Communicating with physicians in Alberta

March 2014

Vital Signs

A Calgary and Area Medical Staff Society publication

Vital Signs welcomes the central zone MSA

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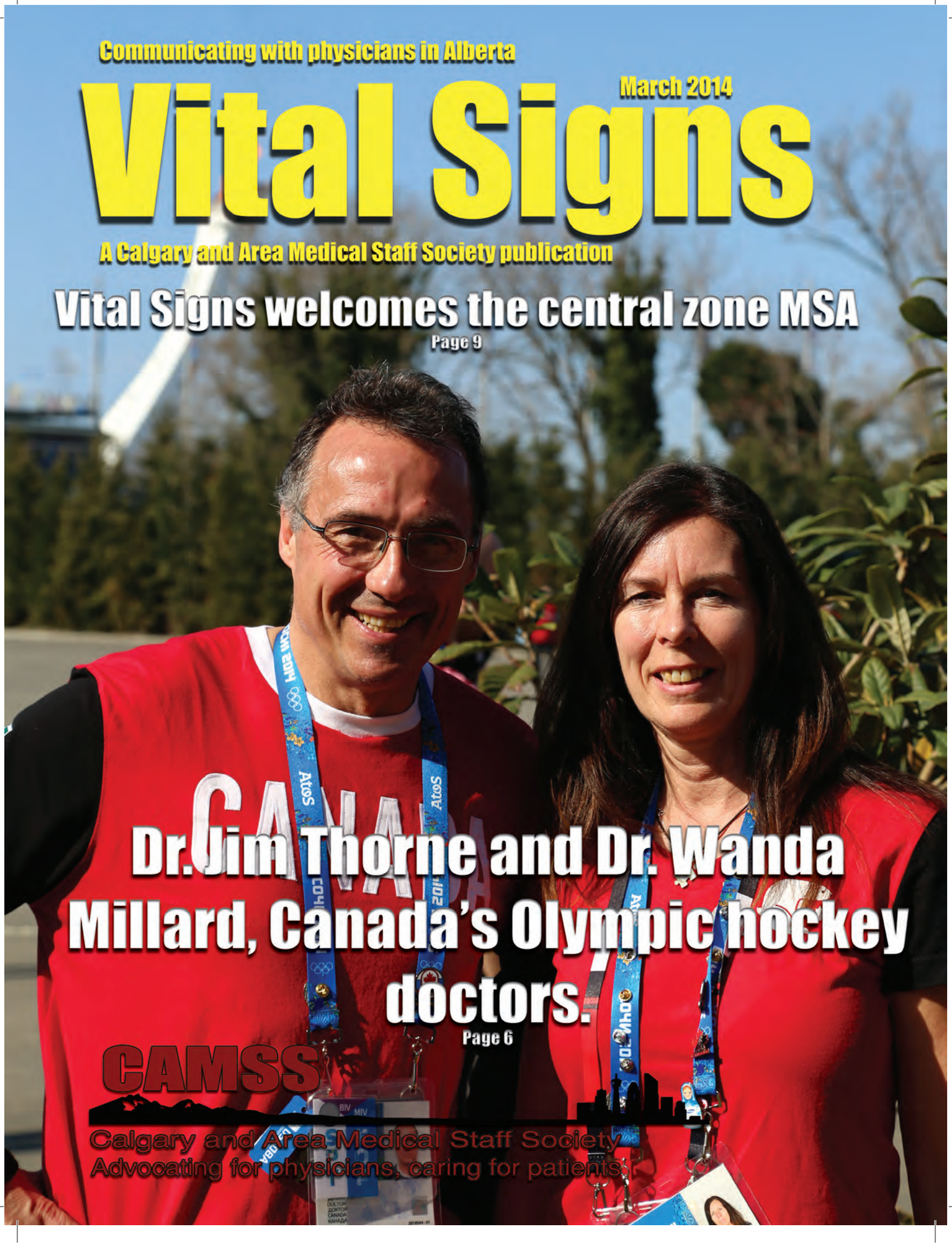

Dr. Jim Thorne and Dr. Wanda Millard, Canada's Olympic hockey doctors.

