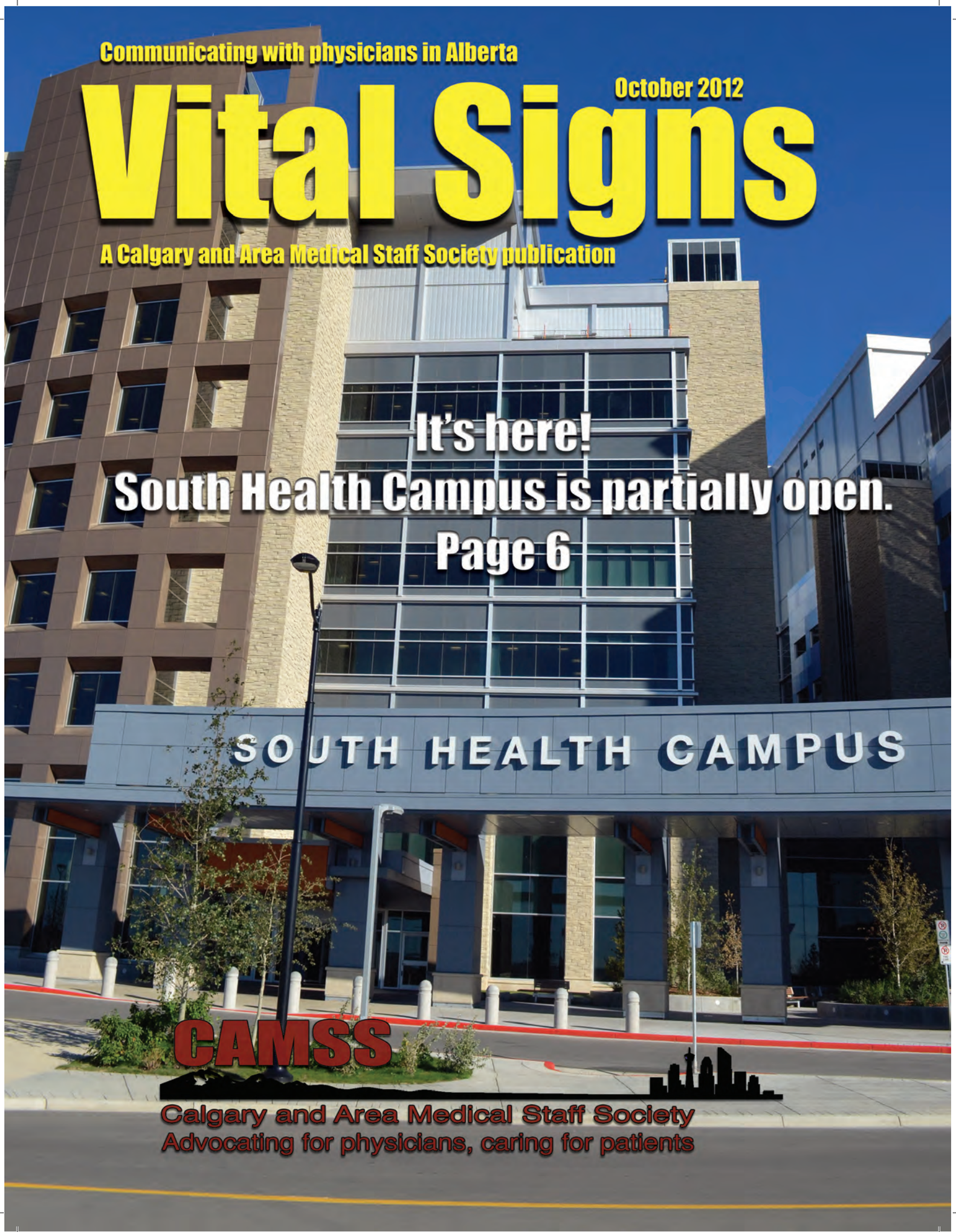
Communicating with physicians in Alberta

October 2012

Vital Signs

A Calgary and Area Medical Staff Society publication



It's here!
South Health Campus is partially open.
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CAMSS

Calgary and Area Medical Staff Society

Advocating for physicians, caring for patients

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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.

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Job posting: Internist with interest in complex wounds

A general internist with experience/interest in caring for complex patients with chronic wounds (including diabetics) is being sought for a newly designed referral-based outpatient clinic. This opportunity may add to your current practice or develop independently into a new practice. An exceptional family physician with appropriate skills/ experience would also be considered.

