

# the Messenger

College of Physicians and Surgeons of Alberta

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*February 2004 | issue 108*



College of  
Physicians  
& Surgeons  
of Alberta

# 2004 Council

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Vice President - Dr. James Bell

Executive Member-at-large - Ms. Irene Pfeiffer

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## The Messenger

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# Registrar's Report



You are probably aware of the unprecedented issuing of a press release by the College about the erasure of Dr. Abraham Cooper from the Alberta Medical Register. This issue also includes the disciplinary finding and penalty about Dr. Cooper.

However, you may not be aware of the condemnation of the College by a previously disciplined physician and his family that was triggered by the physician's daughter discovering the discipline information on the College's web site through a Google search.

Both episodes afford an opportunity to consider how and why discipline becomes public information, as well as to speculate how that will change under the new *Health Professions Act*, and to link such publicity to issues of transparency in professional self-regulation.

The Cooper-Snyder case from Fairview has been the subject of intense media coverage, and the facts are in the

public domain. (An article in *MD Canada* recently summarized them well.) Dr. Cooper was convicted of manslaughter in October 2000. Under the *Medical Profession Act*, any physician convicted of a criminal act must be investigated. However, our process is unable to proceed until the legal avenues have been exhausted. So it was not until later in 2003 that a hearing before an Investigating Committee was held. In December, Council accepted the finding of guilty by the Investigating Committee, and imposed the penalty of erasure (i.e., loss of licence).

When dealing with a disciplinary matter, Council must also make a determination as to whether to publish the findings and penalty. A number of considerations are reviewed: What is the public interest in the matter? (Very high in the Cooper case.) How important is the finding to the profession? (In the Cooper case, publication is a strong signal of the profession's interest in demonstrating its integrity in self-discipline; it also underscores and extends the understanding of certain behaviors as unbecoming conduct – and unacceptable.) Are there innocent victims who may be harmed by the publicity? (None in the Cooper case; in fact, family members of Dr. Snyder were anxious that the College 'do the right thing'.) Are there other compelling reasons either to publish or not?

When all of these have been considered, Council may decide to publish. Even then, the College waits to do so until the disciplined physician's right to appeal to the Court of Appeal of Alberta has expired (30 days from receipt of the Council findings). So it was then, on January 12<sup>th</sup>, that the College issued its unprecedented press release, recognizing the high media profile of this case.

The second case was a somewhat surprising allegation by a physician who had been disciplined - that it was improper for his family to discover his name, his charge, and the findings of Council on the web. This allegation was also the subject of a protest letter from his daughter on the subject. While understanding the family's angst (perhaps they had not been informed of the discipline), the reply was an opportunity to explain the discipline process, especially its adherence to fundamental principles of fairness and natural justice, and to explain the considerations for publication, as outlined above.

In her book *The Cult of Efficiency*, Janice Stein observes that one of the essential elements of accountability is fair reporting; its absence, she concludes, means that "Self-regulation by the profession is simply not working well enough, because it is not transparent enough". The publication of discipline is one way of being transparent.

Further change will accompany the new *Health Professions Act*: in that *Act*, a hearing (the equivalent of our Investigating Committee hearing) is open to the public, and even if private (for a number of reasons outlined in the *Act*), the complainant may attend. These changes can both be seen as legislated efforts to increase the transparency of the complaints and discipline process, and of the increasing public interest in the "what" and the "how" of professionally led self-regulation.

Dr. Bob Burns, Registrar  
[rburns@cpsa.ab.ca](mailto:rburns@cpsa.ab.ca)

# Council Highlights

The Council of the College of Physicians and Surgeons of Alberta met February 6, 2004 in Edmonton. Some of the more significant items included:

**Source Verification Fees** – Council approved bylaw amendments to allow an external agency to conduct credential verification of foreign medical graduates applying for registration with the College.

