2017 AWARDS RECIPIENTS

A Strong Voice for Manitoba Physicians

Dr. Aaron Chiu installed as new president of Doctors Manitoba

Making their Mark

Female General Surgeons - urban and rural alike - face gender-specific hurdles…. but it’s changing

Positive mental health and fulfilling retirement major themes at second annual Physician Wellness Day

THE 5 FUNDAMENTALS OF CIVILITY FOR PHYSICIANS

#5: BE RESPONSIBLE
A Strong Voice for Manitoba Physicians

Dr. Aaron Chiu

installed as new president of Doctors Manitoba

When Dr. Aaron Chiu was invited to become honorary secretary of Doctors Manitoba four years ago, he admittedly didn’t know what he was getting into.

He thought the role primarily involved taking notes at board meetings. Dr. Chiu was just pleased to volunteer for his professional association so he let his name stand for nomination. Fast forward to his first board meeting. Dr. Chiu was installed as honorary secretary, alongside a new treasurer, and then president-elect Dr. David Cram. Everyone clapped after the vote.

"But awkwardly, there was also personal congratulations which I thought was out of place for someone whose role was writing notes at in-camera meetings," said Chiu. "It was later that Dr. David Cram mentioned to my surprise that being elected secretary meant my eventual succession to president."

Despite his initial mistake, Dr. Chiu’s addition to the board has been a boon to Doctors Manitoba. And it will continue. In early May, Dr. Chiu was installed as honorary secretary, alongside a new treasurer, and then president-elect Dr. David Cram. Everyone clapped after the vote.

That reality is compounded with increasing clinical and administrative demands and “limited and frequently inadequate resources” to meet those demands, he told the crowd.

"While there are no simple answers to solve the complex issues faced by our profession, I know that united the physicians of Manitoba will meet these challenges with respect for and dedication to our patients, to our colleagues and to our profession."

Dr. Chiu is experienced and very adept at facing complex issues. As a neonatologist, his tiny patients often present as a puzzle of complicated problems. Dr. Chiu puts the pieces together, working side-by-side with a team of dedicated nurses, physicians, and allied health specialists. The work is challenging but gratifying.

"I love acute care. I love pediatrics. And I love working with kids," said Dr. Chiu, in conversation a few weeks before his installation as president.

When Dr. Chiu first went into pediatrics, he considered hematology-oncology. However, he quickly realized that something was missing: the hands-on of acute care, and the satisfaction of helping infants with chronic conditions get better over time.

"It just seemed to fit me," he said.

With neonatology all the boxes are ticked, except one.

"What I don’t get from pediatrics, is that I don’t get to talk to the patients but I do talk to the parents and the families," said Dr. Chiu. “And it’s just amazing the relationships that you have. Some of them end up being good friends.”

The proposed legislation will see a two-year wage freeze in those sectors. Dr. Chiu will helm the ship, steering the board and Manitoba physicians through these waters.

Putting aside wage issues, physicians work lives are also shifting with current tides.

“We do live in interesting times,” Dr. Chiu told his colleagues at the awards dinner. "We face unprecedented changes in our profession, and in the health care system physicians are looking after more patients with frequently multiple, chronic conditions requiring complex level of care.”

Dr. Chiu, a neonatologist at the Children’s Hospital and St. Boniface General Hospital, takes over from Dr. Barbara Kelleher. She served as president of the Doctors Manitoba board for 2016 and 2017.

Dr. Chiu assumes the top post during fascinating times. A new Progressive Conservative provincial government, led by Premier Brian Pallister, is in place. In March 2017, the government put forth legislation removing wages from the bargaining table for the public sector, including health care workers and doctors. The
Dr. Chiu’s life in medicine was destined. On the day of his birth in Hong Kong, his maternal grandfather decided young Aaron would grow up to become the first doctor in the family. The expectation wasn’t stressful but rather just an accepted fact for his life, said Dr. Chiu.

Using those skills and talents in medicine came to fruition later. At age eight, Aaron, his parents, and three siblings immigrated to Toronto, settling in Canada permanently. He was a good student and worked hard. In 1991, Aaron graduated from the University of Toronto’s medical school. He then completed a rotating residency at North York General Hospital, followed by a pediatric residency at the Children’s Hospital of Eastern Ontario at the University of Ottawa, and neonatal-perinatal medicine fellowship at CHEO.

Turns out his family knew best. Becoming a doctor was the right choice for Dr. Chiu. “It has been fantastic. It’s a great profession.”

That profession brought him to Manitoba in 1998 to join the section of Neonatology at the Faculty of Medicine. He has flourished professionally in this province. His resume is impressive. Today, Dr. Chiu is also an associate Professor of pediatrics at the University of Manitoba; the director of the Manitoba RSV Prophylaxis Program for the Winnipeg Regional Health Authority; and the past Chair of the Neonatal Perinatal Medicine Subspecialty Committee for Canada’s Royal College of Physicians and Surgeons.

In 2012 he completed a masters of business administration at the University of Manitoba with a focus on human resources and organizational behaviour and decision making. In addition, Dr. Chiu is the associate dean, quality improvement and accreditation at the U of M’s College of Medicine. He also sits on the board of MD Financial; and is currently taking the directors education program the Institute of Corporate Directors. That program teaches high-level corporate and board leaders the fundamentals of their roles and responsibilities, including financial understanding and oversight.

“I just love challenges. I love expanding things that I can do,” said Dr. Chiu.

All his extra-curricular professional activity will help him in his new role as president of Doctors Manitoba. He is firmly committed to being a voice for Manitoba doctors by listening to their concerns and issues and effectively communicating those concerns, said Dr. Chiu. He also wants to make meaningful connections with the new generation of doctors, including medical students and residents, to make the profession better now and for the future.

He is invested in that future for professional, and personal reasons, too. Dr. Chiu’s wife Leslie Simard-Chiu is a family physician in Winnipeg. Their eldest daughter is studying chemistry at the University of British Columbia in Vancouver. She plans to go into medicine. Their youngest daughter is eyeing a career in bio-medical engineering.

“‘I’m quite passionate about empowering the next generation,’” said Dr. Chiu. “It’s important for new physicians to have their voice, to give us their opinions in terms of how they see the landscape changing, how they see medicine changing as well.”
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Erupting volcanos need not apply. Instead think: bacterial plagues; bio-fuels; and data-mining to understand the stock market.

Modern science-fair projects - and the young minds behind them - are smart and innovative. And this year’s array of science projects at the Manitoba Schools Science Symposium was no different.

More than 525 students — all in Grades 4 to 12 — unveiled their research during the April 20 to 24th event in Winnipeg. And Doctors Manitoba was there too, as a major sponsor of the 46th annual event.

