# THE NOVA SCOTIA MEDICAL BULLETIN

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# A Different World

*"After all, how many of us really expected to see the day when the Hippocratic Oath might be expanded to apply to "bottom line" considerations, along with the time honored precepts of service, sacrifice and the sanctity of human life."* Dr. Henry Simmons, M.D., Ph.D.

"It's a different world", was an exclamation heard at the most recent Council meeting of the Medical Society proceedings of which are contained in this issue. Not surprisingly, it was said by a more senior (and distinguished) member of the Society as he viewed the session that included the M.D. Management representative who talked on financial planning, tax deferral, trusts and our future economic prospects. In the conversation following the lecture, this doctor stated that he could not remember this sort of thing at other meetings. The merits or disadvantages of such were not discussed, but his feeling of it being a "different world" was pertinent to our increasing interest in political and economic areas.

Dr. William Vail, the current C.M.A. President, in his address to all the Society members during our annual meeting, stressed that the management and allocation of the scarce health-care dollars required input from the doctors of this nation. In fact the Canadian Medical Association is sponsoring a management symposium to direct interest to this area. He made the point that there are 500,000 people working in the health-care field, and many doctors do not have any understanding of the type of training or expertise these people represent, nor do we understand the benefit that might be derived from such understanding.

He noted also that government has ignored our recommendations regarding many things, including pollution and violence in the home. He stressed that more political action is needed by C.M.A. members — "us".

In our different world, he noted that consideration is being given to dropping the scientific session from the annual C.M.A. meeting. The diversity of specialties apparently does not lend itself to a program that can be fitted to all our needs, and are better met by other professional societies. Dr. Vail's recognition of the need to focus on our ability to take part in the decisions regarding our health care system does not stand alone. Paul Starr of Harvard, in the book, *The Social Transformation of American Medicine,* states, "Haltingly, medicine is approaching the end of an era whose single characteristic has been the sovereignty of the medical profession." Politically, then, we can expect much change.

Even our own President of The Medical Society of Nova Scotia, in his annual report deserves to be quoted on the changing world. He states, "At present we talk like free enterprisers but we act like civil servants. This dichotomy will be resolved in the next two or three years, but unless we take steps to maintain the freedom of the profession, we will all be civil servants." Certainly included in this Council were many subjects of a business and economic nature, and while this is not entirely new, these obviously occupied an increasing part of our professional interest. For instance, our Society's budget is almost one million dollars. Our Economics Committee now negotiates for all physicians in the province and with extra billing banned and slim provincial resources it has a most difficult task.

The Task Force on Tariff Distribution Formula disappointingly would not make a comprehensive report due to the resignation of its chairman and other complexities, but certainly was an ongoing concern of Council.

The list of other economic concerns of Council probably do not need to be stressed, but are mentioned to make the point of our changing and "different world". Concern about membership services, the report of the Council on Medical Economics, rising malpractice costs, high expenditures for new hospitals in the near future, are all forcing us to develop a greater public and political awareness of real health care costs and restraints. Consideration of all the above subjects demonstrates that business has now arrived in the field of medicine in a very important way. Without some grasp of business principles, we will soon not be able to understand the inner workings of our own Society or the complexities of our health care system.

Lorne Rozovsky reported to Council that the trust in the physician is at its lowest level in the modern history of medicine. The fact that politicians and consumers are both demanding a more accountable system is made well by Henry E. Simmons, M.D., Ph.d. He points out that the situation in which we find ourselves, with manpower problems, budget restrictions, income concerns, and falling patient confidence, along with lack of political influence, were all arrived at without much concern for business principles. He hopes we have learned a lesson.

Perhaps "the different world" we are now recognizing may lead to an awareness of a new reality. The General Council of The Medical Society of Nova Scotia seems to be making a beginning in this regard. Our Officers, Executive and our Committees, as well as the Horizons Committee, all show some recognition of the new reality. The Bulletin hopes you will read with interest about the concerns of your Society. □

J.F. O'C.