The College has identified The Educational Commission for Foreign Medical Graduates (ECFMG), operating out of Philadelphia, as a reliable and expert verification agency. ECFMG services are currently used by four other Canadian Colleges and the Medical Council of Canada. ECFMG will charge foreign graduates \$150 US to verify their credentials and report findings to the College. The College's registration department will continue to verify Canadian graduates for \$107 CAN.

**Cosmetic Services** - Council reaffirmed its support for the College's effort in seeking input from the profession on existing and proposed changes to the regulation of medical cosmetic services. Physicians providing cosmetic services have already been contacted for feedback and an article in this issue of *The Messenger* invites comments from other members of the profession. Key issues of debate include advertising, consent, after-hours care, training requirements, and content of public information (see page 10).

## Reports to Council

**Business Plan 2004** - Dr. Bob Burns reviewed the College's business plan for 2004 focusing on the College's five goals and the associated key performance measures. The goals and an outline of the report are available on the College's web site.

**Complaints Report** – Drs. Trevor Theman and Karen Mazurek provided Council with

2003 complaint statistics and an overview of Alternative Complaint Resolution (which will be part of the new *Health Professions Act*). A news release on the CPSA web site highlights the complaint statistics and a summary article will appear in a future issue of *The Messenger*.

**Negotiation 2003 Summary** – Mr. Mike Gormley, Executive Director of the Alberta Medical Association (AMA), highlighted the visionary 8-year agreement negotiated by the AMA, Alberta Health and Wellness and Regional Health Authorities. A summary document is available on the AMA web site.

**Federal Health Acts Renewal** – The College will be participating in a consultation session with other stakeholders to improve and consolidate various acts under Canada's Federal Health Legislation. Council identified advertising, proof of safety for new products and natural drug products as items for discussion.

## POSP Now Accepting Applications

The Physician Office System Program (POSP) is now accepting applications from physicians who wish to enhance delivery of patient care by expanding the use of computer technology in their practices.

Although administered by the AMA, POSP is available to all Alberta physicians, subject to certain eligibility requirements.

POSP provides three kinds of support:

- **Financial support** to acquire physician office systems (software, hardware, training and technical support),
- **Change management services** to ease the adjustment to using new technology, including on-site expert assistance, and
- **Requirements** for physician office systems.

POSP is established by the Master Agreement between the Alberta Medical Association, Alberta Health and Wellness and Alberta's Regional Health Authorities.

### For more information:

Web site and on-line application:  
[www.albertadoctors.org/posp](http://www.albertadoctors.org/posp)

Phone: 780-452-1616 or toll free  
1-866-817-3875

E-mail: [posp@albertadoctors.org](mailto:posp@albertadoctors.org)

# Propoxyphene Added to TPP

On March 1, 2004, propoxyphene will be added to Alberta's Triplicate Prescription Program. Also known as dextropropoxyphene, (DARVON N® 642®) propoxyphene is a synthetic opiate and mild analgesic structurally related to methadone.

## Efficacy

Although propoxyphene products are approved in Canada for the relief of mild to moderate pain, research does not support their use in either the acute or chronic pain setting. A limited number of controlled trials indicate that propoxyphene hydrochloride 65 mg\* is no more effective than codeine 30-45 mg or acetylsalicylic acid (ASA) 650 mg, and may, in fact, be inferior to these drugs. In addition, the literature does not recommend propoxyphene for the treatment of chronic pain. Numerous articles confirm that the use of this drug for elderly patients with acute or chronic pain is not appropriate.

## Safety

Propoxyphene deaths typically occur rapidly and have occurred in as little as twice the therapeutic blood level. Like other opiates, propoxyphene is subject to abuse due to tolerance levels, as well as psychological and physical dependence. In Alberta, addiction centres and law enforcement report that propoxyphene abuse is minimal. However, literature shows the accidental ingestion of propoxyphene

in combination with other drugs, especially alcohol, is a far more serious problem. One study found that 30-59 year old habitual or social-drinking men on medication for pain were most prone to combine propoxyphene and alcohol, resulting in accidental poisoning.

