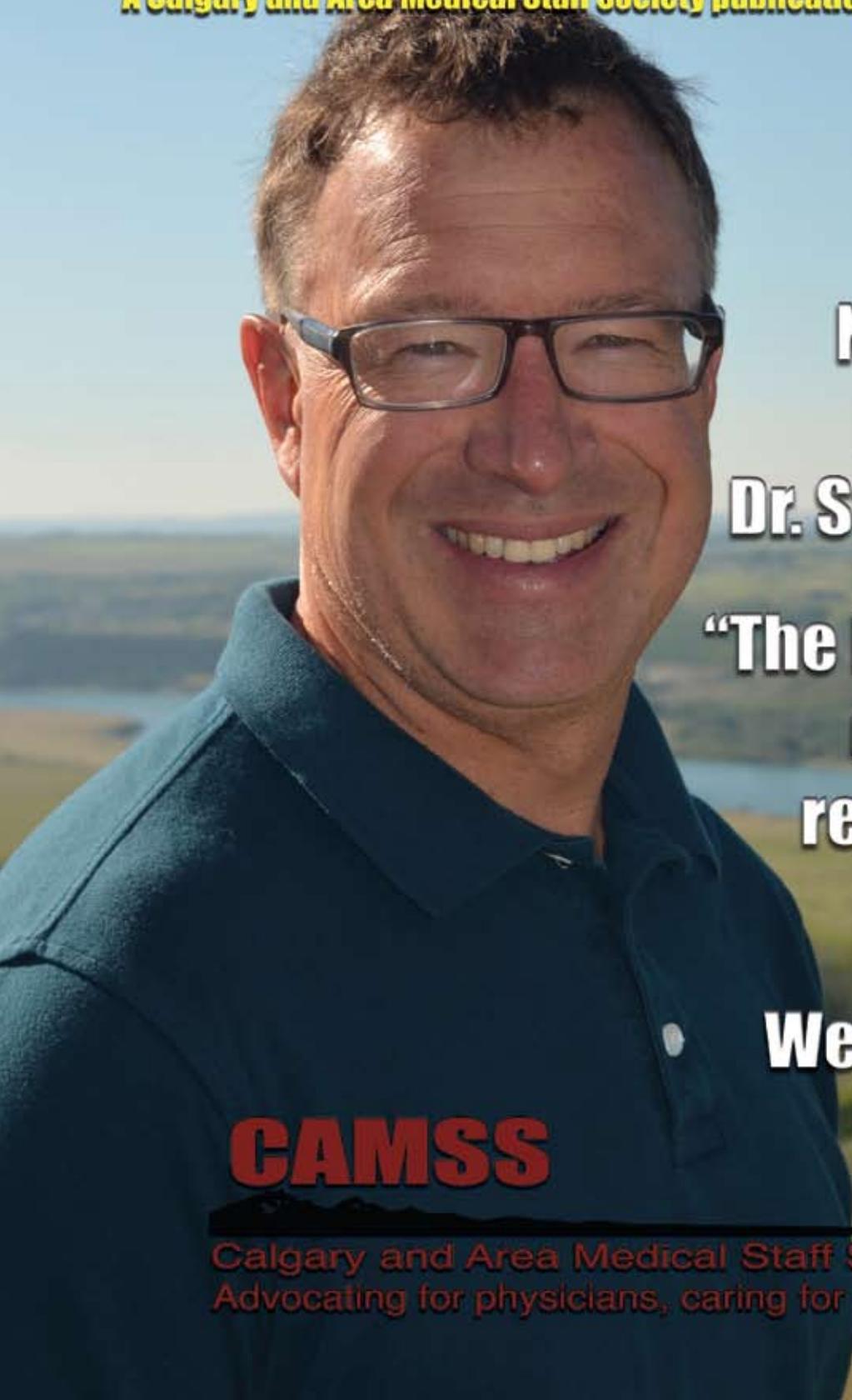


Communicating with physicians in Alberta

September 2013

Vital Signs

A Calgary and Area Medical Staff Society publication



**New CAMSS
president**

Dr. Steve Patterson

Page 17

**“The health minister
did not act
reasonably or
ethically”**

Page 11

We have moved!

Page 18

CAMSS

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



Size matters

GO WIDE WITH... CALGARY'S WIDEST PRIVATE MRI

Mayfair Diagnostics, Calgary's first physician-owned private MRI and CT facility, is about to get a lot bigger...and a lot better.

Coming in the fall of 2013 we will have two new wide-bore MRI units that promise a much more comfortable imaging experience – especially for larger patients or those who are prone to anxiety in tight spaces. These machines also have feet first scanning capabilities and motion correction software.

The new CT scanner will provide excellent imaging with an ultra-low radiation dose – among the lowest dose, in fact, of any private CT scanner currently operating in Alberta.

MRI & CT EXAMS – WITHOUT THE WAIT.

403.777.4MRI (4674)

mayfairdiagnostics.com



MAYFAIR
DIAGNOSTICS

Official diagnostic imaging provider of the



OFFICIAL SALES BEGIN SEPTEMBER 23, 2013



MEDIVEST
MEDIVEST PROFESSIONAL CENTRES



Most medical and healthcare professionals are missing out on the benefits of owning their own office space: can you afford to be one of them?

As a medical and health services practitioner, your needs are different to those of other businesses. Leasing office space that isn't ideal means funding improvements out of your own pocket. There is an alternative, one that gives you purpose-designed office space in the perfect location – and puts money back into your pocket.

PRESCRIBE TO A HEALTHY INVESTMENT

- ✓ Prime, central location, near Downtown Calgary, Peter Lougheed Hospital, Children's Hospital and Foothills Hospital.
- ✓ Ample underground parking: 278 heated and secured parking stalls, an average of 4 stalls per 1,000 sq. ft.
- ✓ Building serviced and maintained to medical industry standards.
- ✓ Freedom to choose the perfect condo size from 72,000 sq. ft. of space.
- ✓ An entire building dedicated to health services professionals.

Contact us today to get more information on the benefits of owning a medical condo in the MEDIVEST Professional Centre



Toll Free 24/7: 1-866-384-6235

info@medivest.ca

www.medivest.ca

Contents

September 2013



CAMSS executive - Please feel free to contact your representative with any concerns or issues.