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# Dr. Judy Kazimirski

## PRESIDENT

### The Medical Society of Nova Scotia

### 1985 - 1986

"I firmly believe that we became doctors because of a heart for people, an intellectual curiosity and a conviction that we could make a difference out there." That's the view of Dr. Judy Kazimirski, as she carries the President's banner into 1986.

Dr. Judy, not to be confused with her husband Dr. Mark, intends to devote her energies this year to the broader aspects of health care. She says, "I intend to try and alter the image of the profession to emphasize our role as patient consumer advocates". She fears that the profession is sometimes viewed, by the public, as having "its heart in its wallet".

The new President has set a tough course for her year in office. Her agenda includes consideration of a comprehensive home care program, medical manpower, patient education and lobbying for physicians. Dr. Judy says, "I want The Medical Society of Nova Scotia to emerge as a strong and effective voice for patients as well as a lobby for doctors".

While her agenda may seem tough, Dr. Judy comes equipped for the task. She served the Medical Society as an officer, in various positions, over the last four years. She is Past President of the Valley Medical Society and was also that Branch's Representative to the Executive Committee. All this activity took place while serving her patients in a busy practice in Windsor.

Dr. Judy is a family physician with a deep and consuming interest in maternal and perinatal care. Not only is her interest reflected in her practice with an emphasis on obstetrics, but she is also the Head of Obstetrics at the Hants Community Hospital. Her term as President is interrupting her participation on the Reproductive Care and Maternal and Perinatal Health Committee.

Dr. Judy calls herself an adopted Nova Scotian. Though born in the Sudbury District, Ontario, she has a real claim to her adopted province because her father is a native. In fact, family ties drew Judy and Mark to the Valley and to their current joint practice at the Windsor Medical Clinic.

Her education started in Ontario but the final touches were gained in Nova Scotia. Judy graduated with a B.Sc. from the University of Ottawa in 1965. She became Dr. Judy at the same university in 1969. Following her internship at Montreal General Hospital she served a year in general practice in Stellarton. Before settling in Windsor she entered radiology residency in Halifax, but that was, as she describes, "interrupted to produce two beautiful sons — one year apart".

Aside from medicine, the Kazimirski name is well recognized in sporting circles. The whole family is active in tennis and skiing while Judy and Mark also find time for wine tasting and gourmet cooking.

If her competitive nature and her taste for the best are any indication, then Dr. Judy's term as President should be very active. □


*Douglas E. Sawyer, P. Eng.*

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# Presidential Valedictory Address — 1985

**M.G. Shaw, M.D.**
*Halifax, N.S.*

It has been my privilege to be your 132nd President of The Medical Society of Nova Scotia, the oldest Provincial Medical Society in Canada. It has been a year of relative calm after the stormy one of last year. I hope it is not the trough before the next big wave.

Since there was no burning issue to discuss this year, it is hard for a President to come up with a topic for his final address. In order to get some inspiration I looked back in time to see what has been said before. I might well entitle this valedictory address "The Reinvention of the Wheel".

To start with, I would like to offer you two quotes from the past. The first is "In such an age of progress as this, we are inclined to become complacent. We see the almost magical advance of science on every hand". The second quote is "the practice of medicine is undergoing tremendous revolutionary changes, scientific thinking is changing and the responsibilities of the physician to the public". Does it sound familiar? Well, they are not taken from just a few years ago, they are taken from 60 years ago from the 1925 volume of *The Nova Scotia Medical Bulletin*.

I would like to briefly paint a picture of that 1925 or the 72nd Annual Meeting. That meeting of 60 years ago was held on July 1-2 in Bridgewater, Nova Scotia, Dr. W.M. Rehfuss was the president.