Inside the Max Bell Centre at the University of Manitoba, students competed in seven divisions and four age categories over the four-day event. There’s a lot at stake other than bragging rights. Winners share in more than $30,000 worth of scholarships and special awards. Eight top students are also sent to the Canada-Wide Science Fair every year. (The 2017 national fair was held May 18 to 20 in Regina.)

“Every year I’m amazed at what is being turned out from grade 7 and up — it’s phenomenal,” says Neil McAlpine, the symposium’s executive director.

“The younger kids, the Grades 4, 5 and 6, even their projects are becoming more sophisticated. The knowledge and the presenting skills are just amazing. They are so advanced.”

“They’re professional research projects,” McAlpine says.

The projects are a culmination of a year’s worth of research for a lot of the students. And many have competed in school and community competitions first before entering the MSSS.

The MSSS is serious business. Students present their projects to teams of judges who include professors, researchers, grad students, and other industry professionals. Whatever the final results, all of the students get medals for their projects. And that’s in very big part to $20,000 sponsorship from Doctors Manitoba. The organization provides all the cash awards for all the major individual and group projects; pays for all the medals; and sends three award-winning students to the Canada-Wide Science Fair every year.

“I'm, so grateful to them. I can’t thank the doctors enough. I just thank god every day for all our sponsors, especially the University and the doctors, because without them we couldn’t do this,” McAlpine says.
Doctors Manitoba is proud to be a major sponsor of the 2017 Manitoba Schools Science Symposium. Doctors Manitoba sponsored the following categories. Congratulations to all the winners.

Award Presenter Dr. Aaron Chiu

**Best Overall Group Elementary**
Magnetic Car Plug
- **Students:** Evan Goetze, Graeme Williams
- **School:** La Barriere Crossing

**Best Overall Group Junior**
The Effect of Nail Polish on Pulse Oximetry
- **Students:** Hope Appelmans, Aliya Kabani
- **School:** St John’s Ravenscourt

**Best Overall Group Intermediate**
The breakdown of Lignocellulosic biomass into glucose for potential energy production
- **Students:** Fatima Saqib, Laiba Saqib
- **School:** Fort Richmond Collegiate

**Best Overall Group Senior**
ReefHub - A Novel Autonomous Coral Reef Conservation System
- **Students:** Derek Yin, Himanshu Sharma
- **School:** Fort Richmond Collegiate

**Best Overall Individual Elementary**
Burning the Best Biofuel
- **Students:** Magdalena Slivinski
- **School:** Holy Ghost School

**Best Overall Individual Junior**
Applying data mining to analyze past stock trends and create algorithm to forecast stock
- **Students:** Sparsh Agrawal
- **School:** Acadia Junior High

**Best Overall Individual Intermediate**
Is there a relation in the levels of antibiotic resistant genes found in bacteria and phage
- **Students:** Excellence Madukwe
- **School:** Acadia Junior High

**Best Overall Individual Senior**
Improving Artificial Neural Network Accuracy by Optimizing Hyperparameters through Gradient Descent
- **Students:** David Owen Randall
- **School:** Fort Richmond Collegiate

**CWSF7 Plaque and CWSF**
ReefHub - A Novel Autonomous Coral Reef Conservation System
- **Students:** Derek Yin, Himanshu Sharma
- **School:** Fort Richmond Collegiate

**CWSF8 Plaque and CWSF**
Peptide-Directed Selective Knockdown of Misfolded SOD1 by Chaperone-Mediated Autophagy
- **Students:** Justin Lin
- **School:** St John’s Ravenscourt
To our Deans, esteemed faculty and staff, dearest friends and family, and of course, my fellow classmates - I am so honoured to take this stage on such an auspicious morning. On behalf of the Class of 2017, I thank you all for making the time, and for some of you, travelling great distances in order to celebrate with us. I’d also like to extend my heartfelt congratulations to my co-valedictorians, Sam Sanders and Irene Xie, two incredibly kind and deserving individuals.

I’d like to thank President Barnard, Dean Postl and our other distinguished speakers for previously acknowledging the implications of living on Treaty 1 Territory. I encourage each of us here today to respect this land and its Indigenous peoples in the work that we do, and consider the ways that each of us can dismantle ongoing structures of oppression. This is deeply important.

Today, we look forward in celebration. The Class of 2017 indeed has much to celebrate! We began this journey four years ago as strangers, an odd collection of awkward science geeks, a professional poker player, talented musicians, mothers and fathers, and at least a few engineers who had finally seen the light. Today, we move forward as a family bonded by blood, and pus, and placenta - way too much placenta.
Over the last four years, we’ve grown immensely. We would not have so successfully done so without the support of our families, friends, partners and mentors. We’re privileged to have been also shaped by the unique and challenging experiences of this discipline.

In the classroom, for example, we’ve had the chance to learn from the best of the best.

Everything from Dr. Soni’s excellent lectures on heart murmurs, to Dr. Bernstein’s tour de France of the kidney, we’ll cherish these pearls of wisdom for the rest of our careers. When we are faced with ethical dilemma, the teaching of Dr. Pauls will swim to mind; and despair will give way to the encouragement of Dr. Horton. At all times, I’m sure that we’ll remember the eternal words of Dr. John Embil - that nothing is what it seems; that if you look closely enough, everything … is covered in poop.

And while med school did foster a collective loathing for the question, “so, what do you do for fun,” we cannot forget all that we learned through good times together. As the Wadwahan family could attest to, we’ve impressively challenged the limits of physics and reasonable household rules. We may have destroyed your house, but thank you for the samosas! Speaking of food, our camaraderie has never proved stronger than when we’d run for the free lunch that may or may not have actually been for our class. As a group, we’ve also embraced our CanMED role of being leaders - we frequently engage in community outreach at such venues as The Pint and The Kingshead Pub, giving firsthand demonstrations of dysarthric speech and cerebellar dysfunction.

Above all, we have learned from each other. Shilpa Alex and Marshall Wiebe, for example, taught us how to be kind on a daily basis. The Hougen sisters taught us compassion, while the Ians demonstrated what true friendship looks like. And we may never be as brilliant or as humble as Bryce Barr, but coming to terms with our mediocrity is a success in itself! When it comes to smiles, James Lytwyn and Sherri Bilenki taught us how to be generous. When it comes to t-shirt sizes, Yucef Soufi taught us that there is no such thing as “too small”. And Paul Muns, who packs a lunch for his wife every day, will forever be hashtag baegoals. From Margaux Beauchemin, we’ve learned how to infuse passion into everything we do and harnessed courage in the face of adversity from Shayne Reitmeier. And every single day, Marina Roundtree-James, Ruhksana Foster, Namita Kanwar, Mike Plett and Isaac Wiebe have proved that real life superheroes do exist - they just sometimes go by the name of “mom” and “dad.”