Aside from the drug's propensity for abuse and accidental overdose, propoxyphene's negative effect on the central nervous system (dizziness, confusion) and cardiac system (toxicity due to accumulation of the active metabolite) makes the drug undesirable, particularly in the elderly population.

Propoxyphene possesses a narrow therapeutic index, above which fatalities may result. This factor, in combination with a significant drug-alcohol interaction, CNS and cardiac side effects make the drug potentially very dangerous. Inclusion on the TPP will hopefully limit the prescription of propoxyphene products and increase awareness that precautions must be taken when prescribing and using propoxyphene products.

The most appropriate alternative(s) to propoxyphene for pain is dependent on the type of pain (acute, chronic, post-operative, neuropathic, palliative, etc.), the patient's comorbidities, and previously tried drugs.

For further information and article references, visit the CPSA web site at [http://www.cpsa.ab.ca/collegeprograms/tpp\\_resources.asp](http://www.cpsa.ab.ca/collegeprograms/tpp_resources.asp).

## Suggestions for Practice

- Consider other analgesic alternatives if possible. Propoxyphene is no more effective than codeine 30-45 mg or acetylsalicylic acid (ASA) 650 mg.
- Carefully consider patient's alcohol use patterns before prescribing propoxyphene.
- Advise/remind the patient of the risks of the medication in combination with alcohol.
- Use shorter intervals between prescriptions to conduct follow-up with the patient.
- Consider having a prescribing contract with the patient to obtain narcotic prescriptions from only one physician or consider asking the patient to get prescriptions filled at only one pharmacy.
- Where appropriate, get consultations from pain management specialists.

*Cathy McCann, Manager  
Physician Prescribing Practices  
[cmccann@cpsa.ab.ca](mailto:cmccann@cpsa.ab.ca)*

\* Propoxyphene hydrochloride 65 mg is equivalent to propoxyphene napsylate 100 mg.

# New Councillor Profiles



Dr. John L. Pasternak  
District 1 - Medicine Hat

Dr. John Pasternak is a rural family practitioner, working in Medicine Hat, offering full time locum services within the Palliser Health Region.

He obtained his medical degree in 1979 from the University of Alberta, and went on to complete two years of post graduate training at the Royal Jubilee Hospital, Victoria and the University Hospital in Edmonton.

Dr. Pasternak practised hospital and community based family medicine in Victoria for 18 years, where he served for three years on a quality assurance

committee. He developed an interest in third world medicine through working in the South Pacific island nation of Vanuatu in 1997, with three subsequent returns.

Moving from a fixed practice in Victoria in 1999, to locuming in Medicine Hat has provided a wide range of experience in various practice situations and afforded an ongoing pursuit of medical adventure, including work in the Australian Outback.

Dr. Pasternak has been married for 25 years, has four children, and enjoys travel, golf, downhill skiing and music.



Dr. Felix S. Odaibo  
District 5 - Northwestern

Dr. Felix Odaibo is a Consultant Pediatrician and Neonatologist and is presently the Director of the Newborn Nursery at the QE II Hospital, Grande Prairie.

A graduate of Ahmadu Bello University, Nigeria, Dr. Odaibo moved to Britain to qualify in Pediatrics after a brief spell working in a General Practice setting in Nigeria. From there he relocated to Winnipeg Manitoba in 1991 for a Fellowship in Neonatology, obtaining the FRCPC in the process.

He worked in Thompson, Northern Manitoba as a GFT with the University of Manitoba for 4 1/2 years before resigning and setting up his practice in Grande Prairie.

In Thompson, he was head of the Pediatric Department as well as the Chairman of the Audit and Standards Committee. He served as an elected member of the Council of the College of Physicians and Surgeons of Manitoba for about four years.