Qualifications:

- Preferred Royal College certified in internal medicine
- License eligible in the province of Alberta
- Experience leading a multi-disciplinary team an asset
- Clinic management and support services provided
- Regular office hours, no call or off-hours work required
- Low overhead in a central Calgary location

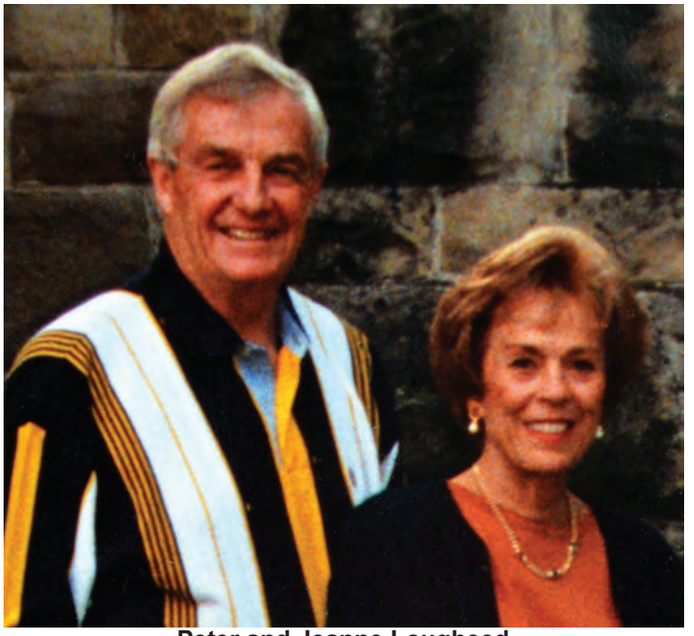
Interested candidates should email resume and cover letter to the hiring committee at info@cndhealthservices.com.

On the cover: The $1.3 billion South Health Campus. Photo by Dave Lowery

From the CAMSS president

Alberta has lost a great leader . . . but what's left?

I would like to start off by taking a moment to salute a truly great Canadian. A truly great Albertan, Mr. Peter Lougheed. Captain, my captain. The only non-physician elected into the Canadian Medical Hall of Fame for his shared vision in forming the Alberta Heritage



Peter and Jeanne Lougheed

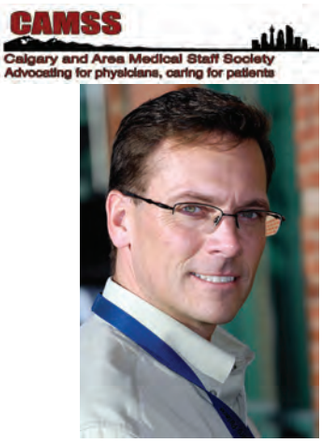
Photo by Dave Lowery

Foundation for medical research. An icon who practiced politics in a respectful, dignified, truthful and honourable way. One can hope that our current roster of elected representatives strive and aspire to model the deeds and actions of this truly great man. Mr. Lougheed, you will be sadly missed but you live on in our hearts, our minds and in our souls. Though you have passed on, you continue to inspire us.

In the end, life's journey goes on. A critical issue at hand for our profession is that of negotiations and the lack of a negotiated agreement. The agreement in principle (AIP) between Alberta Health and the AMA expired in July, therefore we are now in a precarious situation. A situation in which the health minister has ominous power. The stumbling block in these negotiations has nothing to do with money but everything to do with the role and function of physicians in the health care system and the role and function of the AMA. Recent developments have magnified the potential for physician intimidation and opened the field for lobbying and influence peddling.

Historically, I have frequently railed against the lobbying and influence based model that saddled the health care system when it came to the distribution of resources and infrastructure. One clear benefit of AHS is that it has imparted the ability to steer away from such toxic and inefficient lobbying practices.

Another key agent keeping lobbying and influence in check has been the AMA. Granted, lobbying and influence likely play a diminutive role within the AMA but it serves to keep the wider display of such activities largely in remission. Since the expiration of the AIP, however, the wild-west frontier of lobbying and influence is wide open.



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

At this moment, following the expiry of the AIP, the health minister can arbitrarily set fee code rates, and increase or decrease them at whim with physicians having no recourse or clear path to object. The AMA is powerless to intervene. Thus, this extreme power of the health minister opens a Pandora's box of lobbying and influence. We now face a potential free-for-all lobbying scrum by groups and individual physicians. No one wants their fee codes cut so it may be best to cozy up to your local MLA and the health minister. Moreover, don't speak out and don't annoy them. Don't piss off the party or it may come back to haunt you. With the stroke of a pen your fee codes could be slashed and at the moment, there is no one to protect physicians.

> Currently, no policy or procedure will assuage or overcome the intimidating dictatorial-like power that Alberta Health and the health minister now possess. No one will speak out in this environment.

I caution that every Albertan should be concerned with this development. This situation is rife for intimidation. Rife for stifling any physician from speaking out when there is something wrong with the system, something wrong with patient care or access to the system. Physicians will and have gone quiet. No one wants to feel the sting of blowback. This is a particularly unsettling and unhealthy environment.