These are but a few of the many experiences and teachings that we will call upon as we move into this next chapter of our lives. My dear classmates, my friends, remember that you are not the same people that you were four years ago. Residency, too, will change you. Allow it to do so, because in this work that we do, we cannot afford to stand still. Bend to grief when the patient who reminds you of your grandfather passes in the middle of the night. Roll with laughter when the infant you’re examining pees on your favourite pair of shoes. Rise with integrity when you witness injustice and extend your hand in kindness, over and over and over, to those whose humanity has been forgotten.

Our futures hold so much promise. I am so excited to see how each one of our lives will unfold. I know that we represent the changing face of the physician, and I know that we will continue to prove ourselves innovators, advocates, and curators of this art of medicine. For everything that you have done and for everything that you are, my friends, I could not be more proud of any group of individuals. My deepest and most deserved congratulations to you, the class of 2017.

- Tharuna Abbu
“It’s a very real honour. I’ve been going to these meetings for many years and see the people who have received this award before and I just have a very deep respect for the type of people and the kind of service they have done. Jack Armstrong, he was a teacher of mine, and he was such a kind and caring person and a terrific physician as well. I was actually so surprised when they called me because I didn’t think I ranked with that kind of people I didn’t think I had done the kinds of things that people with this award had done. I felt really humbled by watching other people get the award and amazed at what they had done so that just makes the honour that much more.”

- Dr. Harold Booy
Keevin Bernstein

“I would like to thank Doctors Manitoba for recognizing me in this way. It’s given me the opportunity to reflect on the last 30 years of my career. Firstly I want to acknowledge those that gave me the opportunity to step out of my comfort zone, and take on leadership roles in both a clinical area and a UGME course which led to broader roles in the Province and Faculty of Medicine. I also want to acknowledge the many people who helped form the vision for these areas, and worked collaboratively with me over the past 30 years to help achieve what we all accomplished together. I want to take this opportunity to encourage the younger people to step out of your own comfort zone, be innovative and work towards your own initiatives. Don’t accept because it’s not currently done in Manitoba that it can’t be done.”

- Dr. Keevin Bernstein

Ryan Zarychanski

“It’s an honour to be recognized by Doctors Manitoba but it’s also a real privilege to be nominated by my own peers for the award. It’s a unique job I have doing clinical medicine and academic medicine. It’s challenging like everyone else job but it’s a privilege to help bring in new studies and new treatments that are hopefully going to improve the health of the patients who enrol in our clinical trials. Clinical medicine is fascinating. Most of the problems I see fit into a certain mould. With the academic projects I get involved in, everything is brand new and every single research program is totally unique and it’s absolutely uncharted. That’s a stimulating part of the research. I love practicing medicine but I also realize that if we all practice medicine in the same way, we’ll be doing it over and over again for generations, in the same way. So I like the fact that we have a chance to change the trajectory of care and modify, refine or create new treatments and strategies to help patients better survive their diseases.”

- Dr. Ryan Zarychanski
Gigi Osler

HEALTH OR SAFETY PROMOTION

“Thank you to Doctors Manitoba, not only for this award but for your continued support for physicians. I would encourage everyone to consider physician health as an absolute requirement for a sustainable, professional career and a fulfilling personal life. Looking after ourselves is not a luxury, but a necessity.”

- Dr. Gigi Osler

Maria Bronson

RESIDENT OF THE YEAR

“It’s unbelievable. As residents, we all work so hard, so for Doctors Manitoba to recognize residents and to be able to represent the department of psychiatry on top of that, it’s a wonderful privilege and I am just so grateful. It was an honour to find out I was nominated for the award and then to get the call from Dr. (Barbara) Kelleher that I had won the award, it was an incredible honour. And then to get to stand on a stage with such distinguished physicians who have had such amazing careers and then to get to spend my days working with such incredible mentors, and colleagues and physicians that set the example of the kind of physician I want to become, it has been wonderful.”

- Dr. Maria Bronson
“Everybody in life feels humbled and honoured when these kinds of things happen to them. And physician of the year is something I have worked very hard for so I appreciate the award. It’s a very gratifying experience and I wish that everyone would experience it, in one form, in their lives. What we do in rural, family practice is try and provide an excellent service and we actually get involved in generations of families that come and see us. I am very grateful to be involved in the developing medical care… to develop meaningful doctor-patient relationships, to be in a collaborative, team approach, to help create an environment for physicians who are comfortable and supported.”

- Dr. Alewyn Vorster

“I feel both honoured and very humbled. I have spent over 40 years in neonatology and these have been exciting ones, they really have. And it’s great that towards the end of one’s career one can say that one is still excited about going to work. I love what I do. It’s interesting. It’s rewarding. It’s not the same. It changes. It has remained exciting over the years.”

- Dr. Molly Seshia
Alan Roadburg wants physicians to rethink life after medicine. “Retirement is a career. It’s not a phase or a stage. It’s the combination of your work life and your leisure life,” he says.

But like a career, it’s best to know what you’re good at and what ultimately makes you happy, he says. Roadburg is on a mission to help doctors, and professionals of all types, prepare for the “other side,” also known as the non-financial aspects of retirement. Many of us plan for our financial health after our primary working years but don’t give considered thought to what we will do and how we will spend our time.

But we should, consider our futures, says Roadburg. And he has a plan.

So that’s why he was tapped to bring his research-backed wisdom and advice to Winnipeg May 12 for Doctors Manitoba’s second annual Physician Wellness Day. The day-long event was held at the Qualico Family Centre inside Assiniboine Park. (A roster of featured speakers were set to tackle financial health in retirement, and physician burnout and depression, among other topics.)

Roadburg is a Toronto-based sociologist and PhD. He also wrote Life after Medicine, The Physician’s Guide to the Decision to Retire and Retirement Happiness. A former academic at Dalhousie University, Roadburg also created the 2nd Career Retirement Program, a workshop program to guide doctors, and other professionals, into a retirement with purpose, satisfaction, and joy.

Roadburg’s message is simple. No matter what your profession, a common theme emerges about retirement.

People want to find something meaningful to do after retiring, says Roadburg, in conversation a week before his Winnipeg visit. For doctors, it’s fairly easy to find work in
the profession and continue practicing medicine part time even after giving up their practice. But Roadburg says doctors should evaluate the push and pull of retirement before they decide to wind down their professional careers, or move onto something completely new in retirement.

Think about the push factors. What are the reasons pushing you into retirement? What are the negative aspects of the job? Is the nature of the work, the political environment, the work environment unsatisfactory? And then think about the pull factors. What are you looking forward to in retirement.

Roadburg says everyone, not only doctors, should sit down and outline their own push and pull factors before retiring.

“Make the decision to retire more on pull factors, not the push factors,” he says.

