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The University of Western Ontario

Medical Journal

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D. LEE 89

From the Editor's Desk

Our cover for this issue is of a Dutch barber-surgeon plying his trade circa 1524. It was drawn by a classmate of mine, Dave Lee of Meds '90.

When I look at it I can't help thinking about Robin Williams whispering those haunting words in *The Dead Poets Society*, "Carpe diem, carpe diem...seize the day." It was a disturbing film but it carried an inspiring message, "...carpe diem."

So when I see the exquisite attention to detail obvious in this drawing (which can only truly be appreciated when looking at his original) I envision the artist with these same words echoing in his mind: "...carpe diem."

How often in a day do you see something (or do something) that strikes you as "carpe diem"? A day? Try a week, a month, a year...? It took Dave three days to do this cover. Look at the detail, talented yes but more importantly is the quality, the patience, the care. When I think of the word "art", this is how I picture it. Where the result is not just aesthetically pleasing but rather reflects a commitment, the artist imparts a part of himself, it becomes an expression that truly is unique.

So it is with medicine. Every once in a while you are exposed to someone who is an artist. A person who has gone beyond the perfect mechanics, has overcome the contempt that familiarity breeds. An individual who does their job with a sense of devotion and purpose that is inspirational.

Look, carefully, at the individual lines that join to make this picture. They demonstrate something very basic, the difference between

finishing the job versus just getting the job done. People get very hung-up about getting the job done as opposed to finishing it, the art has become very subservient to the simple goal of completion. It's a very pervasive attitude in our society, and it ties in with our own happiness a lot more than we might be willing to admit.

I'm talking about words like caring and quality and happiness here, topics that are very eloquently and more thoroughly dealt with in Robert M. Pirsig's masterpiece, *Zen and the Art of Motorcycle Maintenance*. It's an extremely thoughtful book that I highly recommend you read, and read again if you've only read it once.

Pirsig talks about the disappearance of caring and quality in our society. When you think about how often you are impressed by the quality of a product or, more importantly, an interaction you have witnessed or been a part of, you begin to understand.

Everybody is working towards that one magical tomorrow, that single golden day of effortless perfection. "Once I get to _____, then I will be happy." This turns out, of course, to be pure unobtainium. Furthermore, ask someone in a hospital, an ICU bed, what they think about that philosophy. It's a tragedy too because you see these people every day, look in the mirror, it's you and I. "I'll be happy once I'm: out of high school, in university, in med school, in the hospital, out of the hospital, out of med school, in this program, out of this program, a consultant, married, divorced, etc..."

This brings us back to a very fundamental question about what we are and what is impor-

tant to our happiness. I think this is a particularly interesting question for medical types. By the very nature of the long selection process that brings us all together we, as a group, become quite accustomed to being treated as different and special. Furthermore, we come to expect it and to varying degrees become dependent on it.

Gradually, insidiously, the title begins to overshadow the individual. It is no longer good enough to be "just" a GP, or "just" a general surgeon, etc. It's no wonder we always wind up focussed on the end of the road, never truly appreciating the magic of the journey along the way.

It's amazing because you see people suffering every day, waiting for that one day when they'll be "done". It's like hoping for the lottery. Meanwhile there is a large percentage of the population that somehow manages to muddle through without the magic letters MD, FRCP, etc. How do they do it?

The lucky ones enjoy the trip along the way. They recognize the importance of the moment. They treat whatever they happen to be doing as important and worthwhile and they give something of themselves in accomplishing the task. Hence caring, quality. Not something that can only be accomplished with certain letters and qualifications, just commitment. Carpe diem... carpe diem.

Maybe that's why Dave didn't need me to gush all over him about the cover, maybe he already knew.

Warren D. Teel, Meds '90

Clerkship. There are times when I am tempted to change one of the letters in that word! The hours, the agony. Yes, it's fun at the beginning, you're reluctant to leave in case you miss something. Clerkship. By now, if your resident tells you to go home early, you're out the front door of the hospital before the sentence is complete. Clerkship. Where classmates faces become blurred in memory, and the days run into one another. Clerkship. Half-way up the long road to M.D.

It is only by existing through the drudgery and being stimulated by the few exciting moments that it is possible to really understand what being a doctor is all about. Many of us began clerking with preconceived notions of what we wanted to do after we graduated. Although most had a reasonable idea of what was involved in clerking, sleep deprivation adds a remarkable dose of reality. Now the bricks of our dreams are being removed one by one. Lifestyle considerations are becoming more important to those of us who manage to leave the hospital after only 36 hours on call.

At coffee the other day we were discussing lifestyle considerations in medicine. One of our more dedicated colleagues thought that considering lifestyle was wrong, and that was not what medicine was all about. "We all knew what we were getting into. I knew what it was going to be like." But did we really know? When challenged as to how exactly he knew what a doctor's life was like before he actually got into clerkship, he replied, "I don't know — from television I guess..."

Exactly the point. Whatever we knew about medicine before we arrived was glamorized — by television, by the media, by our families and friends. The reality is that medicine places a big demand upon ourselves and our loved ones. Public misconception is rampant - they don't see the hours of dedicated work, and we don't see the supposed phenomenal salaries that the Ontario Government claims that we make. Our patients and our government demand that we be altruistic. But altruism ends as far as I'm concerned when our own physical and mental well-being and our families begin to suffer.