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Second annual symposium — Humanities in health care

Thursday and Friday March 6 & 7, 2014
Health Sciences Centre
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In the case of CAMSS you have the option to designate a specific MSA:
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On the cover: Dr. Jim Thorne and Dr. Wanda Millard at the Olympics in Sochi.
Photo supplied by Jim Thorne

From the CAMSS president

AHS still looking for CEO. And welcome central zone!

The ongoing CEO search at AHS has created a palpable sense of uncertainty at senior levels of management. Since the firing of the AHS board it has been obvious that the minister of health will make all of the important decisions in the healthcare portfolio. The role of the new CEO will be very complicated and will require a unique individual to effect the changes needed.

We continue to "provide healthcare to Albertans" on the front lines and work continues to be done on trying to find efficiencies in healthcare. The three sub agreements in the recently concluded agreement consist of 1) an agreement to find efficiencies in healthcare, 2) An reassessment of the role of PCNs, labelled PCN 2.0 and 3) work on the electronic medical record (EMR). The Choosing Wisely campaign is the program to decrease unnecessary medical testing we wrote about earlier. Choosing Wisely will be launched by the AMA in April. Work continues to be done on the implementation of PCN 2.0. With respect to the EMR it is my hope that eventually AHS will move to a single EMR that links office and hospital data. The province could realize considerable savings by avoiding duplication of testing. Continuity of care will improve when family physicians can access information about their hospitalized patients and track medication changes. We need the province to take the initiative to make these changes happen. There will be an initial cost and we will have to be diligent to ensure that health information is protected and privacy is maintained, but hopefully coordinated care will allow overall cost savings.

The new budget will be completed in the next few weeks and tough decisions will need to be made. The Calgary zone is around 40 million dollars in debt and savings will need to be found. How these "savings" are achieved will definitely impact the front lines. This is where the rhetoric of "concentrating on front line care" will be tested. Suggestions are being sought from many levels and ideas are welcome. No single idea or initiative will achieve all savings so many initiatives will be needed. The continued focus on management and budgets is a reflection of the reality that AHS is largely a fixed expense and patient care and testing is a variable expense. The easiest way to decrease expenses quickly is to decrease the variable costs of care. This is the reason that laboratory tests and diagnostic testing are being studied closely for potential cost savings. What tests can we reduce or eliminate, while still providing quality care? The more difficult task is to decrease the overhead costs of AHS. For this we need leadership at AHS. AHS urgently requires a CEO who will be able to make more long-term changes or perhaps, remove the in term label from the existing co-CEOs and allow them to get on with the "heavy lifting" required. The zone medical directors deserve a lot of credit for forging ahead with program initiatives given the "vacuum above and chaos below them." The decision to try to reward groups for decreased testing costs by providing a percentage of the saved money back to the department for capital expenses is revolutionary. Imagine the positive effects on morale. These types of initiatives are crucial to the survival of our current healthcare system. Kudos to our zone medical director, Dr.Belanger, for trying to make this happen.

CAMSS
Calgary and Area Medical Staff Society
Advocating for physicians, caring for patients

Dr. Steve Patterson, CAMSS president
Phone: 403-943-5554

A great deal of attention has been given to "metrics." The attempt to quantify healthcare processes is a moving target akin to the Heisenberg uncertainty principle. The energy required to measure healthcare outputs distorts the process making the data unreliable. Each metric relies on someone to input the data. The more data required, the longer it takes to enter, the longer each patient interaction takes and the fewer patients can be seen. Each metric spawns a temptation to micromanage each provider and can create a new layer of managers. It is my belief that each manager at every level must spend at least a third of their time actually providing healthcare to patients. Only then can they appreciate the effects of their decisions and understand how it affects our patients provide care. Metrics play a role in our healthcare system but should not obscure the overall goal of better healthcare, not just measured healthcare.

I want to thank Dr. Kevin Hay from central zone for contributing to this issue by explaining why non hospital based physicians should be members of their zone medical staff associations. This is the first issue that will also be distributed to central zone. We hope that this can be an advantage for both Calgary and central zone. Calgary benefits by getting more contributors and a wider distribution. Central zone benefits from sharing an established magazine to further their viewpoints. I would also like to thank Dr. Hay for setting up a program to promote the voluntary immunization of physicians for influenza. This has been a contentious issue and the minister of health has mused about compulsory immunization. It is my belief that compulsory immunization will be so controversial that it will actually decrease immunization rates. I strongly believe that we should strongly support voluntary physician immunization and create a tracking system utilizing AMA number. Congratulations Dr. Hay. And welcome central zone.

