr. Carolyn Kerrigan**. Mitchell also co-authored a paper *The Effects of TNF in Ischemia-Reperfusion Injury of*

Myocutaneous Flaps and Skin Flaps and a poster E-Selectin Expression in Flaps Subjected to Different Types of Ischemia presented at the 40th annual Plastic Surgery Research Council in New York City in May of 1995. The latter papers were co-authored by **Dr. Changzheng Wang** and **Dr. Carolyn Kerrigan**.

Dr. Audrius Zibaitis, Dr. Chiu's Research Fellow, presented an abstract entitled *Differentiation of Satellite Cells Implanted Intracardially: Confluence-Effect Hypothesis* at the 17th Annual Meeting of the North American Section of the International Society of Heart Research on May 21st, 1995, Orange Beach, Alabama.

Dr. John Yee is the recipient of the Miles Pharmaceutical Infection Disease Fellowship Award starting July 1996. John also received the New Resident Research Award co-sponsored by the CSCI and the MRC. John is shown here with **Dr. Gerry Fried** at the Fraser Gurd banquet. Also, John and his wife Cindy are the proud parents of a son, Justin Timothy, born at the RVH on June 29th, 1995, weighing 6 pounds 14 ounces. ▶

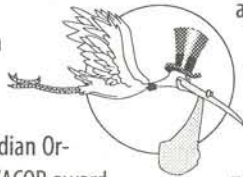




photo courtesy of McGill Surgery Dept.

Dr. John Yee and Dr. Gerry Fried

Dr. Balford Mount resigned as Director of the Royal Victoria Hospital Palliative Care Unit and as the Flanders Professor of Palliative Care at McGill. He plans to leave the province because of decisions by the Quebec Govern-

Dr. Bal Mount Resigns

ment resulting in budget cuts to Palliative Care which has made it impossible for him to continue. In the past year, the VIC's palliative care beds were cut from 16 to 12. They were re-opened thanks to an anonymous donor. In October, house calls by palliative care doctors were limited. Later on, a nursing position was cut. The last straw was when staffing in the Palliative Care Unit was decreased to 126 hours per week from 244 hours.

Bal Mount initiated the Royal Victoria Hospital's Palliative Care Unit in 1975, modeling it after St. Christopher's Hospice in London. He has literally put his heart and soul into this unit in order to make it function properly. He leaves because of continuous erosion of both the quantity and quality of care of both the unit and its outside services. ■

EDM

BAD HOSPITAL:



Instead of calling you a "patient", they say "plaintiff"

The McGill Women's Surgical Society has been successful in the design of a new scarf available to all active and retired surgical staff and alumni. The founding members include Dr. Najma Ahmed, Dr. Sarah Bouchard, Dr. Annie Fecteau, Dr. Hélène Flageole, Dr. Stephanie Helmer, Dr. Delphine Glorieux, Dr. Lisa Ronback, and Dr. Heidi Tonken.

New Women's Scarf Available

If you would like to purchase this scarf, please contact **Ms. Maria Bikas**, Secretary, McGill Surgery Alumni Office, The Montreal General Hospital, 1650 Cedar Avenue, Room C9.126, Montreal, Quebec H3G 1A4. Telephone: (514) 937-6011 ext. 2028.

The cost is **\$95.00**. Postage and Handling add **\$2.00** per item. ■



Obituaries

Mathew Henry Vincent Young M.D., C.M., F.R.C.S. (C), F.A.C.S., F.R.C.O.G. died at Summerside, P.E.I. on June 22 1995 after a long illness in his 75th year. Born in Ottawa, "Vinnie" graduated from McGill in 1944. He was an Associate Professor of Obstetrics and Gynecology and practiced at the RVH for 35 years. Later on, he was Chief of Obstetrics and Gynecology at the Lakeshore General Hospital. He leaves to mourn his wife Mary (Porter), daughter Janet (Hossack), son-in-law Duncan, daughter Pamela, grandsons Charles and James. Predeceased by his daughter Catherine Mary and his brother Dr. Gordon Young. ■

EDM

Dr. A. Hope McArdle, Associate Professor of Surgery, retires this year following over thirty years of service in the research laboratories of the University Surgical Clinic at The Montreal General Hospital. Dr. McArdle received her Ph.D.