More and more medical students seem to be attracted to Family Medicine, not only for the lifestyle considerations, but also to be able to be part of a community and to make a difference to their patients. Unfortunately, during rotation through each of the specialties in clerkship there is an incredible amount of "family doctor bashing". You know the phrase, I'm sure, "How could anyone miss something so obvious as..." In the real world (life outside academic medicine) "when you hear hoofbeats...you think horses..." What is really unfortunate with all these put-downs of family physicians is that those who are considering a career in family medicine are made to feel inadequate, that being a family doctor is somehow a step down. In fact, the sad thing seems to be that one group is attending to the patient while the other is attending to the diagnosis.

Connie Nasello Paterson, Meds '91

The University of Western Ontario Medical Journal is published 4 times per year by the students of the U.W.O. Medical School. Established in 1930. Articles, letters, photographs and drawings welcome from the London medical community. Submissions should be type-written and double spaced, or submitted on computer diskette. Correspondence should be directed to U.W.O. Medical Journal, Health Sciences Centre, U.W.O., London, Ontario, N6A 5C1.

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Deadline for January issue:
January 5, 1990

Intro to Committees of UME

by Dorian Lo, Meds '90

Simplified Terms of Reference

Senate Gives final approval to many of the major changes in Undergraduate Medical Education. Provides a framework in which undergraduate medical education is allowed to develop.

Faculty Council Gives approval on behalf of the Faculty of Medicine for all major policy and business of the faculty including undergraduate, postgraduate, research and financial affairs.

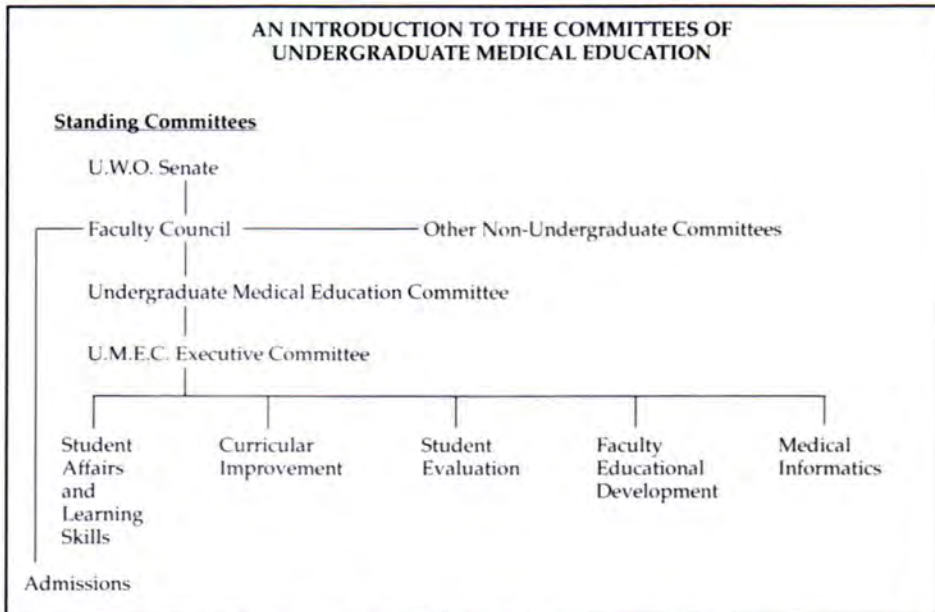
Undergraduate Medical Education Committee Consists of representatives from clinical and basic sciences, faculty, and student classes. Oversees undergraduate medical education and approves recommendations according to the objectives of undergraduate medical education.

Admissions Committee Reports directly to faculty council. Selects from the eligible applicants those who are best suited for the study of medicine. Suggests changes to the academic prerequisites.

Student Affairs and Learning Skills Communication of student and faculty ideas and concerns. Co-ordination of student and faculty initiated projects.

Curricular Improvement Ongoing evaluation of the curriculum including course component and content.

Student Evaluation To optimize evaluations such that learning is maximized. Assist in the implementation of these techniques.



Faculty Educational Development Maintain and enhance teaching performance. Assist in the

development of new methods of teaching and evaluation. □

Letters

Bitter pills

Dear Editors:

As an alumnus of U.W.O. (Meds '82), I enjoy receiving and reading the U.W.O. Medical Journal which I still receive regularly. I have just completed my residency training in Urology here in London and am in the midst of both sitting the Fellowship exams and searching for a place to set up practice. The difficulties in securing a staff position at most hospitals in Ontario at the present time are unbelievable, due to policies in effect by the Ministry of Health regarding constraints on the health care budget.

I have enclosed a copy of a letter I have recently sent to the Editor of the London Free Press. Whether it will ever be published or not is up to them. I just felt that current medical students should be made aware of the potential difficulties facing them on completion of their training with regard to hospital privileges. Getting through medical school, internship and residency is hard enough, to be sure, but that's only the beginning of the real struggle - dealing with the bureaucracy of hospital boards and provincial government. You may wish to publish some of this information in the Medical Journal. Medical students should be cognizant of obstacles being established by the Ministry of Health to limit where a physician can practice in Ontario and the ever-increasing need for solidarity among members of the medical profession.

Philip J. Stuart, M.D. (Meds '82)

Dear Editors:

The status of the health care system in Ontario has been the subject of much debate in recent months. As a physician, I am writing to express concern over steps being taken by the current Minister of Health in this direction. Discussion of this topic with many patients has convinced me that the general public remains truly uninformed about the ultimate potential consequences of changes and restrictions now in the process of implementation by this Ministry.