YOUTH RUN CLUB

We want your feet!

"The AMA Youth Run Club is a great opportunity for physicians to get involved in their communities and support grassroots prevention...Physician leadership at a local level can significantly improve the health of our school communities and in my experience is extremely rewarding."

Dr. Kim Kelly, Youth Run Club physician leader

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For more information about the Alberta Medical Association (AMA) Youth Run Club and the resources/support offered by Ever Active Schools, contact Hayley Degaust, the AMA Youth Run Club coordinator: hayley@everactive.org

Ready to get involved? Drop us a line: runclub@albertadoctors.org

ALBERTA MEDICAL ASSOCIATION

Ever Active Schools

AMA President Dr. Allan S. Garbutt addresses runners, coaches, teachers and students at the official provincial launch of the AMA Youth Run Club at Belgravia School in Edmonton (October 2013).

Canada's Olympic hockey doctors

By Dave Lowery

As we go to press, Canada's male Olympic hockey team is off to the semi finals and the women's team is poised to win its fourth gold medal if it defeats the USA. Successful teams like ours are backed by hundreds of support staff who literally spend thousands of hours helping with logistics, training, travel and the myriad details associated with a successful team. Two of those are Dr. Jim Thorne, the men's team physician, and Dr. Wanda Millard on the women's team.

MOST PENALTY MINUTES, ONE OLYMPICS
70 Pat Flatley (1984)

This is Thorne's fourth Olympics though he has been involved in sports medicine for 20 years and covered international hockey since 1995. He has also been part of the medical staff for the Calgary Stampeders, the Calgary Hitmen and the Calgary Cannons baseball team.

Born, raised and practicing in Calgary, though his experience spans two decades now, the passion for the sport and his practice doesn't seem to be fading.

"If given the privilege, I would do this again in a heartbeat," he says from Sochi. "I feel very privileged to be the doc that gets the call for this experience and I will enjoy every single day I am here."

So far the calls for help have only been from patients with rhinosinusitis and stiff backs from the travel though Thorne says he has had to manage the bigger picture for the team athletes who are distributed across Canada prior to and after the Olympics.

YOUNGEST TO PLAY FOR TEAM CANADA
Kirk Muller, 18 years, one day

"Our team is comprised of athletes that were spread all over North America," Thorne says. "We had to keep track of injuries around the NHL and keep the brain trust of the team up to speed. It was also a challenge to manage jet lag with the 11-hour time change from Calgary. We did a lot to manage this on their flights over and the first three days here. The team landed on February 10 and, starting on the 13th, they had to play three games in four nights."

Thorne says he also enjoys the scope of the event and feels privileged to work as a team comprised of the best athlete caretakers in the country.

"I enjoy the cross over with other sports as well in our Canadian residence clinic," he says. "I love getting these experiences because once you have it, it can't be taken away."

Continued on page 8

By Dr. Brian Nadler, internal medicine resident physician

I never thought that strict bed rest for four days would change the way I perceive and practice medicine.

The night I was diagnosed with mononucleosis, I woke up unable to breathe without intense ripping pain coming from my upper abdomen. The visit to the hospital was overwhelming. I was placed on a stretcher in a dim hallway, breathing shallowly to avoid abdominal pressure. The pain made it feel like time passed incredibly slowly. I was grateful and reassured when a nurse started an IV. Then an intense wave of nausea hit. I panicked; worried about what the pressure of vomiting would do to my spleen. There were numerous individuals who came and went from my bedside — at different times a fourth-year medical student and two resident physicians interviewed me, scrutinized my abdomen, and left. The twelve hours I had to wait for a CT scan felt never ending. I felt powerless. Each day and night felt agonizingly endless occupied by nausea, pain, anxiety and fear.

Being hospitalized offered me a new perspective on how overwhelming the patient experience can be; having to deal with strangers when I was at my weakest and most vulnerable was an ordeal. What is daily routine for care providers in the hospital is often a unique, terrifying experience for the patient. My day began with being probed for resistant bacteria; the probing and vomiting made me feel awful. Because I had blood drawn every four hours, I developed a new appreciation (and dread) of blood work. It's hard to maintain your dignity when you need help to use the commode. I was lucky. My family was there for me and I received an abundance of knowledge from the surgeons who attentively listened to my questions and were able to make me feel a little less alone and a little less powerless.