At that time in Nova Scotia, there were 400 practising doctors, of which only 229 had voluntary membership in the Society. They also used to complain about the fact that the other 181 doctors were not carrying their fair share of the responsibility to the Society or to the public since they were not paying the fee, which at that time was $10.00 per year. Of those 229 members, 108 belonged to the C.M.A. This was only 50% of the membership but it was the highest proprotion of any Province of Canada at the time. The then associate Secretary, Dr. S. J. Walker of Halifax, was hoping, in the next year or two, to get the membership up to 300 because an insured budget of $3,000.00 would be of great benefit in trying to run the Society.

An office call at that time was $1.00. Most operations were in the $20.00 range. A confinement with one prenatal visit was $8.00, but if you did the delivery at night it was $12.00. It is also interesting that this was only a suggested list, and each of the 8 branches had to decide if they would accept the fees as listed. In other words, it would appear there was a lot of local Autonomy in the Branches. The President of the Lunenburg/Queens Branch, a Dr. R. G. McLennan, could not make the Annual Meeting because of bad roads, so he sent a wire to the President stating that his Branch accepted the fees as listed much, apparently, to the relief of the Society President.

They did at their meetings much the same things that we do today. There was a presentation of reports but at that time the total number of reports was only 8. How times have changed! Only one third of the meeting was open to the public because The Canadian Medical Association advised it would be a good thing because the public was becoming more and more interested in the structure of the Society. Doesn't it sound familiar?

The Public Health Report is of some interest because it discussed the maternal mortality rate in the Province. The usual rate to be expected in 1925, 2 per 1000 across Canada. In Nova Scotia it was 3.2 per 1000 but they were not overly concerned about that. They were concerned, however, that in 1924 it had jumped to over 7 per 1000. The Committee was concerned because it meant that 60 more mothers died beyond what was considered practically inevitable. It is hard to believe the progress that has taken place in this field over the last 60 years.

They also discussed health insurance. They believed that in order for the profession to give the majority of the population the complete and thorough medical services to which they are entitled, it would be necessary for — **guess what** — A Government Health Insurance Plan! It would be very comprehensive but there would be a limit on how much the Government would pay. This was set at $1200.00 for a single person and $2400.00 for a married man. The average wage at that time was $1000.00. They also stipulated that part of the cost should also be carried by the patient. They were for the principle that fee for service should still exist, so the wheels were set in motion 60 years ago for the eventual health insurance plan which we have today.

The *Bulletin* was also very popular. At that time it cost $3.00 per member and it came out once a month. It contained much the same material that it does today, such as scientific articles, personal notes, and it even contained the occasional joke, such as one person to another "I heard your son is an undertaker; I thought you said he was a physician". "Not at all, I said he followed the medical profession."

Well, after that inspiring look back into the past, I thought I would look to see what has been said in the last ten years and here is the list, in order of emphasis, as presented by the last 10 presidents:

1. Expectations of the public are too high. That was mentioned once.

2. Physicians and their relationships with hospitals. That was mentioned only once.
3. Changes in work habits of physicians in that they need more time for pursuits other than medicine, was mentioned twice.
4. Doctors must keep up their educational standards. This was mentioned three times.
5. Doctor/patient relationships, in that there is sometimes poor communication between the two, was mentioned three times.
6. Preventive medicine was mentioned three times.
7. Problems with control of paramedics and the lack of legislation to control them was mentioned three times.
8. Manpower problems and the maldistribution of doctors in the Province was mentioned four times.
9. Various forms of the theme of Government Control and loss of freedom was mentioned five times.

As you can see, pratically every topic that is important in medicine has been mentioned over the last ten years. There were even some solutions proposed to solve some of those problems which were subsequently ignored. So, what is there left for me to tell you? Well, one problem that has been mentioned by every Past-President for at least the last 10 years has been Economics, I would feel remiss if I did not carry this tradition and mention the topic. We have had the *Canada Health Act* in operation in this Province for a little more than a year and, so far, there seems to have been very little change in the quality of care, except that there may be a problem developing in doctors leaving the practice of obstetrics. But, as you know, at the present time this problem is being studied with the hope of coming up with some sort of satisfactory solution.