The primary issue is, of course, the health care budget. It is true that Ontario spends a larger percentage of the total provincial budget on health care compared to many other areas. Ontarians also enjoy what is probably the highest standard of health care and the greatest accessibility to such care anywhere in the Western world. The present Ministry of Health states that their goal is to introduce measures to control (reduce) health care spending and improve or maintain accessibility. One does not have to be a political analyst or financial wizard to realize that budget constraints cannot help but translate eventually into decreased accessibility and, possibly a decreased quality of care. Any plan to place a ceiling on monthly OHIP billings by physicians will definitely guarantee decreased accessibility to physician's services and result in longer waits for office appointments and elective surgical procedures. It may also result in the exodus of large numbers of physicians from this province.

The appointment of new medical staff to hospitals in the province has already been curtailed, even in areas where a perceived need has been established by manpower studies (carried out by independent consulting firms commissioned, and paid for, with tax dollars by the Ministry itself). This is surely a step towards decreased accessibility for the people of this province. For graduating physicians and specialists who require hospital privileges to work, this

translates into their inability to find positions to set up practice in Ontario. Many are thus being forced to seek opportunities outside this province and, indeed, outside Canada. Ontario thus stands to lose many promising doctors, whose education, incidentally, was financed in large part by the tax dollars from residents of this province.

The effects of such policies will surely become more apparent to the public as time goes by. Eventually, as waiting periods prolong, those who can afford it will demand the right to purchase individual health insurance from private companies. One only has to look south of the border to see the results of the two-tier health care system where those who have better health insurance get faster treatment and, possibly, higher quality care. Is this what the people of Ontario really want?

Philip J. Stuart, M.D.

Housing Help

Dear Editors:

I am a fourth year medical student at the University of Saskatchewan in Saskatoon, SK. I will be in London for the month of January 1990 doing a clerkship elective at University Hospital. During this period I will be requiring some form of accommodation. If there is someone who can assist me please let me know.

Thank you for your cooperation.

Matthias Michael Feldkamp
427 Lakeshore Bay
Saskatoon, Saskatchewan
S7J 3T5

Class Reports

Introduction to Medicine

by Gregg Hancock, Meds '93

Was it just a mistake? Will my name really be on that list? One hundred and six of us were sharing these very thoughts on the morning of Wednesday, September 6, 1989.

With our minds at ease, Dr. Boyd welcomed us to Western and Drs. Valberg and Silcox followed with words of advice and memories of their first days as medical students a few short years ago. Later, Drs. Fox and Turnbull introduced us to our first patients: an infant and a grandmother.

Following a welcome from David Bak, members of Meds '92 were herded into UH A to be matched with us as our big brother or sister for the year. Our newest siblings toured us around campus just long

enough to make it to the Elbow when it opened for lunch.

We were treated later to a video-taped look at some of the many extra-curricular events of the year, such as "Tachy" and skiing around the spacious chalets of Blue Mountain.

Our introduction to clinical medicine on preceptor day was a great success. By-pass surgery, cesarean section and vascular repair were among the topics discussed later at a pub held in our honour. Others spent the day interviewing children, reading X-rays and CTs, or giving needles in a family practice setting.

Friday morning we were assured once again by

Dr. Silcox that we really had made it, and that competition could now take a back seat to cooperation and teamwork. This may take some time to sink in!

Fanshawe Park was the scene of the grand finale of orientation events. Once again Joe Butchey and Sue Noble did a fantastic job with the help of the rest of Meds '92. Soccer, baseball, dancing and rowing (boats that is) left us exhausted and feeling very much a part of Western Meds.

With our orientation a great success, Meds '93 has shown itself to be a spirited and enthusiastic crew. Meds '92, be forewarned, we are in training for our next showdown on the high seas and this time "NO SPILLING".

Back in the Saddle

by Shirley Lee, Meds '92

Dear Mom and Dad,

Finally got a break from my exciting medical career (i.e. studying, eating, sleeping, and more studying) to write to you—we've only had five exams so far with only (YES!) two more to go. Let me tell you, I can't wait for Christmas. It's so hard to believe that November is drawing to an end already. It seems like only yesterday that we got to see everyone again and hear all about their summer adventures—although writing Micro and Pharm a week and a half later was, to say the least, a jolt back to reality. Yes, our fun-filled happy-go-lucky lives were short-lived, as we had to buckle down and begin to memorize endless details about Schistosoma Mansoni, Immunoglobulins, cholinergic agonist, and antipsychotic drugs—but now that they're over with, we can relax...for another two weeks.

Between exams and electives, our class has been getting into the spirit of things and involving themselves in a lot of events. In continuing the fine tradition started by last year's class, Meds '93 entered an impressive M*A*S*H* float in this year's homecoming parade. The car rally was a blast for everyone involved (except for local London drivers!) and as well, a bunch of us went down to Waterloo to celebrate Oktoberfest ("Ein Proszit! I'm Toasted!")...were among the innovative songs belted out that night... Halloween was a blast with our class winning both 1st and 2nd prize for best costumes through the ingenious work of Stuart Swinamer a.k.a. Beaker, and Bernie Schopf who was a very menacing Frankenstein...a special round of

applause however went to Dave W., who was brave enough to wear his authentic penis gourd.

Sportwise, our men's soccer team (The Dartos) made it to the finals, and our broomball team even defeated the #1 ranked team. As well, the Meds' Hockey team and volleyball are all well underway. Already, plans are being made for our annual Ski Trip to Collingwood in February—where hopefully no one will have to wear a cast this year! And of course there is Tachycardia, where the talented cast of Meds '92 promises to be as entertaining as ever.