PARA
Professional Association of Resident Physicians of Alberta

The value of patient-caregiver communication made absolutely clear. Surrounded by strangers, feeling weak, afraid, distracted by pain and at a loss, it is hard to know what questions to ask. This experience creates a loop of ever-growing uncertainty that profoundly affects one's outlook and makes it easy to feel isolated, uninformed and completely unaware about what to expect.

My practice of medicine was transformed when this experience helped me identify the pivotal measures health-care providers need to take to alleviate suffering — some of the biggest are about communication and relationships. While cultivating relationships in a fast-paced environment can be challenging, it is crucial for both patients and physicians alike. Having my family with me made a tremendous difference to my experience; not only did they keep me company, but they also advocated for me and helped ensure I had answers to my questions. I go out of my way to encourage patients to have family and friends visit. Sometimes my patients do not want to impose on family and friends with their illness when, most often, those family and friends want to know. On the physician side of the curtain, taking time to develop a rapport with patients can help alleviate their distress and instill comfort; this rapport is particularly important for those patients who do not have a support system with them. I try to spend extra time with my more isolated patients who do not have friends and family visiting them regularly so I can provide additional reassurance and clarity in times of uncertainty. The curtain should not be a barrier that isolates patients. Rather, it is a divide we, as physicians must ensure is bridged.

PLC MSA update

By Sally Knight

The 28th annual PLC/CGH Dinner and Awards night held on Saturday, January 25th, 2014 at the Petroleum Club was a great success this year with 130 guests attending the gala event.

Invited guests included residents from obstetrics and gynecology, psychiatry and infectious diseases; Yvonne Gereluk, acting vice president, PLC and her guest; past MSA presidents — Ron Cusano, Glenn Comm, Albert Akierman, and Murray Young; special guest Dr. Norm Schachar and retirees John Gosbee, Don Markowsky, Murray Young, Graham Law and Dilip Shamanna.

Physician of Merit awards 2013 were presented to Dr. Ron Cusano by Dr. Steve Patterson, Dr. Hugh Dougall by Dr. John Donaghy and a new award named Clinical Teaching Award to Dr. Phil Stokes by Dr. Arlie Fawcett. The PLC Resident of the Year Award 2013 was presented to Dr. Will Connors in the infectious diseases program by Dr. Ron Read. Dr. Steve Patterson was presented with a gift from the medical staff for his last four years as president and vice president and ongoing support of the medical staff association.

And though early media reports said that the venue and accommodations were sub standard, Thorne's experience has been the opposite.

FASTEST GOAL FROM START OF GAME
20 seconds, Herman Murray, February 12, 1936

"The Russian hosts have been amazing from security at gates and around the village, to the guides, food services staff and cleaning staff. The food and accommodations are very good for us and it is a very relaxed atmosphere."

Also enjoying that relaxed atmosphere is Dr. Wanda Millard, an emergency and sports medicine physician who went to medical school in Calgary before her residency in emergency medicine at North Shore University Hospital in Manhassett , New York on Long Island followed by a sport and exercise medicine fellowship at Fowler Kennedy Sport Medicine Clinic.

ALL-TIME GOALIE PENALTY MINUTES
16 Sean Burke (1988/92)

Though this is her first Olympics with the girl's hockey team, Millard has worked with Hockey Canada since 2007 at all levels including the national team. She credits her passion for hockey combined with her specialties with landing the opportunity to work with the country's top athletes.

"My combination of emergency medicine and sport medicine training as well as 15 years as a paramedic in Calgary make me well suited to the needs of a hockey team," she says.

Millard now practices emergency medicine at London Health Sciences Centre and Sport and Exercise medicine at Fowler Kennedy Sport Medicine Clinic which prepares her well for the medical challenges her team faces.