Dr. Odaibo is presently an active member of several hospital committees. As a Councillor, he hopes to expand his horizon in the working of bodies such as the College Council, hoping in the process to bring into play the best of his varied experience.

He is married and happy to spend time with his wife and four children. His hobbies and interests include travel, collecting antique cameras, chess and sports.



Dr. Robin G. Cox  
District 6 - Calgary

Dr. Robin Cox is a pediatric anesthesiologist practising at the Alberta Children's Hospital in Calgary.

He obtained his medical degree in 1976 from the University of London, UK and undertook his anesthesia training in London, UK. Dr. Cox completed a Fellowship in Pediatric Critical Care at the Hospital for Sick Children, Toronto, in 1985, and moved to Calgary in 1987. He was Director of the Pediatric Intensive Care Unit (1991–1996) and Head of the Division of Pediatric Anesthesia (1995–2001). His general medical interests include patient safety, physician wellness, ethics, utilization of resources, and access to care.

Dr. Cox is an Associate Professor of Anesthesia at the University of Calgary and

is very involved in undergraduate education, being co-chair of the physical examination skills course. He sits on many committees, including the Admissions Committee, Specialty Committee of the Royal College, and the AMA Fees Advisory Committee. He also sits on the editorial board of the Canadian Journal of Anesthesia, is currently Secretary/Treasurer of the Alberta Children's Hospital Medical Staff Association, and is actively involved with the planning process for the new Alberta Children's Hospital.

Dr. Cox is married and has three teenaged children. He enjoys travel, skiing and biking.



Dr. Randall W. Sargent  
District 6 - Calgary

Dr. Randall Sargent has practised family medicine in Calgary since 1990 with an interest in the health of middle aged men and seniors with complex health issues. He received his medical degree from the University of Calgary in 1988, his CCFP in 1990, and also holds a Master of Science in Zoology research. With an interest in ethical analysis of moral issues, Dr. Sargent is also a member of the Provincial Health Ethics Board of Directors.

Dr. Sargent has worked with the University of Calgary's Department of Family Medicine teaching as a Clinical Faculty Member with particular attachment to teaching communication and integrated medical skills. He has seven years of teaching experience within the community college system and has worked as a field biologist. He has an ongoing interest in

philosophic topics, active field work in the realm of species diversity, research topics in general, and a personal interest in hiking, biking, and skiing.

His interest in the College Council stems from a general interest in the health care of Alberta and in particular the complex issues that society must resolve. He enjoys analyzing situations and sorting basic principles.

Dr. Sargent is loyal to the medical profession and feels an obligation to see both sides of any situation. He is sympathetic to the needs of Alberta's health care consumers and feels obligated to professional healthcare providers to ensure a fair system of access and care. Dr. Sargent looks forward to the challenges and pleasures of being a College Councillor.



**Dr. Peter G. Hamilton**  
District 7 - Edmonton

Having obtained his medical qualification at the University of the Witwatersrand, South Africa in 1979, Dr. Peter Hamilton left South Africa for

Zimbabwe and five years later came to Edmonton to train in Nephrology.

He joined the University of Alberta's Department of Medicine in 1990 with an interest in hypertension and medical education. He has been Residency Training Program Director for the past five years, which has turned out to be one of the most satisfying tasks that he has done as a physician. He sees it as a privilege to interact with young physicians as their careers evolve and then to see them move into the community making significant contributions to the well-being of patients and society at large.

Dr. Hamilton was truly honored this last summer for being nominated and receiving the PARA award for his contributions to resident well-being. He anticipates that his

experience in working with residents and medical students will enable him to better represent the community of physicians at the College of Physicians and Surgeons of Alberta.

"If we are to continue to maintain control of our destiny as a profession, it is imperative that we maintain the highest degree of professionalism and constantly strive to put our patient's needs above our own. Sir William Osler put it eloquently "... *learn to play the game fair, no self deception, no shrinking from the truth; mercy and consideration for the other man, but none for yourself, upon whom you have to keep an incessant watch*".