I remind everyone of the February 2012 report of the Health Quality Council of Alberta on the role and process of physician advocacy and physician intimidation and specifically underscored that "Alberta Health Services, in collaboration with Alberta universities, the Alberta Medical Association, the College of Physicians & Surgeons of Alberta, and other organizations develop and implement clear policies and procedures to guide physicians on how to ethically, appropriately, responsibly and effectively advocate." Currently, no policy or procedure will assuage or overcome the intimidating dictatorial-like

power that Alberta Health and the health minister now possess. No one will speak out in this environment. The board and executive of Alberta Health Services should and must recognize the implications of this ominous development if their concerns regarding physician intimidation are more than just placating words. Moreover, if the HQCA is truly an independent organization at arms length from the health minister then they must speak out that this development is unacceptable and contravenes the spirit and recommendations of their February 2012 report.

In the end, physicians are indeed a pain for elected representatives for we have demonstrated that we are prepared to hold people and processes accountable. We are the referees willing to blow the whistle and take actions that are necessary for a healthy democratic society and a healthy effective health care system. Respectfully, what other group of health care professionals, apart from physicians, have spoken up regarding the woes of the system all while risking the wrath of elected representatives? We have openly struggled to cast off the shackles of intimidation and bullying in order to speak out on behalf of patients. Now, perhaps as a consequence, our post-election reward is an AIP lost in limbo and an even greater dictatorial process that could readily extinguish our revolution of candor and free speech. Albertans must take heed. The Alberta taxpayer and our patients must speak up that the development of supreme health minister power is unacceptable and undemocratic. Do Albertans want physicians to be free and vocal or muzzled, intimidated and cowed; effectively leaving no voice to independently speak out on their behalf? Our challenge, my friends, is to convey this message to the people of Alberta. We are not looking for a pay raise but what we need is a negotiated settlement and a settlement that enshrines the role of the AMA as the representative and protective body for physicians.

I emphatically underscore that the issues we face today are not about money or monetary gain. The fight that we face is underscored by principles. If it were about money then we wouldn't have rocked the boat during the election. We would have quietly accepted the health minister's attempt at imposing a 2.5 per cent pay raise immediately before the election. These negotiations strike at the core and heart of our profession. We must have and must demand a seat at the table and must demand that the AMA be legislated to represent all physicians. Physicians must be protected thereby freeing them to speak out on behalf of patients and to be able to openly identify the woes and perils creeping within the system and to play an active role in the vision of our health care system.

I emphasize that we are not here to obstruct change. I implore our elected representatives that have become mesmerized by anti-physician worm tongues to awaken from the spell. We are not here to obstruct change. We, all of us, are on the same side wanting simply what is best for our patients and the people of Alberta. All the same, for his uncharmed stance, I respect and admire our health minister. But his power has simply become too almighty.

Physicians, what we need is some sort of public awareness campaign. Perhaps we could all spend a couple extra minutes to explain to our patients the situation that doctors now face especially since we have spoken out on their behalf. We are now, however, effectively muzzled so we would appreciate their support by writing to their MLAs and expressing their concerns.

As I quietly reflect upon the passing of the honourable Peter Lougheed, the passing of our province' and our generation's version of Peter the Great, I begin to long for yesterday. For where is today's Peter the Great? I long for the next great leader of this province, but where do we find that next great magnanimous individual uncharmed by worm tongues, in this age of cynicism and doubt. My friends and colleagues, I suggest that we remain united and continue to adopt the moral high ground, accept our whippings and turn the other cheek while we continue to speak up and place the interests of our patients first. Meanwhile, we shall await the advent of some truly inspired leadership.

PlayCheques
INVEST IN THE LIFE YOU WANT

A PAPER LOSS OR A PAPER GAIN – IS THERE A DIFFERENCE?

Adrian M. George CFP, Ch P, FCSI
Director, Advanced Planning

Why are we happy to cash in on a "paper gain" and sell an investment but we procrastinate when it comes to selling a "paper loss"? Logically the parameters we use to decide to sell an investment for a profit should also be what would make us decide to sell one at a loss...but therein lies the difference.

While there is a sting associated with holding a paper loss we can console ourselves in the hope that, given enough time, the investment will soar back and eventually become a gain. Selling the paper loss would extinguish this hope. Although selling creates an actual loss, holding a paper one for an extended period of time has its own risks:

1. Inflation

If you hold on to a paper loss too long (think Nortel's slow death), inflation will continue to erode the asset, while other, better opportunities keep pace or rise. This is particularly important if the investor borrowed to invest and has to compound the loss with additional loan interest payments.

2. Missed Opportunities

While the investor is focused on any hope of recovery in their current investment, they may miss other significant opportunities. Selling, or being prepared to sell the paper loss, would allow them to focus on other investments.

3. Loss

Had the investor sold, he or she may be able to claim a capital loss to offset the tax from selling a paper gain. This unnecessary tax on the good investment reduces its effective rate of return.

Regain discipline with your investments

In over 20 years of working with professionals, there is one item consistently lacking in their investment portfolios: a strategic and behavioural approach to their income and asset allocation. This is not to say they haven't been provided an Investment Policy Statement or other such report, but rather there is a lack of connectivity between the assets themselves and what each of those assets are supposed to do. This is made worse when this lack of connectivity extends to their corporate income and investments.