Dr. Lloyd Maybaum, CAMSS president, 403-943-4904
Dr. David Kent, RGH MSA president, 403-943-3410
Dr. Steve Patterson, CAMSS treasurer, 403-943-5554
Dr. Arlie Fawcett, PLC MSA president, 403-944-9842
Dr. Earl Campbell, FMC MSA president, 403-221-4459
Dr. Geoff Hawboldt, FMC MSA VP & treasurer, 403-943-9900
Dr. Deepak Kaura, ACH MSA president
Dr. Sharron Spicer, ACH MSA vice president
Dr. John Barrow, CMS president, 403-275-5112

Contributing members

Dr. Randall Sargent, CPSA representative
Sean Smith, assistant executive director, AMA Southern Alberta Office, 403-266-3533
Dr. Ronald J. Bridges, U of C rep, 403-220-4245
Dr. David Weatherby & Dr. Khalil Jivraj, PARA reps, Para-ab@shawbiz.ca

Web site: www.CAMSS.ca

Columns:

From the CAMSS president: Farewell but not goodbye	5
Letters	6
Guest editorial	7
PARA update	8
AMA update	9
CAMSS president editorial	11
New CAMSS address	18

Features

Why the governance review task force report was buried	16
Profile - Dr. Steve Patterson, your new CAMSS president.....	17

Vital Signs is published 11 times annually (not published in August) by the Calgary & Area Medical Staff Society (CAMSS) www.CAMSS.ca

Editor: Dave Lowery, 403-243-9498, bethere@shaw.ca

Advertising director: Bob d'Artois, 403-540-4702, bobdartois@shaw.ca

Editorial advisory board:

Dr. Glenn Comm – glenncomm@shaw.ca
Dr. Mark Joyce – mjoyce@ucalgary.ca
Dr. Linda Slocombe – slocombe@shaw.ca
Dr. Ian Wishart – ianwishart@shaw.ca

Submissions:

Vital Signs welcomes submissions (articles, notices, letters to the editors, announcements, photos, etc.) from physicians in Alberta. Please limit articles to 600 words or less.

Please send any contributions to: Dave Lowery: bethere@shaw.ca, 403-243-9498.

Vital Signs reserves the right to edit article submissions and letters to the editor.

Deadline:

The deadline for article submission to Vital Signs is the 15th day of the month for distribution the first week of the following month.

Next deadline is September 15, 2013.

Contributors:

The opinions expressed in Vital Signs do not necessarily reflect the opinions or positions of the CAMSS or CAMSS executive.

Advertising:

Claims made in advertisements are not verified by CAMSS and CAMSS assumes no responsibility for advertising accuracy.

© 2013

Vital Signs accepts advertisements from members and non-members. For advertising rates, please visit: www.CAMSS.ca and download the rates from the Vital Signs page. For more information please contact Bob d'Artois, CAMSS advertising director. P. 403-540-4702 bobdartois@shaw.ca

**On the cover: Dr. Steve Patterson, the new CAMSS president.
Photo by Dave Lowery**

Farewell but not goodbye

One year as president-elect and three years as president but it is all coming to an end as September will be my last month as president of CAMSS. In October 2009 I began my one-year term as president-elect for the Calgary and Area Physicians Association (CAPA). We have come a long way since then and it has been one heck of a journey.

When I accepted the position after much arm-twisting, just shy of waterboarding, by then CAPA president Dr. Linda Slocombe, AHS was still in its infancy. I truly had no idea what I was in for. My one great fear was that I wouldn't be able to find anything to write about from month to month. In the end, it has been such a target rich environment that the problem was not one of too little to write about. In fact, there was too much to write about!

Over the years we have dealt with many issues. The first article that I wrote for Vital Signs in 2009 addressed the issue of physician intimidation and the AHS code of conduct. From there, the issue exploded as Dr. Raj Sherman spoke out in the legislature. This culminated in the Health Quality Council review and their eventual report of February 2012 that substantiated our concerns regarding physician intimidation.

Closely linked to the issue of physician intimidation was the muzzling of physicians preventing them from speaking out. We cornered AHS and in our famous Canadian Flag issue of May 2010 we confirmed that physicians are free to speak out. This, however, still left the unresolved issue of whistleblower protection.

Following the Health Quality Council of Alberta investigation we witnessed the queue jumping inquiry. We have endured a provincial election and a protracted negotiation process calling for unorthodox measures such as virtual strikes. While the virtual strike was a significant threat it was one that we never actually employed. Had we proceeded with virtual strikes we would have fundamentally changed the landscape of negotiations for physicians and all major negotiating organizations across the country. In the years ahead, never forget the virtual strike tool. It may seem unorthodox but it is a very powerful tool and deterrent in a negotiation process.

We have seen the advent of new provincial medical staff bylaws. This, in turn, forced our organization to change from an association to a society and prompted a name change from the Calgary and Area Physicians Association (CAPA) to CAMSS – the Calgary and Area Medical Staff Society. All of this subsequently required a rewrite of our association bylaws.



Dr. Lloyd Maybaum,
CAMSS president
Phone: 403-943-4904

We changed the way we do our accounting and banking. We moved our offices from AHS Southport to the AMA Calgary office and changed our administrative assistant position to achieve greater efficiency. We have changed the manner in which our dues are collected and are forming a new relationship with the 100+ year-old Calgary Medical Society. We are in the process of adding two new subordinate medical staff associations - South Health Campus and Calgary Laboratory Services. During our annual general meetings we have heard from health ministers, AMA presidents and watched a health care debate.

It is with joy and happiness that I think of all the incredible people that I have been privileged to meet and to work with. I will miss my close work and affiliation with AHS executives and will especially miss the meetings of the Provincial Practitioner Executive Committee (PPEC). Yes, I am actually lamenting that I will no longer be able to attend a meeting. These meetings are an opportunity for frank and candid discussion with all of the players realizing that we are on the same team while recognizing the inherent limitations and expectations in each of our assigned roles. I daresay that we have all become friends and I can assure you that our AHS executives are an incredibly talented, dedicated, stalwart group of individuals that I truly admire. We have great people working in AHS and I have no doubt that by working together we can overcome any obstacle.

During my tenure we have seen AHS mature from a nascent one-year-old organization through the five year mark. In that time there have been changes in medical leadership including two CEO's, Dr. Stephen Duckett and Dr. Chris Eagle. The former is an outstanding expert on health care policy and economics but bowed out following the infamous cookie scandal.

Dr. Chris Eagle is our stalwart admiral trying to steady a hand on the AHS tiller all the while buffeted by the gale winds of political interference. I can imagine that he has often been caught in the middle. Who was his boss? The AHS board and chairman or the health minister and the ministry? I cannot imagine the frustration and vexation that he must endure at times yet he stays quiet and soldiers on.

In my four years we've had two chairmen of the AHS board – Ken Hughes and Stephen Lockwood. Hughes left what many felt was a lacklustre AHS board moving forward into politics with significant leveraging from the PC apparatus. Lockwood and the AHS board became an outstanding presence and advocates for the public interest yet suffered an entirely different fate courtesy of a nastier kind of PC political leveraging. Lockwood's courageous words of political interference will not be forgotten, nor will they go unheeded.

We have had three health ministers during my tenure: Ron Liepert, Gene Zwodzdesky and Fred Horne. With nothing good to say, we'll skip Liepert. Zwodzdesky was an earnest, pleasant enough chap but his handling of the early stages of our negotiations fumbled and betrayed

Continued on page 6



Liepert

Zwozdesky

Horne

the intent of a government not willing to negotiate fairly or evenly. Then, there is our current minister, Fred Horne. A debate champion and shrewd, cunning politician. A man who uses a humble, mild mannered appearance and controlled intonation to lull the unwary into a viper pit of nasty political gamesmanship, cutthroat spin and deception. It would be a mistake to underestimate his skills at wielding the pointed ended dagger of politics.