It was not the immediate changes that the *Canada Health Act* brought about that concerned the profession, but rather the long term effects. No one knows what the health system will be like in the next 10 to 15 years but we *must* be concerned with the possible cutbacks in funding of health care. The profession has always felt that some patient participation in health care, from an economic point of view, it is not a bad thing, And, as health care becomes more and more expensive, the need for this participation in all aspects of health care will become more evident. It has never been the intention of the profession to ask those who are not able to afford to participate to do so, but the total payment by a third party is not good for the patient or the doctor. As more and more doctors' income is derived from the third party, there is a possibility that the doctor will look more and more on the third party as his master rather than on the patient. As a result the patient becomes secondary to the payment. This means the possibility that personal service will start to deteriorate and medical care will become more and more impersonal.

Direct patient participation in the economics keeps both parties honest: the patient because it costs something to receive health care, and the doctor because he is receiving a direct payment. The words "free lunch" have been used by Past-Presidents at least four times. The public must realize that medical care costs are not free! It costs the Government each time someone sees a doctor. One way to emphasize this would be for some type of direct participation. The issue at the present time is dead in Nova Scotia, but what will it be like five years from now? We have no idea! We have already heard the faint rumblings about user fees in health care.

As you can see, in the last 60 years the wheel has been invented and reinvented in all aspects of health care. It would appear that as a problem becomes more important and crucial to the practice of medicine a solution has been reached, but other problems circle around the periphery until they become the most important. So, do not be discouraged if you hear the same problems over and over again. Keep in mind we are making progress, slowly but surely. I am under no illusion that what I say to you today will change the course of medicine. In fact 25% of you will not remember what is said after you leave the room and the only person who will remember what has been said here today, one year from now, will be myself — and even that is doubtful. So, here is the message for today. I'm putting it in the form of four "P's" to make it easy for everyone to remember —
**Participation, Practice, Politics** and **Planning.**

**1. Participation**

You must get involved with the Society. Each year we see the load fall on fewer and fewer of our personnel — and, if you want to get — as they say — more bang for the buck, you must get involved.

The survey conducted earlier this year suggests a high degree of satisfaction with the Society and its policies. Yet, few of our members arrive here to participate in our meetings. We're getting like some modern day churches which see total donations going up while the size of the congregation is going down. YOU MUST PARTICIPATE!

Participation expands beyond involvement in the Society. It includes your hospitals — more and more the administration of the hospital is gaining the upper hand in controlling medicine in the hospital. Family physicians must maintain close contact with their patients in hospitals.

I appreciate that for doctors to spend time on hospital committees is both time-consuming and

expensive, but it must be done if we are to avoid ending up as employees of the hospital. There has to be a system of compensation for doctors to spend a lot of time on hospital committees.

**2. Practice**

The patient must still be your NUMBER ONE concern. This must reach beyond the economic considerations of the situation if we are to maintain the respect of society. Service must still be number one.

In these days of increasing technology, we must be careful not to raise the patients' expectations too high and then not be able to deliver. The patient is still our best ally in the health care system and we must retain his/her respect. We must not lose our professionalism.

**3. Politics**

When inadequacies develop in the system, both the patient and the doctor should make the politicians aware. A prime example of this today would be an inadequate Home Care Program in this Province. We should be encouraging doctors and patients to write to the Government concerning this inadequate service. It would appear this is the only way we are going to be able to move on this problem.

**4. Planning**

In the near future, problems concerning economics and manpower will move to the front and a clear cut Society position must be formed. Our attitude has always been reactionary instead of VISIONARY. I am pleased to say that this year with a pause in the action, the Society is moving toward establishing a firm position on the above problems.