Evaluating your push and pull factors are some of the first steps to creating a life goal plan. He also suggests evaluating what skills and needs are met at work, and during off time. As one evaluates work life and non-work life, an overall picture emerges about personal needs and skills. And with that, a life goal plan will identify the needs and skills each person wants to satisfy in retirement, he says. Retirement may include travel, working part time, volunteering, teaching, or other pursuits.

And if you haven’t figured out what your third act will be, you’re not alone. About one third of people have a retirement plan; one third don’t have a plan; and the remaining third have an ‘iffy’ plan, Roadburg says. But a happy and fulfilling retirement doesn’t just happen, he stresses.

The biggest mistake is not planning retirement, says Roadburg. And retirement comes down to one word: ‘freedom.’

“The word freedom underlies everything,” he says. “Is is a ‘freedom from,’ or a ‘freedom to?’ And then, a ‘freedom to do what?’”

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What do you love to do when you’re not working? 
I love to stay active and to travel. If I can do both at the same time, it’s great. In October I hiked multiple parts of the Great Wall of China, and I just returned from a trip to Zambia.

What did you want to be growing up? And if you weren’t a doctor, what would you be? 
Always a doctor. Well, OK, maybe for a short time around five-years-old, I wanted to be a ballerina (what little girl didn’t want to be one). And for a short time around the 1984 Olympics, I wanted to be an Olympic athlete, but otherwise always a doctor. I wanted to be a physician since I was 12-years-old. I honestly didn’t have anything else on my list so I count myself very blessed to have been accepted into medicine. If I have to reflect on what else I would do, I have to think in terms of where would I feel that I was contributing to improving the human condition and where could I have anything close to the satisfaction that I gain from my role as a rural family physician. In that case, then I think I would ideally be working for an agency like the United Nations or the WHO in some capacity.

What was the moment in your medical career, where you realized ‘I love my job?’
It was the middle of the night, on call one night in a small rural community. I was extremely fatigued, as we often are at 2 a.m. I had a frail, elderly patient present in severe congestive heart failure. She was slow to respond to medical treatment and this would require me to transfer her by ambulance to an ICU. I had a serious conversation with her and her family about the gravity of the situation, especially given her frail state. They were so very appreciative of the care and the explanation of the situation regardless of the potentially dire outcome. At that moment, the family’s compassion made me realize that patients come to us when they are in need of help. Whether it is an emergency, an urgent situation, or one where they are anxious and need help with something that they simply cannot manage on their own. It’s not always at a convenient time, it’s not always at the recommended location, and it doesn’t always follow our expectations but ultimately the patient is in need of help. As physicians we have been given the training and the tools to offer this help and I find it an honour to be invited into these episodes in the lives of my patients.

What has been the hardest thing about being a doctor? 
There are definitely challenges to being a doctor. Long days and nights of work and study, missing out on certain activities with family and friends, and the ultimate
responsibility for the well being of your patients. However, these things lead to such great reward and satisfaction that I would not trade them.

You have spent your career as a rural physician. What do you love about having a rural practice?
I love the people. Being slightly isolated, you get to know people and their families really well when they are sick, and when they are well. Also, I love the broad and varied scope of practice. You also really work as a team because you are dependent on your colleagues and other health care workers in order to make the system work 24 hours a day.

There has been a lot of discussion lately about physician burnout. How do you maintain a healthy work-life balance?
There are three things that contribute to my well-being. Firstly, I exercise. Secondly, I love my job, but I take time away from work. Being in a stable call system, I know I can leave after work when I’m not on call, or go away on vacation, and my patients and my practice will be well looked after. Thirdly, I practice in a close collegial relationship where we look after our in-patients together, review difficult cases, and really avoid working in isolation.

What's your most treasured possession?
Most treasured possession? Of course there are lots of material things, but I think my most treasured possession has to be my sense of humour. Although I do keep it quite guarded.

Who do you admire?
All of my many colleagues over the years, who have been committed to great patient care and the practice of medicine.

What do you despise? Bullying

What's your best character trait? Fair-mindedness

Why have you devoted a lot of your time to being on boards, including Doctors Manitoba?
Throughout my career I’ve always been involved in helping physicians. Doing locums for the first nine years of my career, I was motivated by the need that physicians had for locum coverage. My work enabled them to get away on vacation, take time off for the birth of their child, or just not be the only one on call in a community for an entire month. So joining the Board of Doctors Manitoba aligned well with my passion for advocating for the needs of physicians.

What’s your idea of success?
Success means loving the job that I do, being able to provide for myself and support my family in the things that they do, and being able to contribute to my profession and the medical community.

What are you taking at Asper School of Business? Why? And why is continuing your education important to you?
I am completing my masters of business administration at the Asper School of Business. Through this I want to broaden my knowledge of business practice. With each course that I take I try to look at what can be applied to health care and how it can lead to improvements for patient care in the complex system that we work in.

Where do you see yourself in 10 years?
In ten years I see myself in some blend of clinical practice and administrative work. The profession offers many opportunities to contribute to both patient care and to the ongoing development of the profession and the health care system. I’m not sure exactly what that will look like, but I am always open to expanding my knowledge and taking on new challenges.

What is your current state of mind?
I think I am in a pretty rational place. I can enjoy the ups and downs, the successes and the disappointments and I know that the experiences make me richer.

Editor’s note: Some answers have been condensed.
It’s a chilly evening in late March. But it’s cozy inside the hall at All Saint’s Anglican Church in Winnipeg. A team of volunteers, including about 35 city doctors, medical students and residents, are manning a buffet service line, dishing out a dinner of pork tenderloin with mashed potatoes. They are also clearing tables and chatting with dinner guests.

This is Agape Table, a West Broadway-based non-profit agency which feeds meals to people in need. But tonight’s dinner is special. The agency has never served dinner in its 37-year history. It has been a breakfast-and-lunch-only operation, until now. But an initiative by Doctors Manitoba, the Manitoba Medical Students’ Association, MD Financial, the Professional Association of Residents and Interns of Manitoba — has made this dinner possible.

“The guests are still talking about it,” says Dave Feniuk, the non-profit agency’s general manager, a few weeks later.

About 300 guests were served dinner that night. The residents-and-medical-students volunteer evening made a lasting impression on Matthew Campbell. He’s an associate portfolio manager with MD Financial. He also volunteered that night, clearing and cleaning tables, and talking to guests.

“Getting involved makes me think more about what’s important in life. We can often get caught up in our personal lives but doing this keeps you grounded. It lets you not take things for granted,” Campbell says. “It makes you think about life and reminds you to be grateful.”

Campbell, a father of two young girls, spent part of the evening talking to a couple with two young kids as well. The conversation stands as one of the highlights of the evening for him.
Tharuna Abbu, a fourth year medical student at the University of Manitoba, also pitched in that night.