There have been four AMA presidents Dr. Chip Doig, Dr. PJ White, our beloved Dr. Linda Slocombe and of course, our victorious Dr. Michael Giuffre. It has been a pleasure to work with each and every one of them. Though there are naturally internal politics within the AMA these machinations are minimal. We have a powerful provincial organization with the AMA, the strongest and most united of the provincial medical associations in the country, the envy of every other province. They have outstanding management and leadership in CEO Michael Gormley and a dedicated executive that is smart, informed and collegial. It has truly been a pleasure to liaise so closely with the AMA over the years and I hope to continue to work in some fashion with the AMA.

I am delighted that CAMSS has become a much more political organization. This was by design. The health minister and the council of the federation (all the provincial health ministers) long ago hinted that they would be gunning for physicians. In this situation the best defense would become a good offense. CAMSS, by employing our primary communication vehicle, Vital Signs, flexed its political voice. I certainly heard from a few physicians that were uncomfortable and that were fearful of annoying the governing party. Well, we are done with fear and intimidation. We must be bold and courageous if we wish to cease the erosion of the physician voice and influence. We must accept the political nature of health care systems and wield a mighty political sword all whilst standing firmly braced upon a bedrock of ethics and principles.

Our profession had no finer moment than when we stood united through our recent protracted negotiations. Despite taunts and actions by the health minister to break our ranks, we stood united. We took no actions that caused harm, delay or cancellation with respect to the relationship with our patients. The "patients first" principled and ethical approach won the day.

Thanks Lloyd

I'm sure you will hear from many docs wanting to pass on their thanks and best wishes to Dr. Maybaum for the outstanding job he has done on our behalf as president over the last three years. He will be a hard act to follow.

I read carefully his article and agreed with all of it except the suggestion that Fred Horne does anything under his own power. I do think he should resign, but he won't because he is purely a puppet of Alison Redford's and she will want to keep him around to deflect any heat coming her way. She will only sacrifice him at the very last moment.

I do hope the people of Alberta can see through her and her bully tactics when the next election is here.

Angela MacArthur MD

As I close on this article and on my presidency I should like to thank Kim Robson-Lefebvre for her incredible commitment holding CAMSS together as we navigated through the uncertainties of change. I would like to thank David Lowery, our Vital Signs editor. He has been truly patient as I consistently miss deadlines for submissions of articles. Dave is our rock and our one true consistency never failing to impress with his feature articles and photographic prowess.

I would like to thank Bob d'Artois our advertising director and Glennis Brittain, our former CAPA administrative assistant. We wouldn't have gone anywhere without our amazing CAMSS executive who have given me wide leeway to lead and to chart our course and respond to events and situations over the years. I thank you for your trust and confidence. I know that I churned some stomachs from time to time but in the end, I'd like to think that we have been very successful. Finally, I would like to thank you, our members and our readers. CAMSS is a vital organization in the health care spectrum. Without your support and membership our successes as a profession may well have fallen far short of where we are today. I'd like to thank you for your feedback over the years, positive or negative. It has all been valuable and encouraging since if I am getting any feedback, then someone must be paying attention. It is time now to move on. It has been an adventure and an experience that has been priceless. I now hand the torch to Dr. Steven Patterson, a man whom I know, will do us very proud. I will continue to serve as past-president, Dr. Patterson's back-up, for one year.

All the best.

By Greg Clark

Greg Clark is a candidate for the Alberta party leadership.

My views on healthcare aren't radical. I don't believe our healthcare system needs a major overhaul but I also believe the status quo isn't acceptable.

We must face our challenges head on; the challenges of an aging population, the increasing cost of medical technology and Alberta's continued population growth. We can't wish these away nor will we find a silver bullet cure-all. The answer lies in creating an open, innovative and transparent culture in our healthcare system. We must restore trust between government and the people on the front lines of healthcare. We must think long term and plan accordingly. We must ensure all decisions are evidence-based and free from political interference. And most importantly we must have a serious conversation about how we pay for healthcare and where the money comes from.

Public healthcare is one of Alberta's greatest strengths, but our system isn't perfect. Delivering high quality health care to 3.9 million Albertans will always be a challenge. I'll discuss some specific policy positions below, but equally important is a discussion about how we restore trust in our system and the process for making difficult decisions.

First, I want to unequivocally state that I'm a strong supporter of public healthcare. It's not only the most equitable system; done properly it's the most cost effective too. The red-blooded capitalist in me likes the buying power and administrative efficiencies a single-payer system brings. Tinkering with privatization may solve some of the problems in our system but will most certainly create new ones, chief among them being better healthcare for those who are able to pay. I feel strongly it is better to work to improve the system we have rather than undertake an unpredictable and risky dive into privatization.

We won't find simple solutions to complex healthcare challenges. Saying "competition and the private sector will fix healthcare" simply isn't true because for-profit providers need to spend money on marketing and overhead, and also need to make a profit.

But throwing more and more money at the problem won't help either.

Many people assume our system is broken beyond repair. It's not. Albertans enjoy some of the best healthcare in the world, especially for acute care, but cost concerns and access issues cannot be ignored, especially for long term care. What we need is the great healthcare system we're already paying for rather than the expensive "pretty good" but uneven system we've got today.

I believe the answer lies in better engagement with front line healthcare professionals who make our system work as well as it does, often in the face of significant challenges. These are the heroes you and I deal with when we're sick. They're the ones who shield us from some of the bureaucratic nonsense that can impact patient care. They are nurses, doctors, pharmacists, physiotherapists, social workers and other professionals, all of whom went into healthcare to help people. They have earned our respect and should be respected and listened to by government.

But many front line healthcare workers I've talked with feel they are not listened to; they feel it is difficult to make quick decisions and many have felt the impact of political interference in their day-to-day jobs. While most are still dedicated to their jobs and continue helping Albertans, job turnover is a big challenge. We are losing good people at a time when we need all of the good people we can get.

We need professional management of our healthcare system that has the autonomy and authority to make decisions. They need to be given

predictable, stable resources and a clear policy mandate from Alberta Health. What we don't need is the Minister micro-managing a \$13.3 billion enterprise.

I was told a story that I think sums up the problems at AHS; a health researcher was given funding by a federal granting agency (so this wasn't even costing the province a dime) to evaluate health outcomes of a number of people in Alberta and the same number in another province. He was told by AHS that he couldn't have the data required to do the study because the bureaucrats were worried it might make them look bad if the other province scored higher. This exposes many problems; first off you can't manage what you can't measure and secondly, how badly broken is the culture in the AHS if people are too afraid to learn from others?

This is but one tangible example of the culture of fear that exists in our healthcare system. It must end and the only way that's going to happen is a change of government.