**CONCLUSION**

In closing, I would like to thank all the staff of the Medical Society for the support given me this year, with a special thanks to Doug Peacocke and Doc Schellinck for the efforts they put forth on our behalf. I also know, by the work that has already been done by Bill Martin, that he is a welcome addition to the staff. To the Officers who are leaving this year — Vonda Hayes, Bill Lenco, and Rollie Saxon — a special thanks for the support you gave me, and for the work done on behalf of the Society. To our new President — Judy Kazimirski — I hope your year will be as rewarding and pleasant as mine. □

# Address

by

**W. J. Vail, M.D.**
President, The Canadian Medical Association

I would like to talk to you about The Canadian Medical Association. I will not quote the articles of incorporation of the Association which was established in 1867 but will indicate what I believe is the reason for being of this Association in the 1980s.

The Canadian Medical Association is an Association of 43,000 doctors across Canada which functions at a national level, respecting the provincial division's areas of responsibility in much the same context as our federal government functions with the provincial governments. The CMA has two major areas of constituent responsibility, one to its members and the other to the public.

CMA's priorities have changed over the years and surely the future will see additional changes. The CMA, or any other organization, to be viable and useful to society, and to its members, must be prepared to alter its priorities but that does not mean that it changes basic principles.

In this talk I will spend a larger part of the time addressing the membership area. That does not mean that I think our responsibility to the public is not important — only that I am addressing the members of the Association. Any Association must address the personal wants of its members — membership services. The membership have every right to ask "what have you done for me lately and what are you going to do for me in the future."

The CMA has delegated this area mainly to **MD Management,** a wholly-owned subsidiary of the CMA. MD Management is serving the financial interests of its members and their families . . . and in my opinion doing it very well. This year it celebrated the fact that it has over one billion dollars of members' and families' money invested in various programs managed by professional money managers and businessmen under the watchful eye of the MD Board of Directors. In fact, it now stands at $1.3 billion.

The members in Nova Scotia obviously share my opinion of these membership services and investment programs:

- Over 900 Nova Scotia physicians, over 50% of the profession participate in the retirement savings plan. Collectively, you have about $34 million invested in CMARSP to fund your pensions.

- Another 360 participate in MD Growth, now at $11.31 and one of the fastest growing, best venture funds in Canada. In terms of performance it has stood at, or very close to, the top of the performance charts over the last 10 years.
- Another 115 members participate in the MD Realty Funds.

You may be interested to know that for every member who participates in MD programs, there are 1.12 physicians' family members who participate. I don't know how you get 1.12 family participants but the message is that in Nova Scotia more family members . . . wives, children, etc. participate than actual members. In total, Nova Scotia physicians and their families have over $51 million invested in MD programs.

Unless a doctor has: particular financial expertise, considerable time to devote to his personal financial affairs, and yes some luck he cannot do better than to invest in one or more of the MD Management funds.

MD Management in addition has organized many conferences on financial planning, office management and other areas affecting the business affairs of doctors. They have been well received and useful to those attending. Indeed, I understand you had a successful retirement seminar here this week; run by yet another CMA service, Lancet Insurance Agency Ltd.

Those who have not taken advantage of these programs would be well advised to consider them. Our concern is that members of the profession have access to and use expert, unbiased financial and business management advice. MD Management staff have no vested interest. There is no profit motive involved for MD. The programs are designed by, supervised and managed by the profession for the profession. If you can find a better retirement savings or investment program; if you can find better advisors and managers for your financial future by all means go ahead and use them. Our aim is to ensure that the membership have good if not excellent, but not exclusive, advisors and program vehicles. That's why MD was created.

An important role of the CMA in the past was the scientific program at the CMA annual meeting. This role has obviously been reduced, in fact it has been seriously suggested that the scientific/clinical program be eliminated. This did not occur due to negligence but rather by the evaluation of specialty Colleges and Associations, in many cases spawned by the CMA, that have taken over this function.

The multiple disciplines of medicine have rightfully created scientific meetings specifically oriented to the special interests of their members. In my view the scientific meetings of the CMA should now be addressed to the larger content of subjects dealing with medical-social-political issues rather than the classical medical/scientific format.

Talking about the science of medicine let us not forget the *Canadian Medical Association Journal* (CMAJ) and the *Canadian Journal of Surgery*. Have you noted the gradual but very improved format and content of the CMAJ?