“I loved seeing people coming together as a community and treat each other with kindness and dignity,” she says.

The evening at Agape Table will help her become a better doctor, Abbu adds.

“I think in medicine, it’s easy to distance ourselves from our most vulnerable patient populations. This can really impede our ability to provide meaningful, patient-centred care, because as a practitioner, you can’t understand what your patient’s life is truly like.” says Abbu, who is soon headed to the University of British Columbia to study family medicine.

“Volunteering can help us bridge this divide, connect meaningfully with our patients, and better understand how to serve our communities,” she says.

It’s no surprise that doctors and medical students want to help and be a part of the community, says Matt Maruca, general counsel for Doctors Manitoba. He volunteered that night too.

“They care immensely about people and have a very strong desire to help anyone in need.”

The evening was also a learning experience that will improve health care long term, says Maruca.

“It gave doctors and medical students a chance to see people outside their typical environment, and to focus more on upstream health and the social determinants of health.”

It was also a chance to go “upstream and start thinking about how to prevent people from ever needing to go to the hospital or clinic,” he says.

Doctors Manitoba and its partners are planning more volunteer outreach events in the future.
I’m sitting on an airplane, flying somewhere over Calgary and Vancouver and my heart is heavy. This isn’t a leisure trip, a hurrah for finishing exams or a typical visit back home. I’m going home to say my final goodbye to someone who meant the absolute world to me. I’m saying my final goodbye to someone who taught me so much about strength and kindness and perseverance. I’m saying my final goodbye to someone who I’ve been losing slowly for the last seven years. I’m saying my final goodbye to a body whose mind left us a while ago. I’m saying my final goodbye because it finally feels okay to do so. I’m saying my final goodbye to my grandmother.

Looking back at these last few years, I can’t help but think of the small victories and the bigger losses. She remembered my name – victory. She thinks we’re in a different time period – loss. She spoke a coherent half sentence – victory. She can’t speak at all – loss. She ate a whole cup of pudding – victory. She’s lost her ability to swallow – loss, the ultimate loss. And with these victories and losses, I think of how her journey may be over, but it continues for so many other families. How many families are going through their own victories and losses, counting the tiniest of blessings?

My personal reflection lead me to think of the system we’re in – a system that is not ready. A system with a culture of reactivity instead of proactivity. A system focused at solving problems and less so preventing them. When we approach a medical problem, our thought pattern has been conditioned. What is the presenting problem? What is the history of the problem? Is the problem urgent or can it wait? And the cornerstone – given this information, what is the plan? What investigations do we need to do to confirm exactly what the problem is? What can we do to solve the problem?

Where am I going with this?
We have a problem in Canada that needs solving.

And what is this presenting problem?
Our population is aging. Our population is getting older and with the population getting older, that means our population is getting sicker. The problem is we don’t have the resources in place to address this problem. Not from a medical standpoint, not from a societal standpoint, and not from an economic standpoint.

What is the history of the problem?
Over the last couple of decades, life expectancy has increased given our successes in medicine and technology. We no longer die in our teens of infections. We live until our 80s and 90s and we die not from a single condition but likely from a myriad of chronic health problems. There are currently 261 geriatricians in the country. The average number of geriatricians per 100,000 population sits at 0.7 – that’s not even one whole geriatrician for 100,000 people (1).

Is the problem urgent or can it wait?
Over the next 25 years, the number of people 65 years and older is projected to double (2). You decide if it’s urgent.

And our favourite question, what is the plan?

What is the plan?
There is none.

The Canadian Medical Association started a DemandAPlan campaign before the 2015 federal election. Over 30,000 people signed the petition. I’d be curious to know the demographics of the people that signed the petition. How many were physicians? How many were allied health care providers? How many were seniors? How many from the general population? And what really piques my curiosity, how many were medical students? The Canadian Geriatrics Society estimates that during medical school, students receive approximately 80 hours of geriatric exposure compared to over 300 in for example pediatrics.
We are told from our first day in medical school how special we are for being here. We are told how we are the future of medicine. We are told of the extreme responsibility we will have to our patients. We are told of the expectations that society has of us. We are told about the power and privilege our career in medicine will bestow on us.

**Do we not have a responsibility to use that voice?**

But you’ll say, oh you’re passionate about geriatrics so of course you’d want to use your voice for that. There are so many important issues we need to be advocates for. We can’t do everything.

I am not asking for everyone to become geriatricians. I’m not asking people to write letters to their Members of Parliament requesting increased resources for the elderly (although that would be nice). Recognizing that there is a problem is a start. Changing the culture of medicine is a start. Not referring to the elderly patient with Alzheimer’s disease as the “old demented guy” is a start. Trying to discharge an elderly person to their home for better quality of life and to not just free up a bed is a start. And we can work from there. Crowding of personal care homes, the lack of effective and minimal home care, polypharmacy – these are just skimming the surface of the medical side of the problem we’re facing. We need to address these issues as part of a national, provincial, and municipal plan. But in order for there to be enough interest and enough commitment to demand that these issues be addressed, we need to form a culture where we recognize the problem. We need to form a culture where we respect and dignify the population enough to show that we’re interested in making a plan. That population will be our parents one day; that population will be us one day.

Many of us who have any interest in geriatrics do so because we had an older person in our life who inspired us to want to do better. Someone who may not have been treated as well as they should have by the system because of their age. Someone who drove us to make sure no one has to go through what they had to.

People say geriatrics isn’t ‘sexy’ enough. There’s no ‘saving of lives’ or any validation from helping the old – they’re going to die anyways. Is it not our responsibility to ensure those latter years of life are at least not void of the supports that allow for some dignity? We need to come together and ask, what is the plan?

It still happens. Even today. Dr. Debrah Wirtzfeld is at a patient’s bed during rounds. At the bedside, she updates the patient, perhaps explaining any procedures, risks and benefits. She goes over care and options. And then the patient, without a hint of irony asks, ‘And when can I speak to the surgeon?’ If Dr. Wirtzfeld’s General Surgery residents are standing at the bedside too, the patient may turn to one of the male residents and ask him a question, assuming he’s the one in charge. It’s a scenario that Dr. Wirtzfeld has faced many times during her 25-plus years in medicine.

“It definitely is better today but it still happens. And depending on the day, how I’m feeling, how many hours I have worked, I may say ‘I am the surgeon,’ or ‘You’re speaking to the surgeon.’”

It’s not exactly water off a ducks back but Dr. Wirtzfeld has learned to pick her battles as a woman in General Surgery.

Yep, it’s 2017 but assumptions about women’s roles in medicine still linger. It’s something that Dr. Wirtzfeld gently pushes against wherever possible. But it’s about more than opening patients’ eyes to casual sexism. Dr. Wirtzfeld has a bigger responsibility, she says.