Sustainable healthcare for the long term

As leader of the Alberta Party I would ensure that an Alberta Party government would always focus on the long term. I would ensure the healthcare system is given stable, predictable funding and would ensure we focus in the following areas:

1. Home care, with the goal of keeping people in their homes and out of hospital and long-term care as long as possible
2. Integrated, team-based primary care
3. A focus on prevention
4. Comprehensive and compassionate mental health care
5. Use technology to enhance patient access to their own health information
6. A commitment to evidence-based decisions and an end to political interference

Underpinning all of this is the inevitable question of cost. I believe that as a society we need to have an honest conversation about what we expect from our healthcare system, what we're willing to pay and where the money comes from. We must move from using unstable resource revenues to fund critical programs like healthcare. How we take care of one another, especially the most vulnerable in society, is the truest sign of a compassionate society. If the floods in southern Alberta have taught us anything it's that Albertans are compassionate people.

I believe it's worth it to spend over 40 per cent of our provincial budget on healthcare, because really, what are the alternatives? Significant cuts to front-line services? Dangerous experiments with privatization that have equal (or greater) chance of creating significant inequality while not actually saving money?

Having said that, a commitment to a high-quality public healthcare system does not absolve us of the responsibility find efficiencies in the system. My approach is to stay away from extremes, build trust with our front-line healthcare workers and promote a culture that is flexible enough to learn from mistakes and can scale up changes when a new efficiency is demonstrated. There's no chance that Fred Horne managing care hands-on will create efficiencies nor will handing it all to physicians or others to decide where the money is spent. We need a balanced approach rooted in trust.

And that's why I believe we need change in Alberta politics. The entrenched culture of fear that comes from 42 years of one-party rule will ultimately prevent us from moving forward with meaningful change in healthcare and other areas.

Rebuilding trust starts at the top.

By Dr. Anshula Ambasta, internal medicine, postgraduate year two

As I nostalgically leaf through the pages of my first year of residency, I am struck and slightly unnerved by the recognition that this journey has not been made in solitary. Over the past year, I have gained a new best friend, perhaps more of a shadow. She has been omnipresent and her growing impact on my perceptions and actions has been indelible. I have her to thank for effectively transforming my idle amble into a purposeful gait, my circuitous banter into crisp succinct synopses, and my meandering mental faculties into a coherent flow of analytical concepts. However, her influence has been more far reaching than just her effect on these idiosyncrasies of mine. She has invaded into the very core of my identity, affecting my perception of and interaction with colleagues, acquaintances and family alike. I started residency as Anshula and, throughout the course of residency, more and more of who I am and how I think derive from my own alter ego — Dr. Ambasta.

Allowing oneself to get immersed into this sea of medical complexity, fast-paced and high stakes decision-making, intertwined with high-strung human emotions is a double-edged sword. On the one hand the growth in medical competence and personal sensibilities is exponential. Even over a year, residency had added not just to my volume of medical knowledge, but helped me develop an analytical and organized approach to problem solving. Moreover, my interactions with colleagues and patients, often in emotionally rich situations, have further matured my own emotional quotient. Some of my biggest lessons in compassion, empathy, and undeniable courage have been drawn from experiences in the hospital.

On the other hand, medicine seems to have drained my patience for those in my family afflicted by the common rhinovirus, generalized aches and pains, or irritable bowel syndrome. Even when I am not running a code, I have noticed that my voice has taken on the tone of someone who expects to be obeyed. I only rarely question the fact that I expect the life of my loved ones to revolve around my call schedule. I am no longer just a friend; I find myself inconspicuously going through criteria from the *Diagnostic and Statistical Manual of Mental Disorders* with my friend going through a rough time. I am not simply a daughter as I find myself demanding a focused global summary of my mother's regular chitchat. Rather than listening just as a sister, I end up questioning my sister's trust in acupuncture. Dr. Ambasta's penetration into my life



is indisputable. This awareness of how much medicine dominates my present life and relationships makes me ponder the nature of my relationship with medicine. Incredibly, the more I try to differentiate Dr. Ambasta from Anshula, the harder it becomes to tell us apart.

I suppose the question that I am trying to answer for myself is whether I should be a passive observer that allows for the inevitable influence of my passion for medicine in my relationships, or whether I should actively balance it. I find myself answerless at this point. Arguably, the first step to addressing this question is to acknowledge my alter ego's presence and influence. The second step is to reflect on the admirable qualities that I can build on and the ones that serve less of a purpose outside the hospital. The final and most difficult step is then to be able to reconcile and accept my alter ego to eliminate the sense of internal conflict that I sometimes feel. The title of a physician is a privilege; the strength of this professional identity can often overwhelm my unique personal sense of self. These identities, if dealt with introspectively, provide me with the unique opportunity to blend the positive attributes of medicine with my own strengths to further define my unique personal flavor.



As August begins, the AMA is finalizing plans and strategies for the year ahead in our ongoing efforts to provide better value for members. The work is guided by the board of directors and direction they provided at our June and July meetings.

The AMA has recently been considering the concept of patient-and-family-centered care. A special workshop session was held at the spring meeting of the representative forum and the board has spent considerable time contemplating what such a focus means in material ways to the association. This will be an ongoing discussion for the AMA to determine the many possibilities for implementation, but it seems logical that bringing the patient along with us as we work to make a better health care system is a superior process to trying to change the system without the patient's voice.

Our mission statement will remain unchanged. The board believes it continues to be a sound and practicable articulation of why the AMA exists.

Our vision statement — the expression of how we as an association intend to make a difference in the world — has been adapted to encompass the patient-and-family-centered care aspect. The concept stresses working in partnership with patients and families in all aspects of health care.

I have included the revised AMA vision statement below. This is, of course, a statement of how we see the future. It's not a matter of simply throwing a switch. It will take time. I welcome your thoughts and comments on your first impressions.

Please email president@albertadoctors.org

By **R. Michael Giuffre, MD,**
MBA, FRCP, FRCPC, FACC,
FAAC, AMA president



Revised AMA vision statement 2013-14

Mission

The Alberta Medical Association stands as an advocate for its physician members, providing leadership and support for their role in the provision of quality health care.

Vision

Patients First®

Alberta's physicians are committed to a health care system that facilitates wellness and delivers patient-and-family-centered care:

- The provincial health care system is built around patients and families and defined by quality: acceptability, accessibility, appropriateness, effectiveness, efficiency, safety.
- Patients and families enjoy optimal health through access to:
 - Healthy lifestyle choices.
 - Healthy environments and communities.
 - Health service access based primarily on need, not ability to pay.
- The health care system has the resources to deliver patient-and-family-centered care, with best evidence used to allocate resources to what is most effective and efficient in meeting health care needs.
- The relationship between physician and patient remains a cornerstone of the health care system, founded on mutual respect, dignity, compassion and trust. Care is delivered with, not to, the patient, including:
 - Patient choice of a physician.
 - Physicians as agents of patients acting always in the patient's best interests.
 - Clinical and professional autonomy of physicians.
- Providers and patients are partners with funders and managers, sharing the goal of a patient-and-family-centered health care system with defined roles and responsibilities and clearly specified appropriate accountability.