The alteration of the Journal has been conscientiously done in a gradual fashion; initiated by the innovative staff lead by Mr. David Woods but also guided by you, the members. Your desires and wants, obtained by membership surveys and by direct contact with you are heeded. A good example is the publication of the CMA policy summaries. The members wanted them and they are responding to them. Alex McPherson, my predecessor, and I have personally responded to over 200 letters from the members. The response and input has been excellent. Your comments have resulted in several of the policies being subjected to review by CMA Committees and Councils.

**The Council of Education** stands on that land midway between the profession and the public. This council with its wide geographic and multidisciplinary representation brings a pragamatic view to the medical education system. The Council's interest in encouraging the Wilson Report on primary medical care is to be noted. After their report recommendations were approved, the Council applied its talents and resources to make them a reality.

I speak in particular of the special Committee chaired by Dean Cox of Memorial University, with representation from several medical groups, that is grappling with the many philosophical attitudes re what should constitute adequate and proper post graduate training for a primary care physician — for those preparing to engage in family or general practice. This Council's concerns about the standards required for a doctor to be licensed, its studies and recommendations in relation to continuing medical education, its participation in the accreditation of our 16 medical schools is only a partial list of ongoing responsibilities.

A relatively new area, one which I personally consider of great importance, is the Council's initiation of symposia for doctors on the management of hospitals. Mr. Joseph Chouinard, the CMA's staff coordinator for the Council, has worked closely with the College of Health Care Administrators in developing these courses.

Mr. Chairman, in these times of fiscal restraint we as doctors must develop knowledge and skills on the management of the health care system. This is not only to protect our own vested interest but, more importantly, to ensure that scarce dollars are wisely spent in the care of our patients. The allocation of scarce dollars, on a proper priority basis, demands medical input — the basic knowledge of the art and science of medicine that only the physician possesses. We have neglected this area too long. For too long for the public's good we have been conned into restricting our activities to clinical medicine.

We must become involved in the management of our hospitals and the health care system as a whole. No, we do not plan to usurp the role of the hospital or health care administration. I make a very clear distinction between administrating and managing. Put simply one — managing, is policy making and priority setting. The other is administrating the result of managing to meet the requirements of the policies and priorities that were established.

I move now to Allied Health.

Dr. Scott, the Chairman and his **Committee on Allied Health** have done a mammoth job to create a "Bible on the Allied Health Professions", the services and care they provide. Did you know there are over a half a million Canadians employed in the provision of health care — and in over 300 different types of positions?

Defining these multiple professions and technologies, their place in the health care system — as perceived by themselves and by the medical profession has produced a very logical and readable document. This report will be completed and published in the early summer. I recommend that every doctor, indeed all who work in the health care system, read this report. It is sad but true that many of us who have spent our entire professional lives in health care, do not know the actual training or expertise allied health workers have. More importantly — we don't know the benefits our patients can derive from their services. The loser that results from this ignorance is the patient.

Another of our Councils, the **Council on Health Care,** touches practically every aspect of health care that you can visualize. The Chairman, Dr. Drew Young, with his Committee and staff Coordinator, Dr. Normand Da Sylva, have a very extensive agenda. Most recently they have been instrumental in studies related to the legalization of heroin, done extensive studies on drug related problems, and initiated action on alcohol and driving and aeronautical safety. All these areas are in various stages of legislation. The input that this Committee has given to the legislators has been invaluable.

I feel somewhat concerned that a couple of areas which they have studied in the recent past and made very solid recommendations on, industrial pollution and wife abuse, have not received enough attention by the profession, the legislators or the public.

In our state-funded health care system economics as it applies to the health care system and to the profession are, of course, always high on the priority list of our Association. **The Council on Economics** under the chairmanship of Dr. Colin McMillan, with the able assistance of the CMA coordinator Orvill Adams, has proved to be an invaluable resource for the provincial divisions.