On a more serious note, a lot of Med students have been volunteering their time for the "Can We Talk" series given to first year students on campus regarding contraception, drugs, alcohol and assault. As well, MedOutreach seems destined for another successful trip to Nigeria this upcoming summer. CPPNW (Canadian Physicians for the Prevention of Nuclear War) is in the midst of making plans to become actively involved in a world-wide child immunization program in war-zone countries, as well as promoting the Lantern Project.

So as you can see, our class is keeping itself busy with a number of events. Second year is passing by us so fast that before you know it, we'll be clerking! (Patients beware)...you know, it's turning out to be a really hectic year, but I wouldn't trade it for anything...

Shirley

"Cuttin' for the Very First Time"

by Brenda McMullin, Meds '91

Well, clerkship is moving steadily along, and hard as it is to find the time, Meds '91 has enjoyed some "extracurricular activities".

The first Wednesday of each month is Joe Kool's night. It's a chance for any and all who can get away to come and share a drink and see one another. Auto's Restaurant was the scene of our first class party of the year. The party was held in September, and about 45 scut monkeys were in attendance. Lots of food and drink was consumed amid much catching-up conversation.

The Car Rally took place on September 30th. Top finishers for Meds '91 were Krista Knowles

and Craig Laurer, who placed second. Also from Meds '91 were Steve Beamish, Scott Anderson, Jan Richardson, Tracy Thompson, who placed fourth. Last (with the slowest time), but not least were Mark Maslovich, Lydia Lo, Christian Rucker.

In terms of upcoming events, a Christmas party is also in the works, although no formal plans have been made. Please phone Brenda at 679-9356 if you have any suggestions.

Tachycardia planning and script writing is well under way. Please call Lydia or Mark for more info. We meet every second Sunday night to work on the production - all are more than

On the road again

by Phil Vandewalle, Meds '90

Meds '90 is happy to affirm that there is indeed light at the end of the tunnel. After completing the last rotation of that hell called "clerkship", most of us have taken a well deserved "LOA" from London. We are scattered across the globe, vacationing, sunbathing, sleeping, and oh, yes, we're trying to put in some elective experience too. Members of our class may be found in such exotic places as New Zealand enjoying Kiwis, in Australia catching "crocs" with Paul Hogan, in Scotland learning to play the bagpipes, in England having tea with the Queen, in Ireland visiting the local pub to have a brew and listen to folk music, or Taiwan doing whatever it is that is considered 'touristy' in Taiwan. A few of us may be found to the South endorsing the Free Trade Accord in our spare time, as well as enjoying the UV light that California and Fort Lauderdale have to offer, or becoming acquainted with the "knife and gun club" of Detroit. Others are learning more about our own country, visiting such places as Vancouver, Edmonton, Winnipeg, Thunder Bay, Toronto, Montreal, Hay River (NWT), Halifax, Fredericton, and St. John's.

A number of people in our class also decided to do the "marriage-thing" this year, not being able to think of anything else to do. Congratulations to Mark Crowther, Dave Lee, Mike Ertel and Michael Kolking Fleming.

Speaking of marriage, the thing that often comes next is derived from the little formula "1 plus 1 equals 3". Yes, Danny Dockx became a daddy when his wife delivered a bouncing baby boy.

Well, as we scramble to meet out CIMS deadlines and set up our various interviews for internship, we're all looking forward to getting together again in late November, when classes start and the work on Tachycardia gets into full swing.

welcome to attend.

That's it for now. I know everyone is as busy as I am, but please phone me if you have any questions, ideas or news to add for the next issue.

Lanterns for peace

by Caroline Meyer, Meds '92

As the sun set on August 5, 1989, 1000 candle-lit lanterns flickered on the waters of the Thames. The lanterns were decorated by school children from around the world with colorful drawings and personal messages for peace and international understanding. The first annual Lanterns for Peace Project, sponsored by the London Chapter of the Canadian Physicians for the Prevention of Nuclear War was a huge success!

Dancers of various ethnic backgrounds entertained the crowd as they gathered at the Fork of the Thames on the eve of the 44th anniversary of the nuclear bombings of Hiroshima. The official ceremony was opened by words of welcome from Susan Downe, the project coordinator. Nina Davis' song, "All Around the World", written especially for this event, was among the many performances.

The launching of the lanterns was lead by Japanese children in traditional dress. The public was then invited to join in. Many thanks must go to the London Canoe Association for their assistance in launching and retrieving the lanterns. Thanks also to the volunteers who



organized the event, and to those who attended, making the event such a success. We hope to see you all next year!

Mentor System

by Warren D. Teel, Meds '90
Larry M. Brownscombe, M.D.
Mentor System Co-chairpersons

This is the 23rd year for the Mentor System, initiated by Dr. R.A.H. Kinch, and hopefully you have already discovered the reason it has been such a success in the past. To ensure that you are able to enjoy (and reciprocate) your mentor's hospitality and good taste, we suggest that you arrange a time for your next get-together at each meeting. The phone numbers of your group members are posted in UH-B and the Meds Lounge. If you haven't been contacted yet, call your Mentor yourself. Take full advantage of the fun, friendship, and break from the books that your Mentor Group has to offer. □



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Alumni '69 – Hill Sweet Blues

by Martin Inwood, M.D., Meds '69

Meds '69 was the first class that had to spend its entire time on "The Hill" as opposed to the traditional quarters that had been used by medical students to 1965, namely, the South Street Medical School adjacent to Victoria Hospital. The class had been looking forward to the South Street facilities with its built in basketball court, the ability to mix with all the undergraduate years of school, and of course having collegial relationships with the hospital staff (primarily female) from their first year of entry. These expectations were replaced by a pristine campus building where we were expected to behave as intellectually motivated young men and women. Fortunately, in our first year we were still exposed to the vicissitudes of the traditional life of the "old medical school" and as a result we have always considered ourselves a class of "many positions" who have been able to retain the trappings of other original off-campus medical school classes. Therefore, we distinguished ourselves in the important activities of undergraduate medicine, namely, winning Tachycardia three times in a row after an abysmal first year start. Intramural football, the snow sculpture competition, homecoming float competitions, all fell victims to our enthusiasm and expertise. Equally, our weekly pub nights at the medical fraternity house Alpha Kappa Kappa and the "Bucket of Blood" on South Street gave us the necessary exposure to knowledge which allowed us to all pass our Medical Council examinations, thus rendering Dean Bocking his traditional pair of white gloves.