The Measure of Craftsmanship

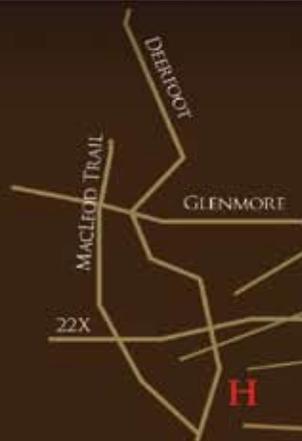
WE HAVE THE CURE

for better living



Model Shown: The Messina 2 in Cranston

LUXURY LIVING WITHIN MINUTES OF CALGARY'S NEW SOUTH HEALTH CAMPUS
IMMEDIATE POSSESSION HOMES NOW AVAILABLE



ESTATES OF ELGIN VILLAGE
10 MINUTES AWAY

RIVERSTONE OF CRANSTON
5 MINUTES AWAY

AUBURN BAY
1 MINUTE AWAY

ARTESIA AT HERITAGE POINTE
12 MINUTES AWAY

DISCOVER THE STYLE AND CRAFTSMANSHIP OF A NEW ALBI HOME
IN AN ESTABLISHED NEIGHBORHOOD

COME VISIT OUR SHOWHOMES TODAY

ESTATES OF ELGIN VILLAGE 403.257.8143 RIVERSTONE OF CRANSTON 403.532.0414
AUBURN BAY 403.252.5522 ARTESIA AT HERITAGE POINTE 403.452.7320

www.albihomes.com

By Dr. Lloyd Maybaum, CAMSS president

Since my July article political postmortem was submitted to Vital Signs further information has materialized begging additional critique and review. As I noted in the July article, the firing of the AHS board and chairman should be seen as a watershed moment in the erosion and undermining of democracy in this province. The action itself must be scrutinized but moreover, the events, players and aftermath must also be examined. Before delving further we should summarize the key points from the July article. We will continue from there.

A re-read of the July article may be most helpful but to summarize: 1) The board and chairman of AHS were becoming problematic for the governing party by openly speaking out about political interference in healthcare, this, despite being appointed by the PC party; 2) Some of the more recent difficult decisions made by AHS in order to control budgetary woes were becoming a significant political liability for the PC party – problematic given Premier Redford has a leadership review in the fall; 3) points 1 and 2 set the board and chairman up for surreptitious termination by the health minister. This, despite 4) a governance review task force report** which substantiated the concerns expressed by the AHS board and chairman regarding the problems of political interference in the system. This report would have exonerated the board, however, it was hidden until moments before the health minister terminated them. Finally, 5) the implications of this action are truly worrisome.

***For a review of the governance review task force report see the additional article in this issue of Vital Signs on page 16.*

Despite the truths pointed out in the July article, the health minister will likely argue that he acted reasonably and has the power and authority to sack the board and chairman. Let us then ask the question:

Does the health minister have the power and authority to fire the board and did he act reasonably?

In order to address this question we must examine the Regional Health Authorities Act for the province of Alberta. A dry reading prospect but it actually proved a compelling read.

In the pages of this act we find that the minister may give directions to a regional health authority for the purpose of 1) providing priorities and guidelines for it to follow in the exercise of its powers and 2) coordinating the work of the regional health authority with the programs, policies and work of the government as well as public and private institutions to provide health services in order to achieve the best health outcome and to avoid duplication of effort and expense.

Section 16(b) of the act curiously indicates that; “The Minister may if the Minister considers that it is in public interest to do so do any other thing that the Minister considers necessary to promote and ensure the provision of health services in Alberta.” This is compelling.

The minister can essentially do anything he wants with the caveat that what actions he takes are in the public interest to do so.

Section 24(g) of the act indicates that the minister may make regulations respecting the remuneration and expenses payable to members of regional health authorities and community health councils. In other words it would seem that the minister has the authority to make decisions regarding AHS executive remuneration i.e. pay-at-risk or whatever ‘bonus’ structure that he would like to set up.

Finally, Section 11-1 of the act notes that the minister may, by order, dismiss all the members of a regional health authority or community health council and appoint an official administrator in the authority’s or council’s place if the minister considers that the regional health authority or community health council is not properly exercising its powers or carrying out its duties under this act or if for some other reason the minister considers it is in the public interest to dismiss the members of the regional health authority or community health council. It would therefore seem that the minister has the authority to fire the board and chairman but it must be in the public interest to do so and it must not be exercising its powers or carrying out its duties. Was this termination in the public interest? Was the board failing in its duties?

Looking closely at the former AHS board and chairman, it is safe to say that this was not some sort of dysfunctional board. Neither the board members nor the chairman were involved in any sort of expense scandal, malfeasance or ineptitude. They were principled and ethical, standing by contractual obligations, albeit somewhat outspoken, regarding the problems of political interference in the health system. I would argue that speaking out regarding political interference in the system is an action that is made in the public interest. Thus, the board and chairman were properly exercising their powers in this regard. Unfortunately these actions were not made in the interests of minister Horne and his majority party. Vexing the minister however, does not constitute ineptitude or scandal. It constitutes a brazen truth that the minister simply could not and would not tolerate.

This then leads to the question, was minister Horne’s decision to sack the AHS board and chairman made in the public interest or for that matter was this action taken in order to promote and ensure the provision of health services in Alberta? It seems that if the board followed through with the minister’s demands to quash the pay-at-risk arrangements, public interest would have been jeopardized. Guaranteed lawsuits would have ensued, incurring additional costs and burdens that would ding the taxpayer, i.e. the public interest. Thus, it is absurd to suggest that these terminations were made in the public interest. We also know that the government would have lost these lawsuits, a fact that all the players, including the health minister, knew going into this conflict and a fact that was confirmed later in the summer - the health minister having feigned ignorance up until that point.

Technically, the minister had the authority to fire the board and chairman, however, the circumstances surrounding the action were specious at best, based upon outright deception at worst.

If we further scrutinize the minister's behaviour immediately before the June 12th terminations, the specter of deliberate deception looms large. I highlight a public statement published the day before, on June 11, 2013 in which the minister stated:

Albertans elected us to ensure government — and its agencies and boards — live within their means.

Later this afternoon, the AHS board will announce that it has made a decision to award bonuses to its employees. However, at a time when we've asked our front-line providers — including doctors and teachers — to take freezes in pay, we cannot and will not accept AHS's decision. It is completely out of step with the times.

As a result, today, I have issued a directive that instructs the AHS board to reconsider its decision to pay executive bonuses.

In addition, government will begin an immediate review of governance to ensure the government, and people of Alberta, can have trust and confidence in the decisions made by boards and commissions. This review will begin with AHS and the review of AHS will be completed by September 1, 2013.

Taxpayers expect us to safeguard limited tax dollars. And we're going to do just that. Our government's direction is clear — we will continue to ensure government, our agencies, boards and commissions live within their means.