Ideally, retirement planning should allocate income and assets towards 5 key areas (and in this order):

1. Guaranteed income
2. Health protection
3. Discretionary income
4. Recreational assets and
5. Estate and philanthropic goals

By doing so, only the discretionary assets are at risk in a market downturn, which allows the investor to apply far more discipline in their investment decisions as the other goals are running independently. The investor turns from being fearful of the markets to being opportunistic.

If this sounds like a strategy you would like to discuss, give us a call and we can show you how simple retirement planning can be.

The South Health Campus

Photos by Dave Lowery

Left: Currently closed, the emergency department is slated to open in Febrtuary 2013 and will contain 30 treatment pods (top) and two resuscitation beds initially (below).

Below: With parking for 2137 vehicles, the South Health Campus occupies the same footprint size as Chinook Centre.

Below: The YMCA has been contracted to provide facilities on site. L-fitness room, R-climbing wall.

New name. Renewed commitment. Total heart health.

Cardiology Consultants has a new name - TotalCardiology.

• Donald A.N. Meldrum • Robert N. Lesoway • Jim L. Hansen • Tim G. Prieur • Neil G. Filipchuk • Patrick T.S. Ma • Frank P. Spence
• J. Peter Giannoccaro • James A. Stone • James M. Cohen • Sandeep G. Aggarwal • Ronak S. Kanani • Grant L. Peters
• Tim S. Boyne • Hamid S Banijamali • Doris Basic • Andreas Westib • Hamid R. Habibi • Mustapha Kazmi • Ilias Mylonas

With our new name, we renew our commitment to patient-centred care that reflects our core values of respect, excellence, innovation, teamwork and collaboration and sustainability.

We provide total heart health care delivering comprehensive cardiology services in 3 locations in Calgary:

Our brand new state-of-the-art **Cardio-Diagnostic Centre** at 2891 Sunridge Way NE (Yellow Pages Building) where we offer:
- Cardio-diagnostic tests:
  - Myocardial Perfusion Imaging Stress Tests
  - Exercise Stress Test
  - Echocardiogram
  - Carotid Doppler/Ultrasound
  - Holter Monitor

Rapid Access Chest Pain Clinic (RACPC) at 2891 Sunridge Way NE (Yellow Pages Building) where we evaluate patients experiencing chest pain syndromes in a dedicated chest pain clinic setting.

Clinical Care Centres in Bridgeland at 803 – 1st Avenue NE, Yellow Pages Building and South Tower Medical Building (Foothills Hospital):
- Clinical Consultation for general cardiology
- Tele-consultations with Cardiologist
- ECG interpretation services – by Cardiologists

Cardiac Wellness Institute of Calgary (CWIC) in the Talisman Centre 2225 McLeod Trail south for:
- Cardiac Rehabilitation
- Wellness and Prevention Screening

Visit us online for our new one page Diagnostic Requisition and our Tele-Consultation Requisition for consultation by phone. To learn more about TotalCardiology please visit our website or call us at 403 571 8600.

TotalCardiology
Your Heart. Your Health. For Life.

totalcardiology.ca

AMA update

By Dr. Michael Giuffre

It is only appropriate that my first duty as an AMA president is to attend the ACH MSA meeting. I want to first acknowledge my predecessor, Dr. Linda Slocombe. She represented the AMA and Alberta's physicians so well during a year of political change. This past year was a political whirlwind.

The new president-elect is a family physician from Crowsnest Pass, Dr. Al Garbutt. For many years he served as president of the AMA's section of rural medicine.

I attended the RF meeting a week ago, attended by 130 RF delegates. The consensus: a bad deal with government is worse than no deal and that a pure fee settlement is not in our interests.

Following is an edited portion of the acceptance speech I gave at the AMA RF. The context accounts for the expanding roles of non-physicians and 18 months of no contract with government and a summer of silence for moving forward.

As I look ahead to the coming year, I am mindful that the advances in technology, medicines, and surgical techniques have all contributed to wonderfully improved life for many patients and families.

Over the course of caring for these patients, deep bonds and relationships develop. I believe we most commonly refer to these bonds as the cherished "doctor-patient relationship." Often these relationships extend to the patient's family or guardians, as they too become our patients and fellow caregivers. This bonding forms the part of physician care that I can only describe as the "essence of care." It is what we do as physicians. It is unique and cherished in our profession alone.

For surgeons, their "essence" may be further translated and extended toward their surgical skill sets perhaps curing their patient and relaying a lasting bond toward an improved life for their patient. This "essence" describes what we physicians may have to hold on to each and every day, particularly the days where things have not gone well.

The patient-physician relationships that I have with my growing and maturing patients, and their families, is for me, and you – my colleagues – embracing, rewarding and empowering.