Dr. Wirtzfeld is the Regional Lead of General Surgery for the Winnipeg Regional Health Authority and the University of Manitoba. She feels she has a duty to teach female surgeons-in-training what they face as women in the field, both in rural and urban settings.

“I should be doing more,” she says.

But she’s trying. Dr. Wirtzfeld has frank conversations with her female charges. Her messages? Female residents should know what to expect in their careers. They should identify their goals (both career and personal) now and “make sure you know what you want,” she says. After goals are set, every decision you make should move you, step-by-step, closer to your goals. Set boundaries and limits; and then push back when those lines are hit or crossed.

“Say no to things that don’t fall within the values of your goals. Always look toward your end goal.”

Dr. Wirtzfeld also bursts any bubbles that might linger. She tells female residents to shake off any notions that they’re going to have the traditional surgeon’s job and their partner or spouse is going to stay home and care for their family.

“A role swap isn’t just going to work,” Dr. Wirtzfeld says. “It may work but they shouldn’t assume that it’s going to work.”

This is the very scenario Dr. Michelle Nostedt is navigating in Portage La Prairie. She is one of two General Surgeons in the community; and she started her first job as a General Surgeon, there in 2014. Her daughter was born in September 2015. Her husband, also a medical professional, has stepped back from his career to become a full-time parent.

“I’m trying to balance between home and work and making myself available for my patients and my family,” Dr. Nostedt says. “It’s not always easy.”

She went back to work three months after her daughter was born. And with only one other local General Surgeon, as fantastic and supportive as he was, it wasn’t possible or realistic to take a full year of maternity leave, Dr. Nostedt says. For parents, especially new moms, the first few months of parenthood are about survival and sleep. Going back to work after three months wasn’t ideal but it was reality, she says. On the job, finding time and a private place to pump breast milk was a problem, at times, Dr. Nostedt adds.
Those are just a few bumps in the road for female General Surgeons (and working women in general). But change is inevitable.

“As more and more female surgeons graduate and come into the system, they will drive the changes they want to see,” Dr. Nostedt says. “Things are changing for women, and women are driving that change forward.”

That makes sense. There are more women choosing General Surgery as their field.

Dr. Elizabeth Thompson is one of them. She started as a General Surgeon in 2015. Her Winkler-based practice is located at the C.W. Wiebe Medical Centre. She operates at Boundary Trails Health Centre, also in Winkler.

Dr. Thompson’s path to General Surgery wasn’t a straight shot. She took a year of nursing before switching over to medical school. She realized that making decisions about patient care; figuring out problems; and creating a care plan was her passion. She discovered a passion for General Surgery while on that service during her residency.

“I was always so intrigued being in the operating room,” Dr. Thompson says.

Today, she loves, not only being a General Surgeon, but working as a General Surgeon in a rural community. Being a woman in General Surgery, like other professions, is demanding. Work-life balance is important. She has advice for other women in General Surgery, and those coming into practice.

“You have to do what works for you. It’s going to be hard,” she says. “You have to work hard. You have to be able to draw limits and make separate time for home and family.”

Whatever challenges she has faced in finding the balance, Dr. Thompson has always been firmly fixed on the future. She is focused on her patients, improving patient care overall, and making sure that rural patients have top-notch service and care.

She loves what she does, and where she does it. Being a rural General Surgeon is her life and her passion. She is invested in the community, and the health of her patients, for the long term.

To that end, Dr. Thompson has joined forces with two other surgeons, and that surgical team will be expanding to four in 2018.

While she might not admit it, Dr. Thompson is blazing a trail for upcoming female General Surgeons, just like Dr. Wirtzfeld did before her.

When Dr. Wirtzfeld was a resident in the ‘90s, for example, she was one of two female General Surgery
residents in a class of about 20. Today half of her residents are women, she says.

Dr. Wirtzfeld has herself paved the way, in many ways. She is a solo parent of two school-age boys and generally works up to 60 hours a week. She has a full-time, live-in nanny. That said, she is present for her kids’ lives. She is there for the important and everyday moments of her children’s lives. But she’s also made adjustments and concessions. Her kids, at some point in their lives, hung out in an OR staff room waiting for their mom.

Dr. Wirtzfeld shies away from the phrase work-life balance. She prefers ‘work-life integration.’ In other words, there will never be a perfect balance between the two realms. And it’s not about that. It’s about making a life in medicine that works for the surgeon. Otherwise, burn out and stress will win.

Institutionally, Dr. Wirtzfeld would also like to see more changes to benefit everyone. General Surgeons have demanding work schedules. They also spent much of their ‘off the clock’ time, on call. A team approach to patient care is a start. General Surgeons working in teams should be able to hand off patients to other competent surgeons when the primary surgeon is not working. This makes sense in both urban and rural settings, she says.

“This is a model we need to move towards.”

Some General Surgery groups, including hers at the Health Sciences Centre, are already doing this, Dr. Wirtzfeld says. In the context of female General Surgeons, with or wanting families, this approach makes especially good sense.

In rural hospitals, there’s been a distinct pattern over time. Historically, one General Surgeon is hired. They work 24 hours a day, seven days a week for the duration of their professional life. They retire at age 70 and the community struggles to find a replacement.

“We need to change that to a team of surgeons.”

And — as Drs Wirtzfeld, Thompson, and Nostedt all demonstrate — it is changing.

On April 27-30, Winnipeg played host to medical student leaders from across Canada at the Spring General Meeting of the Canadian Federation of Medical Students. Doctors Manitoba was a substantial sponsor and supporter of the event and were also included in the programming. On Friday morning, Matt Maruca led small working group sessions giving students information on how they can foster an effective relationship with their provincial and territorial medical associations. Once meetings had been adjourned Friday, the assembly was treated to dinner and a social at the Metropolitan Entertainment Centre sponsored by Doctors Manitoba. Saturday was filled with executive elections and resolution sessions. Notably, Henry Annan, a student from Dalhousie, was named President-Elect and the CFMS voted to form a task force to investigate how cannabis legislation will affect medical education. The CFMS and the MMSA are extremely grateful for Doctors Manitoba participation and continued support of medical students. Other schools were quite amazed by the collaboration between Doctors Manitoba and the MMSA, and we would like to thank everyone at Doctors Manitoba for working so hard to maintain a successful relationship with medical students.
2017 INDUCTEE

F. ESTELLE R. SIMONS,

MD FRCP FAAP FACAAI FAAAAI FCAHS FRSC
April 26, 1945 (Vancouver, British Columbia)

Category for Induction: Leadership in building excellence in health for Canadians and the world

Education: MD (Honours), University of Manitoba (1969)

Allergic diseases are among the most common chronic health problems of the 21st century. For many who wheeze, sneeze, and itch because of their allergies, quality of life is negatively affected; for some, exposure to specific allergens can mean severe, even fatal, reactions.