Certainly a righteous testimonial. A testimonial fraught

with deception. The health minister is guilty of deceiving the public and fostering a misnomer by referring to the contractual pay-at-risk arrangements as 'bonuses.' By using this language he is deliberately attempting to stoke outrage and indignation upon a foundation of deception. He unequivocally notes that he cannot, and will not, accept the AHS decision to grant the 'bonuses' yet throughout the ordeal he knew that the arrangements were contractual in nature and that, in the end, they would have to be paid out. Furthermore, note carefully that the health minister issued a "directive" to RECONSIDER the decision to pay executive 'bonuses.' He did not issue a directive instructing the board to STOP the payments. Remembering section 24 of the Regional Health Authorities Act it would seem that the minister could have issued a directive to frankly stop the executive payments if he so desired. He didn't do this. Obviously, if he stopped the payments he would be blamed when the lawsuits fired up. Of course, this issue was never about stopping the payments. This was about framing the board and chairman in order to terminate them.

Alberta Luxury Homes Realtors offers for your consideration . . .



This magnificent residence boasts: three car garage, ravine backing lot, mountain views, close proximity to hospitals, in floor heat, four bedrooms, spectacular custom millwork throughout and far too many upgrades to mention. Book a private showing to view this one of a kind home.



226 Grestridge Place SW. A luxuriously appointed walk out estate home with nearly 4800 sq ft of developed space.



Call Robert Jansons at 403.483.7253 or email: robert@rjgroup.ca www.albertaluxuryhomes.ca

ALBERTA | LUXURY | HOMES

Minister Horne, in his statement, cloaks himself with notions of good governance, positing himself as the champion of trust and confidence by embarking on a new governance review of the health care system. Meanwhile, since December 2012, he had kept hidden a damning health care governance review document** that the following day he would covertly slip onto the government website as he announced the termination of Stephen Lockwood and the board. Trust and confidence minister Horne?

To suggest that the action of sacking the board and chairman would safeguard limited tax dollars and force AHS to live within its means is the height of spin. For the past fiscal year, AHS came in over \$100 million under budget thanks to those very same executives that he was antagonizing.

Pondering about this situation, I can't help but think that there must be some legislative rule that an MLA cannot instruct a provincial employee, agency or organization to take an action that would contravene contract law and/or place the public interest at risk. Stephen Lockwood and the board made the correct decision but the minister's behaviour was unethical on two counts. He instructed the board to contravene contract law and concocted a fabricated circumstance in order to terminate them.

In a counter argument, the minister will likely claim that he was forced to issue five directives to the board in the months prior to their termination as if to say that they were making mistakes. This is also frank spin attempting to tarnish the image of the board. In fact, I have been informed that issuing directives is just a statement of the formal mechanism by which the minister interacts with the board. AHS, its executives and board did not made mistakes, the minister was simply trying to use and likely will continue to try to use smoke and mirrors to impugn the board and AHS in order to substantiate their termination.

Thus, I conclude that the board and chairman were not improperly exercising their powers or failing to carry out their duties under the act. In fact, they were performing wholly within the confines of the act by refusing to renege on legally binding contracts. Furthermore, the sacking of the board and chairman was not pursued in the public interest but was most certainly pursued out of political interest particularly given that the premier has a leadership review later this fall. My conclusion — the health minister did not act reasonably or ethically.

It has now been over two months since the health minister fired the board and chairman. Time passes yet he is still to be held accountable for this egregious action. It has been a very quiet two months but there have been a number of factors at play that have allowed the health minister to escape this scandal unscathed. They include but are not limited to the following:

- 1) The great flood
- 2) The minister's stealthy release of the governance review task

force report that coincided with the firing of the board and chairman

- 3) Failure of the press
- 4) Failure of the opposition parties

The flood presented a major distraction just days after the board and chairman were fired. This was a crisis of epic proportions and understandably all hands were distracted by this event. The event, however, reminds me of a certain book that I read a few years ago entitled *The Shock Doctrine* by Naomi Klein. The basic premise of the book is that by using the public's disorientation following a massive shock such as a natural disaster, unpopular measures can be pushed through or acts of malfeasance allowed to pass unnoticed. The flood was a timely distraction for the health minister and his party and virtually assured that the executive pay issue would rapidly dissipate and that no one would read the governance review task force report. Furthermore, he would not be subject to much scrutiny, as lawyers would later confirm that the executive pay-at-risk arrangements must be paid out under contract.

The 'free press'

The health minister was also aided in some measure by the media. A well functioning democracy requires an engaged, informed and educated electorate. In large measure, the public is informed of the issues by the media. On the issue of AHS executive pay-at-risk it would seem that our 'free press' was more interested in ginning up controversy by propagating the misnomer that these contracts included 'bonuses' rather than focusing on fact finding and educating the electorate. Consequently, many Albertans wholly believed that the contractual pay-at-risk arrangements were simply willy-nilly bonuses and sided with the health minister. A factually based 'media' might have delineated the truth and simplified the message so that the casual reader may have more clearly understood the slight of hand that was at play. Alas, controversy sells newspapers and advertising spots.

The opposition parties

Our opposition parties, another stopgap that ordinarily would and should catch ministerial malfeasance by holding the pay-at-risk issue to scrutiny, also failed us. I won't mention any names but one party specifically decided to steer clear of this issue since public sentiment was strongly in favour of rescinding the payouts. They decided to tag along with populist sentiment and not rock the boat. Thus, the opposition parties jumped on the populist bandwagon, uttering their disdain and contempt for the AHS board and reiterating calls to fire the board and withhold the 'bonuses.' I, for one, will not steer clear of an issue because a majority of others remain uninformed or perhaps misinformed. In fact, it is times like these that an opposition party must lead the charge to inform the electorate. Instead, our opposition parties decided to lay low and give the governing party a pass on this one, not willing to risk a drop in polls by brandishing truth across the grain of popular opinion. I suppose that the truth may have seemed a bit of an uphill battle given the distraction of the flood and the actions of the press/media but I expect better of the opposition parties.

ATTENTION FUTURE
SOUTH HEALTH CAMPUS
STAFF:

Don't commute to work.

GO FOR A WALK.

Brookfield Homes offers a range of homes less than 30 minutes away from the new South Health Campus — on foot, on picturesque trails and pathways. (It's not really commuting at all.)



CRANSTON

TOWNHOMES
from the \$280's
STACKED TOWNHOMES
from the low \$200's
SIDE-BY-SIDE HOMES
from the \$290's
SINGLE FAMILY HOMES
from the low \$300's

10
MINUTE
STROLL



30
MINUTE
AMBLE



McKENZIE TOWNE

TOWNHOMES
from the \$280's
STACKED TOWNHOMES
from the low \$200's



AUBURN BAY

TOWNHOMES
from the \$290's
STACKED TOWNHOMES
from the mid \$200's
SIDE-BY-SIDE HOMES
from the \$290's
SINGLE FAMILY HOMES
from the \$320's

5
MINUTE
HOP



VISIT BuildwithBrookfield.com
FOR HOME AND COMMUNITY DETAILS

Brookfield Homes
The Best Places to Call Home

Our opposition parties failed to hold the governing party and the health minister accountable for this egregious action. They adopted the populist stance since presumably their pollsters suggested that Joe Albertan did not understand the issue and was siding with the government, thus they too would evoke notions of egregious ‘bonuses’ and applaud the dismissals. If the opposition parties will not challenge the government on this egregious abuse of power, wrapping themselves in the cloak of misplaced public opinion who will hold this PC government accountable? What is the role of an opposition party in this province if not to take the government to task even if it means that taking such a stand is not aligned with the views of Joe Albertan? I must say that I am sadly disappointed with the state of politics in this province.