When sickness hits we expect compassionate and great care delivered in a way that allows us to maintain our dignity, that meets or beats our expectation of an outcome that is the best possible by today's standards, not yesterday's standards. I can say with honesty that each day I do my best, and I know you do the same.

My colleagues are also nurses, nurse practitioners, pharmacists, therapists, technologists and other health care professionals. And, they too, want to be able to routinely deliver the best care, quality care, in the safest way possible, in a timely fashion and often in a team effort.

But, for this to occur, each and every one of us in the team of health care delivery needs a dependable system of health care. We need a system of care that finally allows us to work really well together, in team environments.

Physicians, nurses and various others in medical care delivery have been caught in the multitude of change that has enveloped and characterized Alberta's health care system since the 1990's; 17 regions, then nine, then one large one. This constant change has been destabilizing creating uncertainty and destroying trust.

Physicians and nurses represent few of the only constants in our ever-changing health care environment. In contrast, in the past 20 years, Alberta has had 9 different health ministers and, get ready for this one, 14 deputy ministers of health! We all know patient care has been affected, sub-optimal and often with dignity compromised.

As physicians, we have been asked for years to compensate, with our team members, our professional colleagues, to still provide quality care for our patients. But, with the proviso do more with less. In the past and even now. We simply want:

- our surgeons to have adequate facilities that get them back in the operating rooms more than once a week.
- our waiting lists to be gone so patients have the access they deserve.
- world-class clinical diagnostics and health care facilities that make sense.
- to be part of decisions on health-care policy-and-delivery that are evidence-based and that add true value for patients.

So now what? Is it time for us to stop challenging health care changes that are made without evidence of a value-add to patients? No, not really.

Is it time for us to look within ourselves and stop the overt criticism of health care delivery and the re-runs of the past decision-making since the 1990s that were less than ideal? Well, yes, maybe it is time.

And finally, is it time to push the re-start button, to move forward, and to work with new leadership, side-by-side? Is it time to say the past is the past and we need to move forward? Yes it is.

Now we must extend an olive branch and become willing partners and sit side-by-side with government, the health minister, and AHS. We need to be perceived as a facilitator and as an enhancer, not as an obstructer.

Our role is to make sure these shifts have a positive outcome for patients – that they are patient-centric, that they truly put Patients First®.

The AMA and physicians are ready to be invited back to the table to give guidance before the decisions are made, and before policies are in place.

As all of you know, primary care is the cornerstone for the ultimate success of any health-care system. The auditor general of Alberta, in his last report, cited a number of accomplishments by the primary care networks. "It's about the physicians and other health professionals who work within them. And it's all about the quality of care they deliver," he said.

The premier has proposed a new model for primary care called family care clinics or FCCs. As physicians, we should certainly be okay with increased funding for primary care. We should also be okay with the ongoing emphasis on the importance of primary care, as long as it is non-fragmented. Alberta does need to get primary care right or the whole system will never work to anyone's satisfaction. But, what about the complex patient, for example, a diabetic with heart disease and early onset Alzheimer's disease with depression that now needs a knee or hip replacement. That patient will not only need a great family doctor but also an anesthesiologist, an orthopedic surgeon, an endocrinologist or general internist, a cardiologist, a psychiatrist, likely an intensive care specialist post-operatively, nurses, physiotherapy, pharmacists, technicians and technologists from many fields of medicine. Who will provide the navigational map to get them through our complex system of health care? This complex patient scenario getting access and navigating through our health care system remains a big problem. AHS is working on an innovative solution with physicians and the health care team that it calls strategic clinical networks or SCNs. These networks promote coordinated or facilitated specialty care in a team-based, and often institutional, setting. Six strategic clinical networks are now in place, and six more are planned for 2013.

The major stakeholders in health care are all clamoring for the same thing. They all want a dependable system of health care!! So let us, once

Continued on page 12

Re: "Bitter pill: Prescribing conflict of interest" by Dr. Maybaum, June issue of Vital Signs

Alberta's pharmacy services framework, a new compensation plan for pharmacists, came into effect July 1, 2012. Stemming from this, discussion surrounding physician and pharmacist collaboration in patient care have taken place. This change has helped open the door to important dialogue between health professions, which is essential to building strong relationships and, ultimately, helping improve the quality of patient care received by Albertans.

There are instances however, where conversations have been based in rhetoric. Such was the case with Dr. Maybaum's editorial entitled "Bitter pill: Prescribing conflict of interest." Dr. Maybaum's viewpoint is disappointing because it negatively impacts the positive working relationships that most physicians and pharmacists share with one another and is detrimental to the care of patients.

The pharmacy services framework is complementary to the scope of practice of pharmacists, which was implemented in 2007, so the ability of pharmacists to provide these services is not new. July 1, 2012 meant that pharmacists are now compensated for the patient assessments they must undertake to ensure the appropriate delivery of the services they have been enabled to provide in legislation. Historically, reimbursement for pharmacists' services was only recognized through the dispensing of a drug. This new framework acknowledges the profession's shift in focus from the dispensing of drugs to the more comprehensive medication management needs of patients.