We were fortunate to have a good mix of the old and the new in our medical lecturers. In those days, Saturday classes were considered derigueur in the first two years and having Drs. Wilcox and Brien addressing us on clinical methods was indeed an occasion which none of us have ever forgotten although the information imparted has been lost with the passing of time, the loss of hair, and Betz cells. Class presidents during our graduate years were a distinguished set of individuals, namely, Dr. D. Carr, Anatomy, who subsequently was exiled to McMaster; Dr. B.P.L. Squires, then in Physiology and currently Editor of the CMAJ; Dr. H. Cameron an ex-second world war artillery man turned orthopedic physician and now medico-legal expert, and Dr. H. Barr, still practising as a neurosurgeon whose second year seminars fortunately coincided with the 1966 World Series.

We rounded off our education with all the important events being attended, including the First Year Meds Picnic, which, at that time, was a grand bash in a place called Dreamland on the river road going out to Dorchester. Unfortunately this facility has since either collapsed into the river due to the weight of empty beer bottles or the foundations rotted out due to the assault made on its septic tank by this annual bash of all four years of students, interns, residents and faculty. The Second year Meds '69 winter party was distinguished by the Polish Hall on Hale Street being painted a new colour of red due to wine being sprayed on its walls by the senior class people who had unfortunately gate-crashed what had promised to be a

major London social event of the year. The Third and Fourth year party hosted by us in the old Mediterranean Club, which is now occupied by the Bavarian on Westown Plaza, had the benefit of the "Black Panther" an eclysiast of renown who had been specially selected by the then Chairman of Obstetrics/Gynecology, namely, Dr. J. Walters who subsequently went on to be Chair in Toledo and then Ottawa, ably assisted by Dr. E. Plunkett, who succeeded Dr. Walters as Chair of Obstetrics/Gynecology. This particular performance was extremely successful for the class who garnered in excess of \$1500.00 profit, (those were in the days when the Faculty attended events and were extremely generous in their contributions). The subsequent fourth year party was hosted by the class of '70 in the Ivanhoe and personally this writer has great difficulty remembering what actually happened because of a temporary confusional state induced at that time by noxious substances.

In October, 1989 we return to the campus for our twentieth year Homecoming. We are all older, greyer and wiser. We undoubtedly maintain that no other classes have been, or were, as infamous as we were and that no class could have enjoyed themselves as much. We offer our commiserations to the current classes who do not have the benefit of the social opportunities we had. Also for sharing a faculty who seemed at that time to be more responsive than current day members. Lastly, for the tremendous school spirit we all enjoyed with our senior undergraduate and postgraduate colleagues who we partied with and learnt from. □

Alumni '79 – Where are they now?

by Brian Trainor, M. D., Meds '79

On Saturday, September 30th, I sit down to watch the pennant race in the American League East. Toronto needs to win one more game to take the pennant.

The Blue Jays open the scoring first after Bell's opposite field single.

Meds '79 returns October 21st to London, Ontario for a fete non pareil.

Lyn Guenther has a busy dermatology practice in London. Michael Dawson is engrossed in general practice in Aurora with Bill Featherston. Gary Weber has a busy practice in a five men clinic. Alex Medjesi is in Waterdown with a general practice. Peter Timmermans is in Waupun, Wisconsin for politico-economic reasons. John Leigh does a general practice in Chatham along with all the emerg work, obstetrics and hospital committees. Anne-ly Kald moved to Thunder Bay and works in a clinic with about forty doctors. Don Gutoski is a casualty officer at St. Joes in London and lives in Lambeth. He travels frequently to places like Costa Rica, Kenya, Tanzania, and Rivanda (Diane Fossey).

Jim Key cannot hold off the Orioles allowing eight hits and three runs in four innings. Frank Wills comes in to relief pitch (the Orioles get one more hit in four innings). The Jays have been held to two hits in their first seven innings by Dave Johnson.

Evert Tuyp practices dermatology out of UBC and the Vancouver district. Michael Cnoop-Koopmans is in Whitby (Oshawa General Hospital). David Leasa does critical care and respiratory medicine at University Hospital. Lee-Anne Facey-Crowther teaches sports medicine in Thunder Bay at Lakehead University. She works part-time at the Sports Medicine Clinic and part time at the campus health unit. Bob Brown is director of the cardiac catheterization lab

at Victoria Hospital. Frank Rutledge is an intensivist at Victoria Hospital. Bill Middleton is an assistant professor in the department of ENT and specializes in head and neck oncology reconstruction and cosmetic surgery. Paul Kordis is assistant vice president and medical director, Canadian Operations, Manufacturer's Life Assurance. He does part time at K-W Emerg. Tom Chan is at the Humber Memorial Hospital doing orthopedics. Sylvia Schriver has been doing locums since 1984 about six months per year around Victoria, B.C. She travels frequently including a trip to China and Tibet to study traditional Chinese medicine, working in refugee camps in the Sudan, a trip to the USSR and Poland and Baffin Island. She is going back to school to study for a master's degree in medical anthropology. Joe Keenleyside practices family medicine in Port Stanley.