- Dr. P. Hamilton



**Ms. Linda Spencer**  
Public Representative

Linda Spencer obtained her Bachelor of Social Work and Master of Social Work degrees from the University of Calgary. Ms.

Spencer's areas of specialization in her studies and in her practice are Community Organization, Management and Policy. Linda began her career in Lethbridge, but she has lived and worked in Calgary since 1989.

Linda has focused a large part of her career on community-level practice issues related to health and social policy. She spent many years employed in the charitable sector and she particularly cherishes the work that she accomplished with The Kidney Foundation of Canada. During her time with the Kidney Foundation, one area of focus was working towards improved local and provincial hospital systems to support organ donation. Another significant accomplishment was the development and implementation of an employment support

model for people with kidney disease and other chronic illnesses. In her current employment with The City of Calgary, Linda manages the overall governance function for a variety of civic partner (non-profit organizations) relationships.

Linda continues to be active in public service initiatives. For several years, Ms. Spencer served as the public member of the Alberta Health/Alberta Medical Association's Physician Resource Planning Committee. Most recently, Linda was the public member of the College's Physician Performance Committee. She is also involved with committee work at the United Way of Calgary.

Linda enjoys life and all that it brings with her husband and 21 year old daughter.

# Discipline Report

## Dr. Abraham R. Cooper

The Council of the College of Physicians and Surgeons of Alberta has found Dr. Cooper guilty of demonstrating unbecoming conduct based on his conviction for manslaughter in the death of a colleague.

Although the criminal conviction occurred in October of 2000, the College was unable to proceed with Dr. Cooper's disciplinary process until a series of legal appeals related to the case had been exhausted.

The Supreme Court of Canada rejected Dr. Cooper's request to appeal in August of 2003. The discipline hearing was held in October and reviewed by Council in December of 2003.

Council accepted the recommendation of the Investigating Committee and ordered that:

- The name of Dr. Abraham R. Cooper be struck from the Alberta Medical Register;
- No costs be ordered against Dr. Abraham R. Cooper for the

investigation, the appearance before the Investigating Committee or the appearance before Council in this matter; and

- The name of Dr. Abraham R. Cooper and the circumstances surrounding this matter shall be published.

As with all disciplinary decisions made by Council, Dr. Cooper had the right to file an appeal within 30 days to the Court of Appeal of Alberta. Dr. Cooper did not appeal and the order of Council became final in January of 2004.

## Increase in PAP Enrolments

Congratulations to Dr. Dan Filafirro from Edmonton whose name was drawn as the winner of the Pre-Authorized Payment (PAP) Promotion entitling him to a trip for two to Las Vegas!

A special thank you goes out to all physicians who enrolled in the PAP Plan.

Thanks to the willingness of 452 additional physicians who enrolled in the PAP Plan this year, we now have a total of 2,444 physicians who elect to pay their annual fees via the PAP Plan.

For those of you that missed the deadline date, be aware that any forms received by our office after the November 21<sup>st</sup> deadline date were processed to ensure you could take advantage of the PAP Plan in future years.

**A total of 2,444 physicians are paying their annual fees via the PAP Plan.**

The PAP Plan is the most efficient and least expensive method for the College to collect fees. If you have been thinking of

enrolling and wish to proceed, please visit our web site to download a PAP enrolment form for annual fees or professional corporations. ([http://www.cpsa.ab.ca/physicianregistration/forms\\_faqs.asp](http://www.cpsa.ab.ca/physicianregistration/forms_faqs.asp))

With your help the number of participants can increase allowing the College to save time and money by reducing manually processed payments and credit-card transaction fees.

*Dr. Karen Mazurek, Assistant Registrar*  
[kmazurek@cpsa.ab.ca](mailto:kmazurek@cpsa.ab.ca)

# Cosmetic Services - Seeking Input

We want your opinion on a matter of growing concern to our profession. In June 2003, Council was apprised of controversies in the area of cosmetic services provided by physicians in their offices and in accredited facilities.