Ensuring quality care is an important part of pharmacist services, which is embedded within the Alberta College of Pharmacists standards of practice and code of ethics to ensure the right checks and balances exist for the delivery of the services. The vast majority of Alberta pharmacists are compensated through their employer by an hourly wage and the decisions of pharmacists are founded in the ethical principle that they will "hold the well-being of each patient to be (their) primary consideration." Through the profession's code of ethics, pharmacists are required to act in the best interest of and for the well-being of the patient.

Communication and cooperation between all health professionals needs to be a priority to provide patients with the best possible care. Pharmacists will continue to work closely with other health care providers so that they are appropriately informed about decisions made. Conversely, it is important that pharmacists are informed by other health care providers about decisions that affect the drug therapy patients require.

The Alberta Pharmacists' Association (RxA) values its relationship with our fellow health care professions and is working closely with our colleagues from the Alberta Medical Association and the College of Physicians and Surgeons of Alberta to support health care professionals with this transition.

Neil Cameron, president, Alberta Pharmacists' Association

It is easy to off-hand dismiss commentary as mere rhetoric, much more difficult to challenge the truth. I ask Neil Cameron to highlight the specific perceived inaccuracies in my article. If there are any inaccuracies, I will happily acknowledge and correct them in the pages of Vital Signs. Furthermore, I stand by my article and defy Neil Cameron to suggest that pharmacists are not in a conflict of interest when they can both prescribe and dispense pharmaceuticals. I also challenge the notion that pharmacist prescribing will actually enhance patient care and direct the reader to further commentary as provided by Dr. Trevor Theman, registrar for the College of Physicians and Surgeons of Alberta. Dr. Theman wrote in the August issue of The Messenger, "And now, as reported in the last Messenger, government has decided to compensate pharmacists for certain activities on a fee-for-service basis. What targets and measures has government set for these new services? How will we know this is a good idea? What mechanism is in place to ensure the care plan provided to a patient by a pharmacist will not contradict the care plan provided to the same patient by the patient's family physician? Why, when many believe (me included) that fee-for-service is a barrier to inter-professional collaboration, is government using that same payment mechanism to now fund pharmacists' services? Is this really part of a plan?"

Lloyd Maybaum, president, CAMSS

Audits, pharmacists, naturopaths, physician intimidation and negotiations?!

As a physician, observing the events of this summer within the health care portfolio has been unsettling. AHS is undertaking a massive audit of past financial indiscretions by the current and previous boards. Admittedly this has been spurned on by the fifth estate inquiries. The government has now given more powers for pharmacists to intervene on behalf of patients and has created a new billing platform for this endeavour. (Cost of this program?) The Health Professions Act now officially recognizes the College of Naturopathic Doctors of Alberta.

Meanwhile, the government has decided not to investigate physician intimidation that was recognized by the Health Quality Council report. The perpetrators of these actions are still in their positions. Is it any wonder that there has been no progress with respect to a new agreement with the province's physicians? The government, since being re-elected, has now reneged on the previous letter of intent regarding a new deal for physicians. Alberta physicians have been working without a new agreement for 16 months now. I feel an increasing feeling of paranoia – could this be punishment for the lukewarm support that physicians gave the PC's during the election campaign? (Maybe Dr. Maybaum can help me with this?) This dismissive behaviour, to my eye, is a continued form of intimidation. The government will work on collateral care portfolios but not with the group of people who provide 24-hour care and are there for you in a crisis.

One has to wonder about the priorities of our elected representatives.

George Gish

Re: The Comm Post Corner in September 2012 Vital Signs

Investing in leadership – Driving AHS to be best-in-class means being both fair and competitive

Setting aside for a moment my concern about the harsh tone of Dr. Comm's column, I'd like to offer some facts and a personal perspective on the column.

First of all, Dr. Comm's innuendo that AHS is dragging its feet in doctor negotiations is not true. AHS is not involved in the ongoing negotiations between the government and the AMA.

Secondly, let's look at executive compensation. The basic question is this: what is fair and reasonable compensation for the magnitude and complexity of running a $12-billion provincial health delivery system, with over 100 facilities and 100,000 employees? AHS is the largest health delivery system in the country and indeed one of the largest organizations of any kind in Canada. Health care is a demanding field, and it's difficult to imagine a public service that is more important to citizens. To put it simply, what our leaders do – what everyone in health care does – matters. All health care providers, including health care leaders, take that great responsibility to heart.

How do we ensure our leaders are compensated fairly? I can't comment on what was done before AHS was created. But a new set of compensation rules created by the board of AHS included a decision to set executive compensation around the middle of the national range of compensation for senior executives in comparable health organizations. It is worth noting, by example, that our CEO's all-in compensation for 2011/12 ranks around the middle of this range using independent studies on executive compensation.