The Orioles allow Nelson Lariano a lead off walk in the eighth. Kevin Hickey starts pitching and walks Mannie Lee. Lloyd Mosby gets to a count of two and one and they bring in Mark Williamson. Mosby sacrifices and puts runners on second and third. Mookie has a single to left field and the score is three to two. Fred McGrif singles to the right field and the game is tied!

Phil Catania is in Sault Ste. Marie doing sports medicine (Sault Greyhounds and New York Rangers farm team). Stephen Halmo left Texas and is now doing OBGYN in Kitchener. Debra Koudys has a busy family practice in London. Ian Shiozaki is in Newboro, Ontario running a family practice.

Bell hits the game winning sacrifice fly. Tom Henke pitches the ninth for his twentieth save.

In baseball they ask "Where are they now?" At Western we also come back every five years to ask "Where are they now?" □

Practice Parameters: A Professional Responsibility

*The College of Physicians and
Surgeons of Ontario*

In the March '89 issue of the College of Physicians and Surgeons of Ontario President's Letter, the subject of practice parameters was discussed and a random survey done to elicit the opinions of practicing physicians.

Over 70 percent of the physicians who replied to our request for input agreed that it was time the profession began to look at the concept of practice parameters. Most suggested that this must be done through a consensus-building process involving a wide spectrum of groups from the profession.

In addition, most physicians supported the involvement of the College in this process as a facilitator, bringing together the various groups which would need to work together to establish effective parameters which could be supported by the profession.

Our initial consultation with the profession has given the College a great deal of insight into the way in which parameters will have to be developed if they are to succeed. Parameters will have to be flexible enough to allow for individual clinical judgements, and will need to take into account the differences between rural and urban practice. They will need to be structured to provide support and assistance to physicians by providing a range of treatment options, rather than boxing them in with a narrow perspective. Parameters will have to be developed exclusively from the perspective of quality of care in order that the process not become a cost-cutting exercise. Parameters will need to lessen physicians' legal liabilities rather than add to them. Without question, any process which does not take these concerns into account would be doomed to failure.

Given the response to our initial survey of the membership, the College Council has authorized the College to continue to explore the area of practice parameters focusing on greater, in depth consultation with the profession. The College has begun to discuss these matters with representatives of different specialty groups and societies to determine the degree of interest that these segments of the profession have in this project. The College sees its role in this process as that of a facilitator and coordinator. Parameters of practice can only be developed if the profession as a whole supports and is involved in the process.




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MedOutreach '89: Nigeria Revisited

by Dov Soberman, Meds '92

It was another blistering hot Saturday morning, and as we waited in the courtyard of the village dispensary in Garta, about sixty people assembled to observe a short moment of silent prayer. Then each in turn lined up and one by one each person received his or her allotted dose of dapsone tablets. This was Garta's Saturday morning leprosy clinic. In attendance were the children, the elderly and even some people from Cameroon, approximately ten kilometres to the east over the rugged Mandara mountains. Except for the few individuals who had clearly lost fingers or hands, the assembled crowd was of typical appearance for a northeastern Nigerian village community.

With closer observation, however, one noticed the details that betray the nature of the clinic. The lepers had, to one's initial curiosity, some of the finest footwear of any group to be seen in rural Nigeria. My initial amusement when noticing this odd fact faded quickly with the realization that sturdy shoes are necessary to prevent the infections and loss of limbs that could accompany wounds to the feet. The silence in the courtyard, the prayer, and the slow downward-gazing shuffle with which the older lepers walked, combined to give a clear impression of the social stigma associated with leprosy.

The leprosy clinic at Garta was one of the many health care facilities that five students from the Faculties of Medicine and Nursing at UWO were privileged to see during a six-week visit to the Michika Local Government Area in northeastern Nigeria this past summer. The students were participants in MedOutreach, an organization of students formed to provide medical and nursing students with an opportunity to observe and participate in a primary health care program in a developing country. For two years MedOutreach sent students to participate in immunization programs in Haiti, but political instability precluded further projects in that country. Instead, through an arrangement with the development organization CUSO, students went to Africa and 1989 marked the second successful year of visiting the sub-Saharan region of Nigeria.

There were many health care programs in Michika and by the end of their stay the students had a fairly detailed introduction to some of the medical, social and political dimensions of health care in a developing country. The Michika Local Government Area is home to several hundred thousand people, most of whom are poor farmers. There is one hospital, with one hundred beds. It opened less than one year ago and is staffed by three physicians. The hospital regularly lacks electricity, basic drugs and necessary equipment such as X-ray film. Hidden behind such problems, however, is the fact that the hospital does provide services which are sometimes life-saving and which were previously inaccessible to the population being served. Appendectomies, hernia operations and difficult childbirths are all managed there. During our stay, a five year old boy came in with a grossly gangrenous arm as a result of improper treatment for a compound fracture sustained one month earlier. An emergency amputation was successfully performed and while the need for amputation is tragic, the consequences of the untreated gangrene could have been far worse. Although the expansion of facilities is slow, make no mistake, things are improving.

Rounds at the hospital provided students with



some experience with a spectrum of illness not often seen in Canada. Measles, nephrotic syndrome as a complication of malaria, poisonous snake bite, and amebiasis were all observed.