Dr. Estelle Simons, a clinician scientist, is internationally renowned for research on the management of allergic diseases. Throughout her career, with an interdisciplinary team, she designed and conducted innovative pharmacologic studies of many new medications that have subsequently been introduced worldwide for safe and effective treatment of asthma, allergic rhinitis, and urticaria. She also designed and conducted unique investigations of epinephrine and novel epinephrine delivery systems for anaphylaxis. In addition, with colleagues, she investigated new approaches to allergen immunotherapy and the mechanisms associated with sensitization and desensitization.

Many of her 575 peer-reviewed publications are widely cited. She has also edited or co-edited eight textbooks, including Middleton’s Allergy: Principles and Practice, the leading allergy reference textbook used worldwide. She has given more than 300 invited research presentations at major congresses, universities, and research institutes on six continents.

Over four decades Dr. Simons played an important role in building the specialty of allergy and clinical immunology nationally and internationally by serving as Chair of the Royal College of Physicians and Surgeons of Canada Clinical Immunology Specialty Committee, President of the Canadian Society of Allergy and Clinical Immunology and President of the American Academy of Allergy, Asthma and Immunology. During a 15-year commitment to the World Allergy Organization, she served several terms on the Board of Directors and chaired global research and education initiatives on anaphylaxis. A Fellow of the Royal Society of Canada, Dr. Simons has received 60 major awards and honours, including, the Canadian Medical Association Medal of Service, the American Academy of Allergy, Asthma and Immunology Distinguished Clinician Award, and the World Allergy Organization Scientific Achievement Award.

Her dedication to scholarship, innovative research, education and knowledge translation have helped transform allergic disease management from empiricism to science; her efforts have helped mitigate the impact of the global allergy epidemic and alleviate suffering worldwide. ~WLH

Canadian Medical Hall of Fame
www.cdnmedhall.org
What does this proposed legislation say?
Bill 28 freezes fees, contract payments, stipends and wages and limits increases over the 4-year period following the expiration of our current Master Agreement.

A freeze would be imposed in the first 2 years, followed by maximum increases of 0.75% and 1.0% in the 2 years thereafter.

Does this apply just to rates?
No. It also applies to any other monetary benefits such as the CME, CMPA, Retention Fund and Maternity/Parental Leave programs. Contributions to those programs would be frozen for the whole 4 years. The Bill would also preclude the creation of any new benefit programs.

When does our Master Agreement expire?
Our current Master Agreement expires March 31, 2019. Bill 28, if passed, would then apply for the subsequent 4 years.

What about new fee tariffs?
Bill 28 permits new fee tariffs.

What about binding arbitration?
Bill 28 would still technically permit access to binding arbitration; however, the Bill would prohibit the arbitrator’s award from contradicting in any way the restrictions imposed by the government.

What is Doctors Manitoba doing about this?
Doctors Manitoba is vehemently opposed to Bill 28. It negates the good-faith negotiation process and neutralizes our access to binding arbitration. We have met with the Minister of Health and other government officials to express our concerns. We will also be presenting to the Committee tasked by the Legislature to study Bill 28 to determine if any amendments are appropriate.

We are also studying the constitutionality of Bill 28. The Board of Directors will consider the merits of challenging the legislation as a violation of the Charter of Rights & Freedoms.

When will the Legislature vote on this Bill?
We believe the Legislature will vote on Bill 28 before the end of May 2017. If passed, it would be up to the government to determine when it will formally become law.

What can I do?
We encourage you to learn as much about this as you can, ask questions and talk to your colleagues. We would also appreciate your feedback. You can e-mail our President, Dr. Aaron Chiu at president@docsmb.org and/or contact your Board representative.

In addition, everyone has the right to contact their MLA. If you’re not sure who your MLA is, you can search here (http://www.electionsmanitoba.ca/en/voting/MLA) or here (https://www.gov.mb.ca/legislature/members/mla_list_constituency.html)

Bill 29 – The Health Sector Bargaining Unit Act

Does Bill 29 apply to physicians?
Bill 29 applies to any health sector employee covered by a Collective Agreement. More than 200 physicians are covered by Collective Agreements throughout Manitoba.

What does this proposed legislation say?
Bill 29 reduces the number of bargaining units within a health profession within each RHA or province-wide employer such as DSM or CancerCare.
How does it affect physicians?
Some physicians covered by a Collective Agreement will have their contract amalgamated with other physicians who have the same employer, even if they are in different specialties.

If I am affected, can I end up making more?
No, the Bill specifically prohibits any increase in compensation as result of this process.

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THE FUNDAMENTALS OF CIVILITY FOR PHYSICIANS: #5: BE RESPONSIBLE

By MICHEAL KAUFMANN, MD
OMA Physician Health Program

Perhaps the best way to bring this phase of the conversation to a close is to circle back to the starting point of this series, and reflect again upon some concepts captured by the various definitions of civility.¹

Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.

Margaret Mead
are responsible. Extraordinary accomplishment and exemplary behaviour in some circumstances does not permit or forgive belittling, shaming, or any other such treatment of colleagues, coworkers, learners or patients at other times. I have interviewed many amazing doctors and learners who easily and readily dismiss their incivility by pointing out their achievements and positive evaluations — as if these have the power to negate their (even occasional) transgressions.

Our primary mission can also obscure personal responsibility. “I do what I do in the name of quality patient care,” some doctors proclaim, justifying troubling behaviour, oblivious to the paradox. When others on the healthcare team feel the hurtful impact of a doctor’s incivility, they aren’t able to work well with that individual. Patient care can be compromised as a result.

Even more likely to deflect introspection and personal responsibility is the often irresistible urge to blame contextual elements for one’s behavioural choices. Most, if not all, doctors have interviewed regarding behavioural concerns point toward people, places and things around them which have caused their problems. Certainly, context matters.

Of course there are a myriad of tensions, troubling circumstances, leadership challenges, personality conflicts, even outright injustice that bear down upon us and affect behaviour. Some of those things we can influence, quickly or slowly, but most we can’t.

But, recognizing our internal locus of control, we can take responsibility for our own choices, and civil choices are the ones most likely to have a positive impact on everything and everyone around us.

Being Responsible For Others
Even considering a medical tradition of rugged individualism, there are times when we are “our brothers’ keepers.” Sometimes there are witnesses when a doctor behaves in a manner that is disruptive or hurtful toward others. Maybe we have seen an instance of incivility ourselves. What then? Should we say something? Do something? An observer to an episode of incivility who chooses not to react in any way is a bystander. That form of silence adds to the problem.