LONGEST GOAL-SCORING STREAK
5 games/matchs Billy Gibson (1952)

"Attending championships outside of North America always raises interesting challenges in ensuring your athletes are well cared for in case of an emergency," Millard says. "Fortunately, in hockey unlike almost all other sports, the team therapist and physician go on the ice first when an injury occurs and then request the assistance of the host medical. The level of training and practice of emergency procedures, like spinal immobilization, varies a great deal around the world. We spent several hours training the Russians on how to properly remove an athlete from the ice when we arrived here in Sochi. Fortunately, they were very receptive to the training and continue to thank us daily for our help."

Millard says her hockey team has been centralized in Calgary since August of 2013 and she has been able to stay with them for half that time. She manages all their continuing medical needs such as regular medications, several blood draws to ensure performance markers such as ferritin are optimized, ensuring vaccinations are up to date and administering the annual flu vaccine. Additionally, with the physiotherapist, she manages all the training and game related acute and chronic injuries; most commonly hip flexor and groin strains, occasional joint ligament injuries, and she says "thankfully," only a couple of concussions. She also accompanies the athletes for all anti-doping issues and testing.

MOST POINTS, ONE PERIOD
6 Harry Watson, (6 goals, 0 assists) 2nd period, 1924

And like Thorne, Millard says the Russians have proved to be great hosts.

"The volunteers have been wonderful," she says. "We were warned prior to coming to Sochi, that Russians, in general, don't have a friendly disposition and aren't a volunteering society. But nothing could be further from the truth. All of the volunteers — from the house cleaner, dining hall workers, and security check point guards — have had huge smiles on their faces and always offer a friendly 'hello' or 'have a nice day.'"

Millard says she would do it again "in a heart beat" and marvels at how beautiful, and warm, Sochi has been. The venue has impressed her too.

MOST POINTS, ONE GAME
13 Harry Watson, (13 goals, 0 assists) 1924

"I look out one window in my room and see the Black Sea then can look out the other and see the Caucus Mountains," she says. "Also the whole set up of the indoor venues all so close together at one site in the coastal village will be hard to beat at another Olympics."

And though she heard the rumours about the Russians and was briefed, she says the reality has been far more positive.

"I am very pleased to be able to be part of the Canadian team in Sochi. Canadians are very well respected and received on the international sporting stage. And don't believe everything you hear; Russia has done a very good job with these games. We have felt very safe and welcome every day."

By Dr. Kevin Hay, president of the central zone medical staff association

Editor's note: This is the first submission from the central zone medical staff association. CAMSS would like to welcome them to Vital Signs and remind other Alberta MSAs they are welcome too.

In other words: what can a zone medical staff association do for you?

The simple answer is, LOTS. As a rural family doctor & one of the five presidents, obviously I am a little biased. The detailed answer is below: but remember — we work in close association with the AMA as your support on the ground!

What are the zones?

There are five zones in the province of Alberta which divide Alberta Health Services administratively. Edmonton & Calgary continued as before: the other three zones are amalgamations of previous regions to north, central & south zones.

What is a zone medical staff association (ZMSA)?

ZMSAs are written into A.H.S. bylaws to represent all community physicians & the medical staff with appointments to AHS facilities including physicians, scientists, podiatrists, dentists, & oromaxillofacial surgeons. (So community dentists etc. may NOT join.)

ZMSAs are — or are becoming — independent societies under the Societies Act & membership is voluntary. (You can get more information on the AMA web site at: https://www.albertadoctors.org/leaders-partners/leaders/zmsas)

Representation

ZMSAs have a statutory place on many committees. We bring your issues to different levels including facilities, zone, province & AMA. Examples are the zone medical administrative committee, provincial practitioner executive committee (which advises the AHS CMO, Dr. Verna Yiu) and to the AMA through the council of zonal leaders & representative forum.

Funding

Sorry. Membership does include annual dues! Also the AMA supports ZMSAs with generous grants & provides lots of advice with formation about our bylaws etc.

PAAL line

This is a confidential call-line for medical staff having difficulty advocating for their patients or simply in distress. If the caller agrees, they will be referred to the respective ZMSA president for further assistance. (More information on the AMA web site at: https://www.albertadoctors.org/news/call-PAAL.)

So, what sort of issues might bring a community physician to their ZMSA?

Almost anything. Think of laboratory centralization & how that affects your patients' care. Other things come to mind. The development of PCN 2.0 which will include formal patient registration & payment changes will have enormous importance to community physicians. Likewise, there are repeated rumblings in AHS about mandatory influenza immunization. That will probably include community family doctors . . . YOU!