Besides hospital-based health care, the MedOutreach students were involved in community-based health care programs in nutrition, sanitation, child welfare and immunization. On the third day of our stay we travelled north to the town of Mandagali where there had been an outbreak of dysentery. Oral rehydration therapy (O.R.T.) was to be offered to the people of the region while a research team flown in from the nearby city of Yola went around collecting samples for analysis to determine what was causing the dysentery. Nurses at the town clinic explained to the assembled group how to make O.R.T. solution, a simple mixture of sugar, salt and water which helps to replace the fluid loss that would occur. One nurse explained to us that the most difficult part of educating people about O.R.T. was explain-

ing to the people that it would not prevent diarrhea, but would rather prevent the dehydration which could result. Everyone expected the O.R.T. to cure the clearest manifestation of the disease, the diarrhea.

What proved to be the most personally rewarding part of the MedOutreach program for me was growth monitoring at the various child welfare clinics in Michika and the surrounding villages. A MedOutreach student and a Nigerian health care worker would plot a child's weight on a chart containing the child's growth history. A stagnation in weight gain or a loss of weight would bring to our attention a pattern of growth which could lead to severe malnutrition. Regular growth monitoring could catch the problem *before* Kwashiorkor or Marasmus set in. Once it became apparent that a child's growth was not satisfactory, the mother was questioned regarding the nutritional and general health status of her child. The root cause of the growth problem would be isolated and the mother advised on how to correct it. Severe cases were admitted to the Michika nutrition unit ward. There's little doubt that such a front-line defense against malnutrition was widely accepted. One day in the tiny village of Bazza, the village dispensary worker and I weighed over one hundred babies.

I could easily fill several more pages describing the various health care facilities in Michika, although it's something better seen in person. I couldn't even begin, however, to put into words the hospitality and friendship we were accorded by our Nigerian hosts. The experiences of this past summer will stay with me in a vivid way for a long time. Any first or second year medical students, especially those considering doing a fourth year elective in a developing country, would do well to consider seeing Nigeria and its health care facilities next summer with MedOutreach. J



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CPRI – proving the kids are all right

by David Hackam, Meds '92

"So Tim, do you have any idea why you're here today?"

"I tried to kill myself?"

"Oh really. When was this?"

"After I got kicked out of school...for beating up kids."

"Uh huh. And how do feel now, Tim?"

"Like I wanna kill myself."

And so begins the assessment interview of "Tim", age 10, potential inpatient of C.P.R.I.-the Children's Psychiatric Research Institute. This past summer, two medical students (David Hackam and Lucille Poisson) had the privilege to work as summer externs in this renowned institution. For eleven weeks, we had the opportunity to assist and observe with the activities of this center-a center which has built a reputation for being able to improve the lives of some of South-Western Ontario's most troubled youngsters.

One of the first things we learned is that the name is something of a misnomer, for only one part of C.P.R.I.'s orientation is actually psychiatric. The range of problems the Institute deals with reads like the subject headings for a medical library. Psychiatric disorders, genetic anomalies,

teratogenic malformations, autism-the range is as varied as it is fascinating. Each presenting "problem" is assessed, and handled by one of 14 multidisciplinary teams, ensuring that practically each dimension of a problem is examined and incorporated into the management of a particular youngster. Sadly enough, many of the youngsters have been deemed unmanageable in the past.

A walk through the vast, blossoming grounds of C.P.R.I. reveals some of the tremendous inpatient programs the Institute offers. From the smell of baking cookies of the Total Communications Unit, where children without hearing or speech are taught to interact, to the sound of laughter from the Autistic Summer camp, where these children learn how to overcome some of their difficulties, C.P.R.I. seems at times vibrant. A trip to "Cottage 19", where disturbed teenagers learn how to control their behavioural problems, shows that some of the vibrations are those of basketballs or radios. However, the tune changes as one wanders through the corridors of Pratten I, a ward containing truly saddening youngsters. Lying in cribs, often quietly moaning to themselves, are

children suffering from chromosomal aberrations, biochemical errors, and unexplained brain damage. These are the children that each parent hopes never to have to raise, yet which C.P.R.I. temporarily comforts and nurtures, allowing the parents some reprieve. I shall never forget "Jason", a boy who lost all measurable cortical function after an early childhood battle with meningitis. He somehow knew to smile when someone would take the time to touch him, and reminded us that something as simple as a smile can make a great difference between night and day.

Most of us came away from C.P.R.I. with a sense of the "positives" of medicine. The way different health professionals could work together to solve a problem. The way no child's destiny need be fixed in stone. The way that children could teach us a lot about our approach to life-such as patience, dedication and perseverance. In essence, C.P.R.I. impressed us as a true health care success story. By the way, the last word on "Tim" was that he was transferred to a group home, and is improving remarkably. Another successful outcome of C.P.R.I.'s timely intervention. J

What a long, strange trip it's been

by Dave Fischer, Meds '92

It all began innocently enough. People straggling into the foyer outside of University Hospital Auditorium "A", asking if this was the place that the first year medical students were to meet...that early, ominous Wednesday morning that many of us had anticipated for some years now (for some, many years). Then, a moment of panic. The registration procedure begins and you wait in apprehension for the sound of your name and ask yourself if, maybe, this was all some big joke, or some dreadful error that slipped by the Admissions Board-one that they'll rectify today. You've been through all the interviews, the letter and essay writing, and slaving over the MCAT, and all that remains is to hear your name. Then you hear, "David Fischer" (well, you do if you're me) and you finally begin to relax and try to get to know some of the one hundred new faces you're going to be spending the better part of four years with.