Over the past four years I have received many suggestions that I run for office. I have even been cautioned by an elected representative that everything I say or write can and will be used against me should I decide to run for office. All I can say is that I have nothing to hide. You will not find a ‘lake of fire’ skeleton in my closet but you will find a belly full of fire that things must change.

The consequences

As I write this article it is mid-August and we have a situation in which AHS executives have no protection from the health minister or his ministry. He just successfully fired the chairman and entire board of AHS based upon false pretenses and managed to escape unscathed. Thus, what AHS executive would choose to defy this minister if he instructed them to take actions that were against their values or not in the best interests of the public? Very simply, AHS executives will not speak up unless they are willing to risk termination. I have already been informed that there is much concern amongst AHS executives and that some AHS executives have already been placed in such a moral dilemma. They have no one to turn to for protection or support. Sadly, in this province we have no whistle-blower process that would protect a vocal AHS executive if the health minister directed actions or decisions based upon cronyism, favouritism or perhaps corporate influence i.e. not in the best interests of the health care system or the wider public.

The AHS board or chairman served as a buffer between the minister and AHS executives. That is why they spoke out that there is too much political interference in the system. We know from above that under the regional health authorities act the minister can and is allowed to direct AHS on global issues. The board and chairman knew this yet spoke out regarding excessive political interference. To me, if Stephen Duckett, Stephen Lockwood, the Health Quality Council of Alberta and the recent governance review task force have all explicitly or generally suggested that there is too much political interference in the health care system then I am fully prepared to accept that assertion as fact. They are the people that would know, or the people that have investigated.

If the former AHS board and chairman were serving as a buffer to allow AHS and its executives to execute the delivery of services still groaned under the weight of political interference then our current situation with a sole administrator is open season for meddling and interference.

Without oversight who is maintaining the checks and balances to ensure that decisions made in our healthcare system are based on actuarial need? Without ironclad whistleblower protection for physicians and in particular, AHS executives, there is no measure of protection that decisions have been made in the public interest based on actuarial need vs. being made entirely upon influence and access, to the detriment or reduced return of the public interest. How would we ever know if the health minister and his office were making decisions to please their pals and supporters or perhaps due to the influence of pharmaceutical companies, medical equipment manufacturers or those that are proposing the provision of infrastructure? With an effective whistleblower process we could restore accountability and confidence in the system. This is not a new suggestion. There have been calls in the past for such a process yet this government stickhandled around it. Why? It would certainly seem to suggest that they have something they wish to retain or to hide.

We need to understand the wider forces at play — the unseen hands dipping into and manipulating the healthcare system, and the ministry. We must also consider that without any protection, AHS executives are completely exposed, as are the interests of the public. We need effective whistle-blower legislation in this province that will protect physicians and in particular physician executives in AHS. Though the ball may have been dropped in June, I issue a challenge to the opposition parties to spearhead whistle-blower legislation. You will have CAMSS full and absolute commitment of support. It would also be most agreeable if you took the health minister to task over his termination of the AHS board and chairman.

Premier Redford or minister Horne, if you are reading this article let me note that if you spearhead meaningful, substantive whistleblower legislation, then we can quickly put this topic behind us and I can start writing about other issues!

Why the governance review task force report was buried

By Dr. Lloyd Maybaum, CAMSS president

It may be one of the few people to have read the governance review task force (GRTF) report, entitled “Working Together to Build a High Performance Health System” (February 2013). Minister Horne conveniently withheld it until the unprecedented firing of the AHS chairman and entire board. I am not surprised by this coincidence because upon reading the executive summary it became quite clear why the health minister might not want anyone to read the report.

This report was commissioned because of concerns relating to excessive political interference in the health care system as underscored by the Health Quality Council of Alberta (HQCA) report of February 2012. The same concerns have been explicitly or generally suggested, by Dr. Duckett, the former AHS CEO and Stephen Lockwood the most recent former chairman of the AHS board. Combined with the recent GRTF confirmation of this problem I am very confident to accept the assertion that there is too much political interference in the health care system. Denial of this fact likely led to the seclusion of the GRTF report by minister Horne because he likely didn’t want anyone to read it.

The GRTF report starts out gentle enough: “AHS is the governments largest agency, mandated in legislation to provide health services to all Albertans and employing over 90,000 individuals. The sheer size of and impact on Albertans of these organizations make it critical that all parties strive for excellence in their governance practices. The quality of decision-making in Alberta’s health system affects the quality of health outcomes. To have quality decision-making, the health system needs to have effective governance.”

The tone and tempo then significantly increases and one can well imagine that the GRTF ruffled some feathers with commentary such as; “Restructuring has been undertaken in the past without full consideration of the reason, the risks, the alternatives and without a fully developed implementation strategy. The cumulative effects of restructuring have left the major players in the system stressed and confused about roles and responsibilities.” Reading this one easily recalls the rollout of AHS in 2008 but also the repeated downsizing of the number of health regions over the preceding decades.

The report continues; “Each restructuring has compromised the working relationships that have managed to develop over time and in some cases has exacerbated the systemic problems and challenges. It has also been exhausting, in terms of energy and capital. Too often the focus of people and resources has been placed on restructuring the system, diverting energy away from addressing the root challenges in the system. It has also diverted attention away from developing innovative ways of delivering quality services to Albertans. The cumulative effects of restructuring have been lingering change management issues, chronic instability and confusion about the roles and responsibilities of major players in the health system ... Bringing about effective governance is a step in the right direction towards resolving the underlying problems and challenges in the health system.”

Isn’t it refreshing and validating to see in writing what we have all been thinking since the advent of AHS courtesy of former health minister Liepert. This is a rather stark rebuke of the progressive conservative party since we have endured all of these changes courtesy of their 42-year dynasty. It becomes increasingly transparent why the minister hid the report and covertly placed it on the government website as he

simultaneously fired the AHS board and chairman and ordered a fresh governance review to be completed by September. I suspect that the new review will not be quite so candid.

Though the GRTF report is now dead, the contents laid out 10 recommendations centered around 3 themes. The themes included 1) that all parties must be clear about their roles and responsibilities and be committed to achieving excellence in their execution; 2) the government and AHS must work together as integral parts of one system and 3) physicians must be fully engaged.

An abbreviated summary of the 10 recommendations includes:

1) The minister of health should confirm his commitment to deliver health services through a health authority, AHS, overseen by a board appointed by the minister and importantly; “Within the context of a publicly funded agency of government, the AHS board be given the necessary autonomy to carry out its delegated authority, supported by a clear mandate and governance framework.”