At the AGM for central zone medical staff association we debated patient registration/enrollment to a specific physician/PCN. The attendees were quite split on the issue & we will bring their comments back to the AMA. I also discussed centralization of microbiology services at PPEC & how I believe it will not be faster nor cheaper for many rural sites.

With regards to influenza vaccination, the five presidents have started a program to encourage voluntary physician immunization in the 2013-14 influenza season. We are targeting 75 per cent uptake for the vaccination in physicians/medical staff. With your help, achieving that target will be easy!

ZMSAs need a vibrant & diverse membership

Without good numbers it is hard to speak with conviction on behalf of medical staff. Likewise, if there is only one group represented at meetings we will only hear their views. We need a broad range of input to make sure we consider topics thoroughly.

So my question to you, the community physicians is:
Who ya gonna call?

Photo by David Faas

Guest feature: Access to autopsy in the Calgary Zone

By Amy Bromley, MD, FRCPC, group leader, autopsy, Calgary Laboratory Services, department of pathology and laboratory medicine

An unfortunate part of caring for patients is the fact that sometimes they die. And when a patient dies, there are sometimes questions that can be answered with an autopsy. So here's how to obtain an autopsy if you think it will answer any persisting questions, or if the family requests it.

When do I notify the medical examiner (ME)?

The first step is to determine if the ME needs to be notified. Any person having knowledge of a death which occurs under the circumstances listed in part 2 of the Fatalities Inquires Act (www.qp.alberta.ca/documents/acts/f09.pdf) must notify the medical examiner or investigator. These deaths include, but are not limited to, unexplained deaths, violent deaths, accidental deaths, suicides, deaths associated with pregnancy, an operative procedure, or anesthesia, poisoning deaths, deaths of individuals in custody and deaths that are due to occupational injuries or exposures. If you're unsure, err on the side of notifying the ME.

What if it isn't a medical examiner's case?

If the ME deems that a death investigation is not required, or if a death is not a notifiable death, any physician can request an autopsy with the consent of the decedent's legally authorized representative. Autopsies being performed at the Foothills Medical Centre require a Calgary Health Region Consent for Autopsy (Form 160012, http://iweb.calgaryhealthregion.ca/printable_forms/pdf/clinical/LegalConsentInformationPrivacy/160012_Consent_for_Autopsy_2006-06.pdf) . If you cannot access the online form, copies can be requested by calling the autopsy desk at 403-944-4745. The form lists the order of legally authorized representatives and the highest ranked representative must consent in order to avoid delays in the performance of the autopsy. If there is a reason why that person is not able to consent, for instance if he or she is not mentally competent, please make a note to avoid unnecessary delays.

Where are the autopsies performed? How does the deceased get there?

In the Calgary Zone, all non-medicolegal, adult autopsies are performed at the Foothills Medical Centre, which houses a new morgue facility with capabilities to perform high-risk, infectious autopsies. Pediatric autopsies are performed at the Alberta Children's Hospital. If the patient dies within an acute care site, transportation will be arranged for transport to the Foothills Medical Centre. If a patient dies in the community, the family requesting the autopsy must arrange transport to the Foothills Medical Centre. This can be arranged through a funeral home, or through Capital Transfer Services Inc. All decedents must be identified with two tags, each bearing the full name and two numerical identifiers.

What's the timeline? Will it interfere with a funeral?