That is the starting point for setting senior leader compensation at AHS. To compete for executive talent with other health delivery systems, AHS must offer a competitive compensation package. We are not going to be drawn into escalating compensation, but we cannot ignore the realities of the executive job market to Alberta's disadvantage.

Let's be more specific. Dr. Eagle's total all-in cash compensation for 2011/12 was $689,000. This amount excludes Dr. Eagle's normalized annual supplemental pension plan (SPP) employer contribution of $44,000 for his LAPP payment of $15,000.

It is worth noting that the SPP is a "defined contribution pension plan," which was effective for all new employees as of April 2009 and which replaced the senior executive retirement plan (SERP), which was a "defined benefit pension plan." The use of a SPP-type plan provides Albertans with limited financial exposure in the future and it is worth noting that it appears to be relatively uncommon in the public sector.

According to the report of the independent expert panel on executive composition in the hospital sector in 2011 (for the Ontario health sector), "Annual total cash compensation for hospital CEOs is generally below the 25th percentile of CEOs in the private sector. In other words, three quarters of the CEOs at comparably-sized organizations earn more than their hospital counterparts." Looking at these private sector organizations, those with revenues of $750M to $2B (remembering that AHS's budget is more than $12B), the median CEO salary is $900,000 in total cash compensation, according to the panel's research. So Dr. Eagle's annual cash compensation is over $200,000 less than the median for enterprises one-sixth as big. Hardly unreasonable.

What about public sector compensation comparisons? For 2010, according to the report, the CEOs of four major Ontario public entities earned annual compensation between $623,000 and $1.3M. In Alberta, as reported recently in Insight into Government for the year ending March 31, 2012, using government annual reports, the CEOs of some of Alberta's larger public entities earned annual base and cash compensation between $745,000 and $1.58M. Once again, Dr. Eagle's cash compensation does not look unreasonable. By any of these measures I believe that AHS's CEO is fairly compensated and not over-compensated.

Finally, Dr. Comm appears concerned with Dr. Megran's travel. Dr. Megran is a senior executive of AHS and his role requires him to travel throughout Alberta. The fact that he lives in Calgary rather than Edmonton doesn't change this responsibility. Furthermore, it is important to AHS to have senior executives in both the major cities of our province.

Rarely, if ever, do our executives respond to their critics, instead opting to focus on their jobs and responsibilities. I respect that, but I also think it's important that we, as a board, stand behind them. That's my personal opinion, and as part of my role as board chair it is my responsibility to respond and to be part of these kinds of debates and discussions. That is why I will not stand back and let our leaders be unfairly criticized in public.

Of course, Dr. Comm has every right to disagree – I respect that as well – and it seems likely, after reading his column, that on this issue we will have to agree to disagree. There is unlimited scope for a good debate and I welcome it. But I do want to add that the surprisingly personal tone of his comments seems out of keeping with what I hope is a mutual desire to be respectful and professional when viewpoints diverge.

Stephen Lockwood, chair, Alberta Health Services board

Dr. Glenn Comm responds

Musings on terroir and entitlements

I am grateful that I was able to have my response in the same issue as the letter from Stephen Lockwood.

David Dingwall, former Canadian Mint president, defended himself when his lavish spending came to light with the phrase "I am entitled to my entitlements."

Since having been told about his submission to Vital signs I have had the opportunity to speak to Stephen Lockwood by phone and he comes across as a straight shooter. I hope that this bodes well for future interactions. In addition I was able, in our phone conversation, to speak frankly about the issues many doctors have with a certain high ranking AHS official.

I would like to use wine as an allegory in this article. It is my understanding that what is produced is a result not only of the grape variety but also the terroir - the location, exposure and many other factors.

The members of Alberta Medical Association are currently under the gun, not having had a contract for over a year and no end is in sight. So called negotiations are not getting anywhere fast. Alberta Health and Wellness (AHW) and Alberta Health Services (AHS) ARE most assuredly

involved. In theory, it is supposed to be a trilateral process though in reality it is AHW and AHS negotiating with the AMA. But functionally, it is the AMA vs. the other two. So to assert that AHS is not involved in the negotiations is inaccurate.

Returning to the concept of terroir, the vineyard has lapsed into difficult times. The lack of enthusiasm in negotiations are one thing but what is worse is the culture of intimidation that seems endemic.

At the time I left the AMA board it had gotten so bad that the AMA board unanimously called for a public enquiry into physician intimidation. Allison Redford, as a candidate for premier, supported this. Once she was elected, I guess the Lieperts and the like in cabinet helped her forget.

So here is what it looks like from here. The medical association is under attack. Intimidation is present in many ways, and there is no visible hope on the horizon.

Speaking about terroir, the only things that will grow now will be sour grapes.

Clearly you know about my stand on comment criticism so I won't repeat it.

Glenn Comm MD

ALBERTA MEDICAL ASSOCIATION

AMA update continued

again, be reminded of the basic and simple expectations of our patients. Let's:

- create a health care system that responds promptly at all times.
- provide a health care system that supplies world-class care.
- ensure a health care system that fulfills universal access successfully and safely delivering care to everyone that needs it in a timely fashion.
- provide a continuum of care with excellence, both primary care in our communities, and secondary and tertiary care in our institutes and hospitals.