The services mentioned ranged from skin resurfacing, injectable fillers and botulinum toxin, to surgical procedures - liposuction and blepharoplasty in particular. Many physicians with whom we have spoken believe that the risks to patients and to our profession's credibility are growing. Concerns focus on the following:

1. Advertising (including the use of titles)
2. Statements to patients and to the media about other providers
3. The quality of the consent process

4. Responsibility for after-hours and follow-up care
5. Training for various procedures
6. Public misconceptions about credentials

There is practically no data about the amount of actual harm associated with cosmetic services in Alberta. Complaints to the College are too few to suggest a pattern in relation to these services. However, we recognize that providers often have more information about patient outcomes than do complaint-based systems.

Cosmetic services are not unique. Our profession's Code of Ethics and regulations apply to all medical services. However, for a variety of reasons, cosmetic services are a lightning rod for many issues and are the arena where deficiencies in regulation and enforcement are most apparent. The College is preparing to address these concerns. Greater clarity will be necessary

in some areas and stricter enforcement will be necessary in others. That is why we are seeking your input.

We have written directly to those medical cosmetic service providers we have been able to identify. If you would like to comment on policy concerning professional conduct and information for the public around medical cosmetic services, contact our office for a copy of the recommendations:

## Cosmetic Services Policy Recommendations

c/o Tanya Wicks  
Tel: 780-970-6231  
Toll Free: 1-800-320-8624 ext. #231  
Fax: 780-428-2712  
E-mail: [twicks@cpsa.ab.ca](mailto:twicks@cpsa.ab.ca)

*Dr. Bryan Ward, Assistant Registrar*  
[bward@cpsa.ab.ca](mailto:bward@cpsa.ab.ca)

# ECG Interpretation Exam

The next electrocardiogram (ECG) interpretation examination is scheduled for Tuesday, March 9, 2004.

Physicians, with the exception of cardiologists and pediatric cardiologists, wishing to submit claims to Alberta Health Care Insurance Plan for interpretation of electrocardiograms must successfully challenge the College examination.

The examination will take place from 9:00 am to 12 noon in Calgary. The fee is \$300 (GST included).

To register, or for more information, please contact Ms. Laurie Mitchell in the Quality of Care Department at (780) 970-6243, 1-800-320-8624 ext. #243, or e-mail: [lmitchell@cpsa.ab.ca](mailto:lmitchell@cpsa.ab.ca).

## ECG Examination

Tuesday, March 9, 2004  
Room Theatre One  
Faculty of Medicine  
Health Sciences Centre  
3330 Hospital Drive NW  
Calgary, AB

# Letters to the Editor

## Communication with Colleagues

I appreciated the last Registrar's Report regarding communication with colleagues. I was not surprised that responses came from consultants rather than consultants. However, it seems to me to be a relatively easy matter for family docs to furnish consultants with ample information without adding greatly to personal stress, as long as they have the tools for the job. I have struggled mightily to reduce my own stress in the past few years and I offer a few suggestions to others:

First: it is difficult for any physician who lacks appropriate tools to communicate easily with specialists. When one can ask an assistant instantly to copy, and fax lab reports, imaging reports and other consultants' letters, it becomes much less arduous preparing a letter which adequately requests consultation, since supporting original documentation effectively amplifies even a brief letter. Without the ability to do this, however, life is difficult. Get a photocopier. Get a fax. These tools are indispensable. If you don't have them, your office is handicapped.

Second: get as many things faxed to you as possible. It is a tremendous waste of time for any receptionist to slit open envelope after envelope, unfold documents, and discard the used envelopes while faxes come in nice and flat, and are ready to be filed immediately. If you are worried about security, make sure that your fax is not shared and is in a secure place – as it should be. (If your receptionist can be more productive, you can be more productive.)