2) The minister should reconfirm the authority conferred on the AHS board.

3) The minister and AHS board adopt procedures that select new board members based on competency, following a non-partisan, transparent, best-practice approach that is followed on a consistent basis.

4) The CEO should be given the autonomy required to execute the health plan and be held accountable for meeting its performance targets.

5) AHS ensures that its structure, expertise and resources are appropriately balanced across the continuum of health services.

6) The minister must clarify Alberta Health’s role and responsibilities.

7) Alberta Health should ensure, that its structure, resourcing and core competencies align with its clarified role and responsibilities.

8) Every effort is made by the minister and Alberta Health to support AHS in achieving the targets set out in the health plan.

9) Leadership of the health system should establish processes that reinforce a culture of collaboration between AHS and Alberta Health.

10) AHS continue to develop and implement strategies to engage physicians and identify behavioural barriers that hamper the effectiveness of its policies and structures and the two-way communication for its success.

One can only laugh (or perhaps cry) reading recommendations (1) and (2). No, the minister did not reconfirm the authority of the AHS board. Instead, he sacked the lot of them: balsy and brazen, thumbing his nose at a report and the recommendations contained within. Birding his hand at notions of political interference, exacerbating the problem by firing those that spoke of the concern. In almost the same breath as the firing, minister Horne noted that he would commission a new review of the governance of health care in this province. What was wrong with the GRTF report? It cost the taxpayer over \$200k. How much will the next one cost? Is the plan to continue to request governance reviews until the minister obtains one that both he and the premier like and approve? If this is the case, why don’t they just write the report themselves and save the taxpayer the expense and charade of another sham report.

Profile: Dr. Steve Patterson, incoming CAMSS president

By Dave Lowery

Dr. Steve Patterson, 53, is originally from Thunder Bay, Ontario, and completed his medical school at the University of Western Ontario. Originally a family physician, he trained as an anesthetist in Calgary and is currently the assistant head of anesthesia at the PLC. When not in the OR, Patterson spends his leisure time downhill and backcountry skiing, canoeing and hiking with his family.



Vital Signs: What attracted you to medicine?

Patterson: I did not always want to be a doctor, I entertained thoughts of engineering and accounting in high school but I was interested in biology and chemistry as well. By grade 11 I had decided I wanted to be a doctor. I graduated from UWO in family medicine in 1985 and worked as a GP in Calgary and Crossfield before choosing to upgrade my skills by getting further training in anaesthesia. After one year of training I enjoyed the field enough to pursue the specialty.

Vital Signs: What attracted you to the CAMSS president position and when do you start?

Patterson: October 1 is the official change or alternatively, when Dr Lloyd Maybaum decides to hand me the reins! I was president of the PLC medical staff association and served on the CAMSS executive. I guess I was attracted to the position because the CAMSS president is an important role and I would like to carry on the good work that Lloyd has begun.

Vital Signs: What plans do you have for changes and what are your goals?

Patterson: My goals would be to increase the awareness of CAMSS in the medical staff and increase the profile of the medical staff associations within the hospitals and in the medical community.

Vital Signs: How are you going to do that?

Patterson: First, through this discussion in Vital Signs. Second, I hope to attend grand rounds to introduce myself and the idea of CAMSS and third, through personal advocacy. I'm hoping to recruit people who I know would be excellent candidates to get more involved and represent the medical profession.

Vital Signs: What will be your biggest challenge?

Patterson: My biggest challenge will be to increase the profile of CAMSS in the general medical community. I think that we are an invisible but important organization at present. For us to work well we have to have people know who we are and what it is we do.

Vital Signs: What do you think CAMSS does well now?

Patterson: Lloyd has increased the profile in the media and among physicians with well-researched articles in Vital Signs and personal interviews. It will be up to me to build on that and increase the awareness within the medical staff of what CAMSS is and does.

Vital Signs: How do you feel about the media?

Patterson: I have no experience with media and hope to get some guidance with media relation matters.

Vital Signs: Anything else you would like to add?

Patterson: I'd like to expand on what the function of CAMSS is. This is my pulpit now and medical staff associations exist in the medical staff bylaws to represent physicians on over arching committees including the zone medical administrative council and the provincial practitioners executive committee (PPEC). As well, medical staff associations are to provide individuals for personnel searches and interviews for assistant directors and directors of clinical departments. These roles allow medical staff to have a say in their governance and for that reason it's important that we have participating medical staff willing to serve on these committees and assist in the future of our clinical departments.

We have moved!
New Address:

Calgary & Area Medical Staff Society (CAMSS)
c/o Alberta Medical Association
350, 708 - 11 Avenue S.W.
Calgary, Alberta
T2R 0E4

New Telephone Number:
(403) 205 - 2093



A RARE opportunity FOR MEDICAL, OFFICE AND RETAIL USERS TO LOCATE IN CALGARY'S HIGHLY SOUGHT AFTER AND RAPIDLY GROWING SOUTH WEST.

MEDICAL | OFFICE | RETAIL

RETAIL TENANTS ARE NOW OPEN!

Construction is Now Complete!
West 85th is Calgary's newest office and retail development, offering over 32,000 square feet of "A" class office and medical space for lease. A diverse group of retail tenants provide a myriad of on-site amenities. Located in the community core of West Springs, West 85th is surrounded by some of the city's highest household incomes. Minutes away from Bow Trail, Old Banff Coach Road and 17th Avenue SW, West 85th is at the gateway to the new Calgary West LRT, Stoney Trail ring road and close to Calgary's downtown core. West 85th affords an unmatched level of quality and convenience for office and medical users.



For leasing information call:
403 265 WEST
or Email:
info@west85th.ca

WEST85TH.CA





No-Scalpel No-Needle Vasectomy

*"A simple, quick, virtually painless procedure done in surgical suite in doctor's office
Covered under Alberta Health Care."*

Eight reasons for having a No-Scalpel Vasectomy*

- No incision
- No needle
- No stitches
- Less discomfort
- Faster recovery
- Just as effective
- Faster procedure
- Less chance of bleeding and other complications

* when compared with conventional vasectomy

Learn more: www.VasectomyCalgary.ca

infant circumcision

no-scalpel vasectomies



Dr. Pierre Crouse
3223 17th Ave. SW Calgary, AB T3E 7R8
403-255-6196 403-255-1166
www.intramed.ca

Infant Circumcision



It's all about me!

I'm having a circumcision done. It should be:

- quick
- minimal discomfort
- virtually bloodless
- excellent result

Dr. Crouse believes that children (of all ages) should never experience unnecessary pain.

Learn more about the new Mogen Circumcision Technique,
"A new, safe and virtually painless one minute circumcision technique."

www.CircumcisionCalgary.ca

infant circumcision

no-scalpel vasectomies

intramed
MEDICAL CENTRE

Dr. Pierre Crouse
3223 17th Ave. SW Calgary, AB T3E 7R8
403-255-6196 403-255-1166
www.intramed.ca