Similarly, let us again be clear in our negotiations with government on principles that allow great comfort to all and allow negotiations to move forward:

- The principle that physicians, health-policy makers and health operations will need to work together to make effective decisions about health care.
- The principle that meaningful change and reform will take time. And finally,
- That agreement on principles will often lead to significant progress and the achievement of desired outcomes

In proper health care delivery, physicians, nurses and other dedicated health care professionals work side by side to deliver safe, quality and timely care to Albertans. These are the people that should be responsible for deciding what a patient needs and requires. I believe that it will continue to be physicians who will need to make the correct diagnosis that will then determine the decisions for care delivery in all its forms.

It is ultimately the physicians who will continue to take the responsibility for the care of patients.

An editorial

By Dr. Lloyd Maybaum, CAMSS president

This Thanksgiving I am asking you to read this article in a quiet whisper. It's the Canadian way you know. It is time that we all humbly recognize a clear, honest, basic truth.

First of all I would like you to go to YouTube and watch the video entitled "The Newsroom Opening Scene (Wow!)." This is the opening sequence of the new HBO television drama, The Newsroom, which began airing in June. The 10 episodes of season one are now over but I would encourage everyone to catch the series especially before the coming US election. It is a breathtakingly refreshing series. After watching this YouTube clip ask yourself what is the best country in the world?

Next, I want you to watch the YouTube video entitled "(Remember to Breathe) Alberta - Travel Alberta." As I watched this video I was actually getting a little misty eyed (bare in mind I am a psychiatrist). I know that I may be speaking to a biased audience but how did we feel in early July when the Prime Minister noted that Calgary is "the greatest city in the greatest country in the world." Did we feel a bit uneasy or embarrassed by the flattery? Did we feel proud or worried about the backlash of other cities in the country?

Take pride, for in early August, Calgary scored amongst the world's top five most livable cities as rated by The Economist magazine's 2012 list (ignoring the fact that Vancouver and Toronto scored slightly better). The survey ranks 140 cities worldwide based on a number of factors, including stability, culture and environment, education, infrastructure and believe it or not, health care. Thus, if the internationally renowned magazine The Economist, ranks Calgary in the top five cities in the world I am not sure that Prime Minister Harper was far from the mark.

Other external interests are also openly taking note of how well our country is doing. For instance, in August, Moody's Investors Service Inc. noted that Canada is one of the most stable countries in the world and cited Canada's "very high degree of economic resiliency, its very

high government financial strength, and its low susceptibility to event risk" for confirming our triple A credit rating. A credit rating that is becoming increasingly rare.

On June 30th, the Globe and Mail reported that for the first time the average Canadian has quietly become richer than the average American whereby the net worth per Canadian household has exceeded net worth per American household. "Currently, the average Canadian household is more than $40,000 richer than the average American household. (According to the latest Environics Analytics WealthScapes data, the average household net worth in Canada was $363,202 in 2011; in the U.S. it was $319,970.) This little known fact was also reported by various American and British news media.

Amongst many other reasons it seems that we are well justified in loving and taking pride in our country. We can entertain a bit of patriotism and even take a little pride in our health care system, troubled though it may be. Patriotism is collectively loving who we are; either as Calgarians, Albertans and certainly as Canadians. I should like to highlight that there is an important difference between patriotism and nationalism. Nationalism does not invoke love. Nationalism is essentially diminishing anything that is not you. May I suggest that on the pendulum of self-love we Canadians are a modest, self-effacing bunch and that if we ever risk a little flag waving patriotism there is virtually a zero percent chance that the pendulum will ever swing towards nationalism. In fact, a little patriotism is a healthy thing.

At risk of jinxing everything, I wonder if anyone else has recently stopped to consider that we seem to be living in the world's sweet-spot. Note the massive droughts most everywhere else in the world yet in Alberta we are harvesting near bumper crops. Weather turmoil is everywhere yet Calgary and area basked in the best weather we've had in over 40 years. Housing slumps are everywhere yet in Calgary we have a mini-boom – what gives!

This Thanksgiving, therefore, we should take stock and give thanks for how truly blessed we are. Let's appreciate just how good we have it in this city and in this province. Our politics may not be perfect but nobody's are. Let's be thankful that our system is nowhere near as divisive as the one south of the border. In the scrum and tussle of health care politics I would like to think that at the end of the day all of the players, whether they be Premier Redford or Fred Horne, any AHS, AMA or Alberta Health executive or even your CAMSS executive could all sit down, share a pint and essentially be friends. After all, we are all on the same team.

Prime Minister Harper truly hit the mark so this Thanksgiving let's thank all those that came before us having built the foundations allowing us this moment to live in the greatest city, greatest province, and the greatest country in the world. Amen.

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