Third: when you receive requests from third parties for information that does not exist (the third party was misled by the patient) or for which a very simple answer is required, write your answer legibly on the fax and send it back immediately, even if long distance charges apply (assuming, of course, that you already have consent on file). You may spend extra cents, but you

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### This is my contribution to the 'family doctor/consultant' dialogue.

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will save yourself grief and time. You will have more time to devote to more important things. Don't go to the trouble of writing a formal letter for a trivial thing in the hope that you will receive remuneration. Time is too valuable.

Fourth: if you receive a rude letter from a consultant (it doesn't happen often, but we all know it does) try to remember that consultants receive pressure not only from patients but also from colleagues, whereas we family docs only receive it from patients and their families. (Everyone can have a 'bad hair day'.) At the same time, consultants might also be reminded that delays between referral and date of consultation are great, and much can happen in between. It is not the family doctor's fault if the person who was in agony with sciatica nine months earlier dances around the consultant's office when seen. It is also easy for patients who have waited too long to forget a specialist appointment or an appointment for a special test.

Fifth: when you receive a note from a specialist telling you that your patient did not show for an appointment, do not stew about it. Simply put your office stamp on the document, write 'NO SHOW' on it in bigger letters than the specialist's receptionist wrote, and mail it to the patient. The patient should be in no doubt that you – the family doctor – are aware of this oversight. If the patient is decent, and truly forgot, he or she will be embarrassed and may already have phoned the specialist with apologies. If the patient did or does not subsequently apologize to the specialist and seek to rearrange the missed appointment, govern yourself accordingly. Specialists need to know that we value their time and that we are doing our best to prevent missed appointments. Patients need to know that specialist services are valuable and that there are many people waiting to take their place in the queue.

Sixth: do not, as some do, make appointments for patients with two different specialists and then phone back later to cancel the appointment which is the furthest away. You are creating extra work for those who are already overworked. (You are also creating extra work for your own assistant.) Would you like it if all your patients made appointments with two different family docs and then cancelled the appointment that didn't suit them? Imagine what grief this would cause your receptionist.

I hope this provides members of the College and the profession with awareness of the shifting sands of medicine. This is my contribution to the 'family doctor-consultant' dialogue.

*Dr. Graham Hunter, Calgary*

Letters continued ...

## PARA Update

'Invest', 'Influence', and 'Involve', has been PARA's vision for the past year and this will certainly drive our organization in 2004. The New Year will bring new challenges, but PARA will be equipped to tackle them. We will have a new web site, new office, and new staff, with the hiring of Stephanie Sims.

There are several key focuses of PARA this year. Resident debt-load will be an issue that will not abate. In 2-3 years, medical student tuition in Alberta will catch up to tuition in Ontario. This will result in a wave of residents who will have \$100,000+ student loans originating in our own province. We need to approach this in two

ways: decreasing tuition and student loan reform.

With student loans of this magnitude, we will see a changing demographic of medical student. This is an issue of access. Children of lower socioeconomic statuses will be discouraged from becoming physicians, there will be a lower ability of graduating medical students to become involved in humanitarian efforts, and the face of medicine will no longer be able to relate to those who we serve. It will become an elite discipline and one of the privileged. This will spill over into career decision making, with lower remuneration fields having fewer and fewer trainees. In addition, residents who carry these debt-loads will have increased financial stress.

It is our hope that student loan reform will prevent this.

During 2004, PARA will strive to have value-added services for our membership, increase our community exposure, and increase resident awareness.

*Calvino Cheng, MD  
President, Professional Association of  
Residents of Alberta*

**Do you have a message for the  
profession?**

Mail or fax letters to the attention  
of Lorie Moyles, or e-mail  
[Lmoyles@cpsa.ab.ca](mailto:Lmoyles@cpsa.ab.ca).

All letters are subject to editing.

# the Messenger

College of Physicians and Surgeons of Alberta



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of Alberta

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