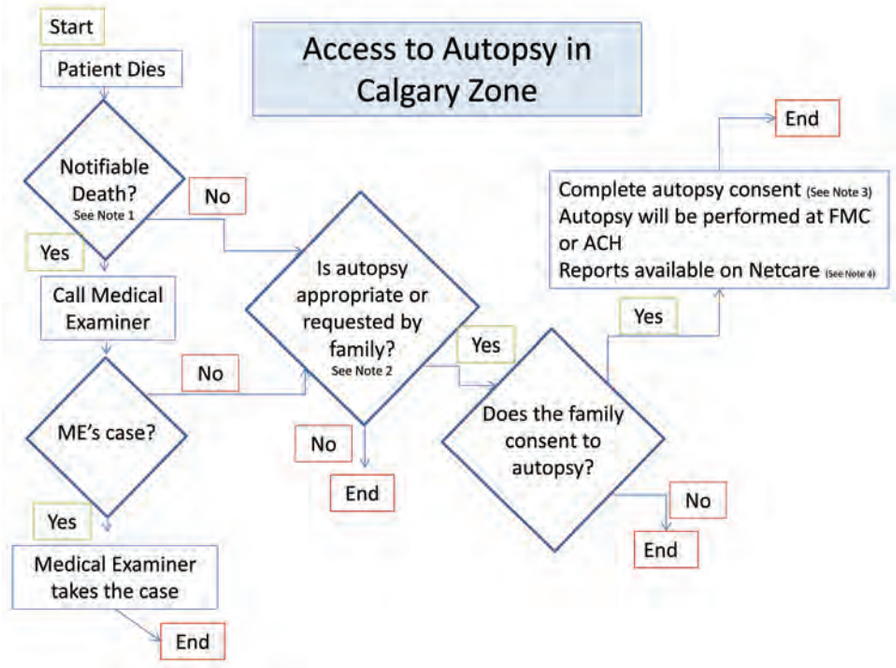
When the deceased, the consent and chart are transferred to the Foothills Medical Centre, the autopsy will be performed. The autopsy takes, on average, three hours and the body is available to be released to the funeral home after the autopsy is completed. The family can then proceed with funeral arrangements. A complete autopsy does not interfere with the ability to have an open casket funeral service. If all paperwork and body transport is completed according to policy, there is usually no delay for the funeral.

How do I get results?

After the completion of the autopsy, a preliminary report will be sent to the requesting physician and any other physicians listed on the consent form. After histologic evaluation of the tissues at autopsy, and appropriate consultation and ancillary testing, a complete autopsy report is issued. The preliminary reports are available within three days after the autopsy is performed, and final autopsy reports are available within approximately two months. Reports on autopsies performed after October 31, 2013 are available on Netcare. The pathologist conducting the autopsy and issuing the report is stated, with his or her contact information, at the end of each report.

What if I have questions?

If you have questions about the utility of an autopsy, the autopsy procedure, or autopsy in general, please call the autopsy desk at 403-944-4745 (8-4 M-F). You can also ask to speak with the autopsy pathologist on service for that day for more information. For weekend or after hour issues, please call vital statistics, at 403-944-1689.



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CPSA update

By Randall Sargent, MD

The Council of the College of Physicians and Surgeons of Alberta met on December 5 and 6, 2013. Since my last report to CAMSS executive we have the following to report:

1. The review of various standards of practice including those pertaining to closing, moving, and terminating a practice or physician-patient relationship have been reviewed and updated. These changes will be available on the CPSA website and reported in the Messenger. The standard regarding fees for "uninsured" services requires further review now that the consultation process has been completed.

2. The council has reviewed the work it carried out in 2013 at its annual business meeting and has renewed the council bylaws and business plan. The council committees have been reviewed in 2013 and the 2014 members have been selected. The fall council election results have been reported and those reaching the end of their terms have been thanked. The executive for 2014 will continue as: public member Kate Wood, vice-president Dr. James Stone, and president of council, Dr. Randall Sargent.

3. The work of registrar, Dr. Trevor Theman and the staff of his office continues with regard to the policies of CPSA and the need to continue to work with members of the profession in the specific areas of narcotic management and documentation, licensing and assessment of individual physicians and medical facilities outside of AHS, and relations with government, AMA, and professional colleagues such as nursing and pharmacy. Difficult issues such as medical marijuana and inter-provincial mobility of physicians continue to be addressed. Without this complement of staff managed so well by our registrar, the work of CPSA would be diminished, we have expressed our appreciation to the staff.

4. We remain concerned with the CPSA roles as outlined by the health professions act and strive to meet the expectations of the public, their government and the medical profession. The college takes seriously the recommendations of the HQCA and wishes to express its view that Greg Price and his family deserved better, and we'll do our part to ensure "fixes" are made. We will work to fulfill our mandate and demonstrate that self-regulation is the best route to optimize patient care.

5. We welcome comments from members of this profession through organizations such as CAMSS and as individuals. We wish all the best in the year to come as we work together on our patients' behalf.

FMC MSA update

Empathy – did Donne have it wrong?