Remember, incivility involves at least two individuals who need help: the one whose behaviour is objectionable (who might be unaware, or worse, troubled in some way) and the other who is suffering the impact, often unable to protect themselves. But “stepping up,” seeing a need and deciding to do something about it, is often difficult, especially when considering how to approach the colleague whose behaviour is problematic.

Clarkson talks about the “bystanding slogans” that readily come into our thoughts. These are the ones that can block a helpful response. Here are a few of them:
• “It’s none of my business.”
• “Someone else will take care of this.”
• “I don’t want to be hurt myself.”
• “I don’t know what to do.”

And there are many more. The responsible thing to do is to become aware of these and counter them with more rational and helpful thoughts. Here are some suggestions, considering the examples listed above:
• “It is incumbent upon me to help — we are all in this together.”
• “If I don’t say something, it’s likely no one else will and the problem will persist, maybe worsen.”
• “That person might be suffering in some way and helping him is worth the risk that they might lash out at me.”
• “I’ll get some advice about what to do next.”

Then the next right thing, as Izzo says, is to “do something, anything.”

Armed with a sense of responsibility, a little courage, good timing and some practical advice about how to offer constructive feedback, anyone can approach the individual whose behaviour must be challenged. It’s surprising how a particular and simple initial question signals compassion and invites engaging conversation. That question is “Are you OK?”

Many times that opening will be enough to help a colleague voice their concerns (usually quite legitimate) and also begin to gain insight into the nature of their behaviour. If nothing else, the individual now becomes aware that their behaviour has been the cause of some upset, and he or she is offered the opportunity to reflect upon that. They have received the gift of feedback.

And, of course, reaching out to any recipient of hurtful or problematic behaviour is a caring and responsible thing to do as well. The same opening question works very well!

Being Responsible For Workplace Culture
I have heard culture defined as “the way we do things around here.” Workplace cultures vary tremendously, described as collegial, respectful, fragmented, competitive, supportive, toxic, healthy, and so on. More and more doctors work in health care teams even though they may not be directly employed by their hospital or other health care institution. That can set the doctor apart from other co-workers, both practically (they don’t necessarily adhere to the usual local employment policies and procedures) and psychologically (they are health care providers and leaders who bear the brunt of patient care responsibility personally in a manner unlike that of others on the team).

And there are cultures within cultures where the social tone can vary widely and civility values seem to be at odds with one another. So often I have heard how the same doctor can be rude and intimidating in the operating room yet warm and supportive on the wards. Learners describe different cultures as well, experiencing respect in some environments and belittlement in others.

Leadership is key. All doctors are leaders by virtue of their professional standing and the patient care dynamic. But it is the special responsibility of our designated physician leaders, be they department heads, chiefs of staff,
Intriguing. It can be argued that (like genes in a biological sense) is transmissible cultural information. The idea of memes as units of revolution and so much more, civility as a shared responsibility might be the only way through.

In these complex and dynamic professional environments characterized by stressful political and economic changes, power imbalances, multiple agendas, technological evolution and revolution and so much more, civility as a shared responsibility might be the only way through.

Being Responsible for the Culture of Medicine

The idea of memes as units of transmissible cultural information (like genes in a biological sense) is intriguing. It can be argued that there are a number of medical memes contributing to the “incivility crisis” (if I can be so bold as to call it that) in the medical profession. Some examples include:

• A doctor’s sacrifice of vital personal needs (e.g., sleep, nourishment, time with family) in the service of medical training and patient care is virtuous.
• Superior knowledge and technical excellence permits and forgives rudeness and other forms of incivility.
• The ultimate responsibility for patient outcomes lies solely with the doctor, thereby justifying any form of workplace behaviour no matter how it might affect co-workers.

I think of these as memes because I have heard about them, observed them and lived them, and others like them, throughout my career in medicine. They inform our attitudes and beliefs. They are modelled for us, overtly or implied, reinforced through training and practice, and passed along to each subsequent generation of doctors. But are they true? Unalterable? Which of our memes ought to be preserved and which ones require change? And continuing the metaphor, should the change be gradual and sporadic, or sudden and deliberate (like bacterial or genetic engineering)? A culture of civility, like incivility, after all, can spread like contagion or be passed from one generation to the next.

Here, compassion, courage and humility are required. Do we care enough about ourselves, our colleagues, or co-workers (including health care managers and administrators), our workplaces and our profession to challenge our long-held beliefs that might not be serving us well? Our senior colleagues, seasoned by experience, may have a particular wisdom to offer.

The newest members of our profession carry with them modern personal and social values that might improve the humanity of our profession. I submit that opening our minds to these perspectives, or any others that challenge our long-held cultural beliefs, will add to the civility of our profession while simultaneously enhancing patient care.

Conclusion

And so this phase of the conversation, a consideration of Five Fundamentals of Civility for Physicians, comes to a close. We end as we began, by questioning:

• Are we able to dig deep and find respect at the core of all of our professional behavioural choices?
• Will we learn, practise and teach self-awareness skills that will enable us to choose civility deliberately?
• How will we incorporate teaching of effective communication skills into all aspects of medical training and practice?
• Will we be able to elevate the concept of self-care from a good idea to a cultural value and professional imperative?

And finally, maybe most importantly, it is our responsibility to challenge ourselves:

• Who are we at work and what kind of individuals do we aspire to be?
• Can we improve relationships among colleagues and co-workers as members of our health care teams?
• How do we come together to create the most grand medical profession imaginable?

Let’s keep this conversation going. Responsibility is at the heart of a caring and civilized profession. Choose Civility.

References


Dr. Michael Kaufmann is Medical Director of the OMA Physician Health Program (http://php.oma.org/). Dr. Kaufmann would like to thank PHP colleagues and staff for their suggestions and support in the preparation of this series of articles.
The Five Fundamentals of Civility

1. **Respect others and yourself**
   Treat everyone in the workplace, regardless of role, with respect — even those we barely know, disagree with, or dislike. Respect for others requires inclusivity while observing healthy boundaries. Self-respect is key.

2. **Be aware**
   Civility is a deliberate endeavour, requiring conscious awareness of oneself and others. Mindfulness and reflective practice enhance awareness.

3. **Communicate effectively**
   Civil communication is more about how we say it as much as what we say. Or do. Effective communication is critical at times of tension or when the stakes are high.

4. **Take good care of yourself**
   It’s hard to be civil when personally stressed, distressed, or ill.

5. **Be responsible**
   Understand and accept personal accountability. Avoid shifting blame for uncivil behavioural choices. Intervene when it’s the right thing to do.

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**Passages**

- **Dr. Harvey Chochinov**
  - April 10, 2017

- **Dr. Joseph N. H. Du**
  - March 19, 2017

- **Dr. Alexander Kee-Sui Pan**
  - February 5, 2017

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