Dr. A. Hope McArdle's Retirement

in Biochemistry from McGill University, and was appointed by Dr. Fraser Gurd as a basic scientist to collaborate with surgeons during their research year. She was the first woman and Ph.D. to be appointed to the Department of Surgery at McGill University. She has been Assistant Director of the University Surgical Clinic, and over the years trained a number of Ph.D. and

photo courtesy of McGill Surgery



Dr. Ernest W. Richards presenting a plaque to Dr. A. Hope McArdle

M.Sc. students. She has taught generations of surgical residents passing through the University Surgical Clinic. One of her major contributions was the development of an elemental diet for which she collaborated closely with Dr. Gustavo Bounous. Dr. McArdle participated in the animal and clinical trial phases of this diet, actively participated in the nutritional management of critically ill patients, and was primarily instrumental in the establishment of the Nutritional Support Service at The Montreal General Hospital.

A retirement party was held at the Faculty Club of McGill University on May 26th, 1995. Her associates, residents and laboratory personnel, many from decades ago, returned to pay tribute to her. Dr. Ernest W. Richards, Clinical Research Associate, Cancer and AIDS Support of Medical Nutrition of Ross Laboratories presented a plaque to her acknowledging her research excellence and in recognition of over four decades of distinguished research, outstanding contributions to the field

of clinical nutrition, and the lives she has helped through these accomplishments.

The entire McGill Department of Surgery wish her a very happy retirement. ■

EKL

A generous business leader and an imaginative surgeon combine to offer the Surgical Research Laboratories in the University Surgical Clinic of The Montreal General Hospital a unique approach to enhance research productivity in these labs. Mr. C.F.G. Heward, Chil to friends, is the Chairman and Chief Executive

C.F.G. Heward Visiting Scientist for Surgical Research

Officer of C.F.G. Heward Investment Management Limited, a company founded in 1981 to provide global investment strategy to its clients. When approached by Dr. Peter E. Blundell, senior cardiovascular and thoracic surgeon at The Montreal General Hospital, to contribute support for the surgical lab, he responded rapidly with a sizeable cheque and promises of more to come.

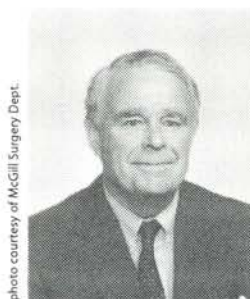


photo courtesy of McGill Surgery Dept.

Dr. D.F.G. Heward

Designated as the "Heward Visiting Scientist Fund", it allows our investigators to identify and invite a specific scientist who can contribute directly to an ongoing project in our lab to come for a short visit. Unlike visiting professors, these scientists get down to discuss and work in the lab directly with the investigators and research fellows, in order to transfer their specific knowledge and skills. During the working dinner, the exchange of ideas continue. No ceremonial lectures or banquets here! The benefits to our researchers are concrete and immense. Mr. Heward's support, like his investments, reflects his global vision, enhances our research and ultimately our patient care. ■

When approached by Dr. Peter E. Blundell, senior cardiovascular and thoracic surgeon at The Montreal General Hospital, to contribute support for the surgical lab, he responded rapidly with a sizeable cheque and promises of more to come. Designated as the "Heward Visiting Scientist Fund", it allows our investigators to identify and invite a specific scientist who can contribute directly to an ongoing project in our lab to come for a short visit. Unlike visiting professors, these scientists get down to discuss and work in the lab directly with the investigators and research fellows, in order to transfer their specific knowledge and skills. During the working dinner, the exchange of ideas continue. No ceremonial lectures or banquets here! The benefits to our researchers are concrete and immense. Mr. Heward's support, like his investments, reflects his global vision, enhances our research and ultimately our patient care. ■

R.C.-J. Chiu

HANGNAIL:
Coat Hook



Canada's Health Care Delivery System A 25 Year Follow-Up

By L.D. Maclean

The concept of prepaid health care was first seriously considered in Canada in 1919 and was part of the Liberal party platform at that time. We have taken six additional decisions to establish the present system. In

1945, the Federal Government wished to encourage prepayment for disabilities, unemployment, sickness and old age but agreement on methods of payment

was not agreed upon at that joint meeting of the Federal Government and the provinces. Saskatchewan took the first step and provided prepaid hospital services in 1946. We got national hospital services in all provinces but Quebec by 1957, i.e., the Federal Government paid for one-half of the costs if the provinces met established criteria. This created a windfall for Saskatchewan which introduced medicare on their own in 1962 and we had national medicare with the Federal Government picking up 50% of the costs by 1968 in all provinces but Quebec. By 1970 Quebec agreed, with the provision that there would be no overbilling. This became a component of the Canada Health Act in 1987 for all provinces and we now provide for the population, with a few exceptions, universal health care which is compulsory. It is reasonably accessible, in that there is no user fee. It is comprehensive, providing for most diagnostic and therapeutic acts. It is generally portable, although Quebec citizens are having difficulty being looked after in the province of Ontario where the fee structure is higher. This scheme is publicly administered, that is, it is non-profit and there is no balanced billing. These characteristics fit in with our egalitarian society and most of the goals of the system have been met. These being:

- ① Health services are available to all citizens on equal terms.
- ② Means testing has been eliminated.
- ③ Costs are assumed by senior governments and not by local communities, that is, the provinces and the Federal Government.
- ④ Costs are not borne by the sick or those able to obtain voluntary insurance, but by all earners in accordance with their ability to pay, that is, the income tax.
- ⑤ Administration is by non-profit public agencies accountable to legislators and voters.

As stated by Rashie Fine, most Canadians would agree that

"programs for the poor over time become poor programs". A single standard of care is the Canadian objective.

Some of the positive features 25 years later appear in Table I:

Table I:

Costs do not determine our behaviour
Less doctor bashing
It is a sought after profession
Neonatal mortality has gone down
Billing is simple and administrative costs are low
Life expectancy is increased

There has been a dramatic decline in neonatal mortality in Canada, ranking it one of the top countries of the world. Canada is also a leader in life expectancy for both females and males. There are 4 applicants for each first year position in our 16 medical schools. The ratio in the USA is 1.4 to 1.

The administrative costs of the Canadian system is 4% of the total health care spending, while in the USA it is 20%. Funding of health care in the United States is from the bottom up, that is, one calculates how much it costs to treat a fractured femur and extrapolate that to all fractured femurs which invites micro-management. In contrast, in Canada, we are subject to global budgeting. We finance health care from the top down. That is, we must accommodate everything we wish to do as Physicians and Surgeons, but our activities are less subject to micro-management and leave more autonomy to individual physicians.

Methods of remuneration in Canada include fee for service, payments on a sessional basis, and salaries. Most Surgeons in Quebec, at least, work for a fee for service, but it is possible to receive remuneration on a sessional basis if one wants to spend one day a week in the Intensive Care Unit and receive a stipend for this, with the understanding that no operations or clinic activities are carried out during that period of time. ►

Table II: Negative features, 25 years later

Hospital budgets have decreased
We share a global budget
Incentives are reversed
Fees are low
Quality is not encouraged
Disincentives to recent graduates are prevalent
Control of new trainees
New technologies in short supply

► Up until approximately one year ago, hospital budgets did not actually drop, but did not keep up with inflation. These budgets are now being absolutely diminished. There are a number of activities within the hospital which could be provided outside the hospital which diminishes the global budget for activities that cannot be performed anywhere else. Incentives which reward excellent care and large patient load detract from other activities and create interprofessional tension. For example, a very effective cardiac team can be expensive for the hospital even though the service provided is superb. Fees are low in this country, especially in Quebec which has the lowest fee schedule in Canada, and lower than in the United States. The scheme encourages a single level of care which need not be of high quality. There are disincentives to recent graduates in that trained Surgeons with perhaps a very narrow specialty interest, which prevents them from working in rural areas, receive only 70% of the stipend for their activities if they remain in cities in the province. New technology is in very short supply compared to the United States. For example, there are only 50 CT scanners in all of Quebec which has 140 acute care hospitals.

Table III: Fee Schedule, Quebec

Colonoscopy	\$100
Right hemicolectomy	\$380
Left hemicolectomy	\$460
Total proctocolectomy and pouch	\$840
Abdominoperineal resection	\$620
Mean Gross Income General Surgeon	\$195,801 in 1994
Procedures per Surgeon	\$4,332 in 1994

Table III will be of interest to those of you doing colorectal surgery. Despite the low fee schedule, the mean gross income of General Surgeons last year was \$195,801. This income, while gross, is not subject to major expenses for collecting fees which is truly minimal nor deductions for practice insurance which for a General Surgeon is approximately \$5,000 per year. This table does emphasize the large amount of activity of the General Surgeon. The number includes all codes submitted by the 435 General Surgeons in the province of Quebec, office visits, as well as operative activity. If a total colectomy plus cholecystectomy is done, this would count as two bills to the government. This is a level of activity that far exceeds that common in the United States. If a General Surgeon in Quebec works 5 days a week and 11 months a year, he or she will bill for 18 procedures/day.