By Dr. Geoffrey Hawboldt, FMSA president

"No man, proclaimed Donne, is an island . . . and he was wrong. If we were not islands we would be lost, drowned in each other's tragedies. We are insulated (a word that means, literally, made into an island) from the tragedy of others, by our island nature…"

– Neil Gaiman, American Gods

This remarkable quote from one of Britain's most prolific contemporary authors represents an intriguing meditation on John Donne's famous verse. It also hints at an innate duality of human behaviour, a tendency that doubtless shapes our practice of medicine.

As physicians, we tend to place great emphasis on the value of empathy in the care of our patients, and we strive to inculcate this habit in our medical students and trainees. Yet we also recognize the necessity of maintaining a degree of emotional isolation, a sense of distancing imparted by the trite phrase 'clinical detachment.'

The English word empathy was coined just over a century ago in 1909 by psychologist Edward Titchener, but the 18th century philosopher David Hume had already written extensively on this fundamental human trait. Hume's friend and colleague, Adam Smith, another giant of the Scottish enlightenment, expanded on his work, defining this capacity as the ability to "change places in fancy with the sufferer." While Smith laid the foundations of classical free market economic theory through his famous treatise *The Wealth of Nations*, it was his firm opinion that the tendencies toward self-interest and empathy were not in conflict.

There is an increasing consensus among biologists that empathy arrived with the evolution of maternal care in mammals. But some scientists suggest that the capacity for empathy has contributed to the evolutionary success of humans, not only by ensuring the wellbeing of our offspring but also by encouraging us to care for the other members of our society. In the words of primatologist Frans de Waal, "our species depends on cooperation, which means that we do better if we are surrounded by healthy, capable group members."

A possible physiologic basis for this behaviour emerged a decade ago, when neuroscientists began to describe so-called mirror neurons. These neurons fire both when an animal acts and when the animal observes the same action performed by another. Currently the function of this complex system is a subject of much speculation, but the potential link between mirror neurons and empathy remains a tantalizing prospect.

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Ironically, at a time when research interest in this area is expanding, public figures have begun to lament the perceived decline of empathy within society. In 2006, US President Barack Obama went so far as to declare that an empathy deficit was more pressing than the federal budgetary deficit. There can be little doubt that these concerns carry implications for physicians in our efforts to maintain a careful balance between empathy for our patients and the requisite compartmentalization of those same sentiments.

For evidence of this, look no further than the February 17 edition of the Globe and Mail. A front page story detailed the efforts of three hospitals in Ontario to address this perception by including community advisors in their hiring panels and management committees. One of the patient advisors, Patrick Dickey, outlined his expectations with the quote "I'm looking for empathy…that they will take the time to explain why the procedure is being done, why it's important." Another patient advisor, Keith Taylor, cited a case where he broke away from the consensus position, blocking a doctor's move to a high level director's position. "I was the deciding vote. There was a very skilled physician, his CV was impressive, his clinical skills were some of the best, but he didn't really have the philosophy…didn't seem to care."

I was drawn to write on the themes of empathy and isolation following a recent meeting of the Calgary Area Medical Staff Society council. One of my colleagues from family medicine, Dr. Mark Sosnowski, was explaining how urban primary care physicians were traditionally linked to the various city hospitals, but that in recent years that connection had become somewhat tenuous. He outlined how primary care physicians were all too often not personally familiar with the specialists to which they were referring their patients, and that with the advent of triaging centers the opportunity to connect with their medical and surgical colleagues was becoming more limited.

It is vitally important that we as physicians continue to emphasize empathy in our relationships with both our patients and our professional colleagues. As a small step towards realizing this goal, I would like to extend a personal invitation to all of the primary care physicians in our region to attend the annual Foothills Medical Staff Association social function, to be held at the Glencoe Club, on the evening of Thursday April 10. This fun and informal event is all about promoting a sense of amiability within our hospital, and I would be gratified if we could also use this opportunity to renew our connections with our fellow physicians in the community.

Please feel free to contact myself or our medical staff association secretary Susan Sauvé for more information. You can email me at Geoffrey.Hawboldt@albertahealthservices.ca, or alternatively you can reach Susan at 403-944-1409 or susan.sauve@albertahealthservices.ca.

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