The speeches begin with an address by the Dean, and continue until everyone who is even remotely associated with the faculty has had their turn. Then, in march the 2nd year students, Meds '91. A nervous babble fills the auditorium as we look down upon those fidgeting students fresh out of lectures (and glad not to have to go back for a while). We look upon these demi-gods who, to us, seem like the keepers of the Secrets of the Universe (and the locations of the washrooms at UH). Here stands the living proof that, yes, you can make it through the first year of medical school, and, from the size of the gathering, you gather that most of those who started out are still there today.

Immediately after meeting your big brother/sister, he/she answers your most pressing personal question (besides the location of the wash-

room), "What's first year like?"

Just what is first year like, and will I make it through? From my experiences, the things I remember most are those concerned with academics and social gatherings. Socially, there was the Dean's Barbecue, the Fanshawe Picnic, the "explosive" car rally, the various after-exam parties and intramural events, the Fridge Magnet Festival, the Christmas Party, the Blue Mountain excursion, the running relay, and the other Fanshawe Picnic. Oh yes, and Tachycardia. Our production of *Entertainment Tonight* was, stimulating, to say the least and as one critic/censor put it, "perhaps the crudest production" he'd ever seen at Tachycardia, which really left a lump in our throats.

But of course, these activities could not have taken place without some words about our sponsor, the University of Western Ontario Medical School.

JEOPARDY

"...What is the femoral pulse? O.K. Alex, I'll try "Lymph Nodes of the Head and Neck" for \$1000."

"The node draining the lateral portion of the tongue."

"What is the submandibular node?"

"Congratulations, you've swept the category. Choose again."

By the time you've completed first year, your mind is full of mnemonics (most of which are no longer of any help because you can't remember what they stand for), or what seems to be mindless trivia, like what the thing that hangs down at the back of your throat is called. You'd be perfect for

any game show, or the Anatomy Edition of Trivial Pursuit. Besides that, you also get caught up in a series of sequels, much like Hollywood did this summer. As with most sequels, you'd seen the stuff before, but now they were going to present it differently with some new bits thrown in, sort of like- New! Improved! Biochemistry (Now With More Coenzymes!!) or Physiology II: The Wrath of Chyme. Of course, there was a lot of very useful information in this vast and varied assemblage of knowledge, but near the end of the year you were already thinking regretfully, "If only I knew now what I knew then".

Besides new proficiency in romance languages (i.e. Latin), medical students can be easily picked out in a restaurant by noting the queasy looks of patrons seated about them as they discuss their pet peeves about the anatomy lab, or the problems inherent in full pelvic examination. You've already been set aside from the mainstream.

The year, academically, seemed to be a twisting scattershot trail of reports, exams, and midterms, a lot of which felt very difficult at the time, but in retrospect now seem laughable, eg. back-to-back Biophysics and Histology. Then, after writing four exams in five days the year is suddenly completed. After celebrating, and reminiscing with the students who take medicine by correspondence to find out what they've been up to, it's time to go home. The campus, by that time, is incredibly colourful, and beautiful, and empty. And in most ways, it feels good to be emptying it out a little more, and to avoid things medical over the sum-

Continued on page 11

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from page 10

mer.

Until, that is, you get home and have friends and relatives pester you with medical questions...and all you can really do is comfort them and explain to them, as best you can, **what** you can. As for the rest, just say, "Hey, I'm only a first year medical student...". Although your knowledge and abilities have grown through classes and Clinical Methods, and you've experienced things you've never known before, it will still be a year or two before you'll really be of any real help to anyone. You can set your frustration aside because you realize that first year is only a year of consolidation of the basic sciences with glimpses of the future, and it will still be a couple of years before all of your education is complete and your real vocation starts. But then, everyone here is in it for the long haul anyway.

So as second year begins, we'll find ourselves gathered at the front of UH A, talking amongst ourselves about our summers and how we'll get through 2nd year (one classmate of mine said that the idea of an exam every two weeks didn't faze him, because that meant there would be a post-exam party every two weeks). Looking up, we'll see the new first year class manning the gallery and talking excitedly (and maybe nervously) amongst themselves.

Then our little brothers/sisters are announced...and they can ask us, the keepers of the Secrets of the Universe, "Just what is first year like?"

And because the heart's memory eliminates the bad and remembers the good, we'll say "No problem...no problem at all." □



COMMENTARY

The Computer Based Learning Center was initially set up to facilitate learning strategies by medical students. The first year it was in full operation it was open many evenings until 8 p.m. The second year it was open most nights until 6, one evening and the occasional weekend. This year it is available 9-5. It is a fact of medical school life that classes go until 4 p.m. many days, that clerkship and fourth year don't allow arrival at the university until after 5 p.m. It is indeed ironic when more and more programs have been designed for use by the medical students for "self-directed learning", and that when medical students have finally achieved a level of comfort with CBLC, that our opportunities to use it have all but vanished.

While we recognize that finances are tight all through the Faculty of Medicine, why should other faculties and departments have priority in using the CBLC for classes outside of the normal "business working day". Do you have any comments on this issue? Write to the Medical Journal, and we will publish comments in the January issue. All comments will also be forwarded to the Faculty of Medicine.

WANTED:

Due to unexpected difficulties in obtaining computer access to typeset the Medical Journal, we are seeking individuals at each of the three London hospitals who would be willing to allow periodic use of a computer with either Wordperfect or MacWord after normal working hours. If you can help please contact Connie Nasello Paterson, Meds '91, or Warren Teel, Meds '90 through the Undergraduate Medical Education Office. □

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