We have recently seen a change in health care delivery espe-

cially in the province of Quebec. We refer to the early 70's as the "good old days" when the number of trainees and their activities in the teaching hospitals were determined by the needs of those institutions not the needs of the community. The government recognized this in the 80's and proceeded to limit the numbers who could be taken into various specialties and increase the number of people to be trained as Family Physicians, but did not solve the problem of getting specialists to rural areas. We call the 90's the "not-so-bad period" or the managed market which is now prevalent in which the government does consult with all hospitals, universities, the Federation of Medical Specialists, the Federation of Family Physicians, the Federation of Residents and other interested groups. There has been much more agreement on appropriate goals which include the following: the production of the right number, mix and type of physician to look after the population; to maintain the 1986 population to MD ratio which is approximately 450:1; and to maintain a 50:50 ratio of Family Physicians to Specialists.

There is one position in a training program for each person graduating in Medicine in the province. This number has dropped over the last decade from 650 to less than 500, and in the next five years the graduates of the four medical schools will be down to approximately 450. The number of people trained in each specialty is determined more at the practice level rather than at the training level programs, and every attempt has been made to have only three types of hospitals in the province. Firstly, a local hospital which has available Anesthesia, General Surgery, Internal Medicine, Diagnostic Radiology, Pathology, Ob/Gyn, Pediatrics, Orthopedics and Psychiatry. A Regional Hospital has the Medical and Pediatric subspecialties, the Surgery specialties, laboratory specialties and Community Health. Tertiary Care Hospitals provide in addition to some of the other activities, CVT Surgery, Transplant, Neurosurgery and Radio-Oncology. There is extensive data available on Physicians' and Surgeons' activities within the province so that one could predict on the basis of work week, waiting lists, and age how many in each specialty should be trained. For example, there are 7.39 General Surgeons per 100,000 of the population in Quebec, 58% are over 50, and 30% are over 60. The weekly work hours are 44 which is higher than Ontario and it has been concluded on this basis that more General Surgeons should be trained and more have been recruited into the training programs within the province. The opposite exists for pediatricians where there is a lesser need, and so fewer training spots have been provided.

The increased number of residents going into Family Practice, because it was the only residency available for many graduates during the period when the government ran things ►

► independently, has created an excess of the Family Physicians that will not decrease to the required number until 2015. The opposite is occurring in the Specialties and there will be a much greater need after the year 2000 than is being provided for by current recruiting methods.

THE FUTURE: PUBLIC VS PRIVATE CARE

A majority of doctors in Canada would welcome a private sector, but a majority of patients and tax payers would prefer that the public delivery health care system remain a public responsibility. Health care economists point out that already 28% of health care delivery in Canada is private, but this does not include doctor fees or medicare, but does include long-term care beds, drugs for patients outside the hospital under the age of 65, and physiotherapy and rehabilitation. I am not convinced that a private system would increase the health of the citizenry. Waiting lists with few exceptions are reasonable.

OUTCOMES

It is becoming quite clear that we will be increasingly responsible for accounting for patient outcomes. There is wide disparity in outcomes across the population. In procedures as

simple as herniorrhaphy, there will be increasing responsibility to make sure that recurrence rates are acceptable across the entire population.

APPROPRIATENESS OF TREATMENT

This, like quality of care, is the responsibility of the medical profession. If we look after it carefully, our remuneration will remain satisfactory and we will retain independence of activity.

THE NUMBER OF MDS TRAINED

It is quite clear that fewer physicians in general and even specialists can look after the population. The challenge will be for us to govern ourselves and remain independent and not succumb to the paternalistic role of government.

There have been important changes in health care delivery in Canada and in Quebec over the last decade, and they are not all bad. As Robert Louis Stevenson said, "Life is not a matter of holding good cards, but of playing a poor hand well". ■

MEDICAL STAFF:

A Doctor's
Cane



University Surgical Clinic
- Research Directors and Fellows 1994-1995



photo courtesy of McGill Surgery Dept.

UNIVERSITY SURGICAL CLINIC - RESEARCH DIRECTORS AND FELLOWS 1994-1995

- TOP ROW (L to R)** Audrius Zibaitis, Lawrence Rosenberg, Hope McArdle, Ray C.-J. Chiu, David S. Mulder, Andrew Kay, Greg Stackpool
- FRONT ROW (L to R)** Nabeel Khojah, Mohammed Al-Zahrani, Allan Lee, Brian Mott, Ed Harvey, Joe Tector, John Tsang, Steve Paraskevas.
- ABSENT** Anie Philip, Ali Ahmadi, Florian Wagner, Adel Taha, Antoanetta Illieva, Nahel Elias, Julio Faria, Nick Tchervenivanov, Chris Oung, Songyang Yuan.