A recent study, with the aid of outside consultants, on hospital funding should supply the CMA with a basis for future tracking the funding of the hospital system in Canada. It will give us the base to judge the adequacy of hospital financing and the changes that occur.

I express some concern that the provincial divisions do not always use this resource as fully as they could — and in my opinion should. I have seen in the past provincial divisions making major decisions affecting the economic health of the members; and doing it from their own "island of splendid isolation."

I cannot understand why when a provincial division has a benefit negotiating gameplan in draft form, before getting Board or Assembly approval — certainly before sitting down at the negotiating table with government, why they do not consult with their colleagues across Canada who have had experience in a similar area. Why not expose your gameplan to advice and constructive criticism? It would provide real benefits to you.

I had the responsibility of Chairman of the Ontario Medical Association Negotiating Committee in 1982 when we established our present five year contract. I can assure you that during the development of our gameplan I consulted with every provincial division who had experience in negotiation. I got rewarding, beneficial advice. On more than one occasion that advice was taken to our negotiating table. We had the advice of expert professional advisors but I found the experience of my medical colleagues from other provinces was very valuable.

This brings into focus what I feel is a major function of the CMA in all areas of organized medicine. The CMA should be a central body for the sharing of information, A mechanism to tap the resource of larger divisions and to assist those divisions with less resources. This of course is like all effective communications — it must be a two-way street. The provincial divisions must share their information and seek the information that is available from others.

We have with us today Doug Geekie who has accompanied me to your Society meeting. He is well known as the head of an important division of the CMA — Communications and Government Relations. Doug is assisted in his functions by his assistant Lucian Blair, outside consultants, the **Political Action Committee** and a wide range of resources in and out of the CMA. The Political Action Committee is, as you are aware, a Committee of doctors from across Canada who are nominated by their divisions and who have a particular interest not only in organized medicine but also in the political process of our country.

The words lobbying, political actions, etc., are no longer bad words in our democratic society. Political lobbying to me means communicating with the policy makers of government be they members, ministers or senior civil servants in order that they fully understand our views on subjects that affect the health care system,

organized medicine, and the members of our profession.

The CMA has been promoting amongst physicians an MD-MP contact program and encouraging the members to participate in the political process. It is most important that we have MD-MP contacts on an ongoing basis not only for major issues such as the *Canada Health Act,* but also for such things as amendments to the *Criminal Code* and *Transport Act* in relation to alcohol, drugs and aeronautics. We cannot expect every Member of Parliament to have an in-depth interest and knowledge of the health care system. But they are Members of the Caucus, Members of the Government Party or Members of the Opposition. They too can have influence on the decision-making process.

Doctors' involvement in the political process by supporting the political party of their choice with time, energy or money is not only a civic obligation, but a rewarding experience. I do not know of anyone in our modern society who has such a broad range of intimate contact with the public as a doctor practising clinical medicine. Who is speaking to all age groups, all racial groups, all socio-economic groups to the same extent as a physician? The knowledge one gains from this experience cannot help but be helpful to any political party and our elected political servants, not our masters.

I have not spoken of two important Committees of the Board of Directors.

The **Committee on the Future Health Care of the Aging** under the chairmanship of Dr. Dorothy Ley; with the able assistance of Dr. Hilary Southall from the CMA staff and its Committee members. This Committee is addressing one of the most significant medical social economic problems of our immediate future. We hope now that their recommendations will contribute to the solution of the problems.

Another Committee which I have the pleasure of chairing, with Dr. John Bennett as Coordinator, is the **Committee on Manpower.** No one can deny the importance of this study, on a national basis, and again I hope we can make a contribution to the profession and the public as we proceed through this minefield of conflicting information and positions.

I could not leave this podium without making some comments about the internal operation of our Association. I have said it before and I say it again. The selection of the CMA President should not depend on the location of the next annual meeting. This Association and profession has been very successful in choosing its Past Presidents but we are playing a form of Russian Roulette that is not in the best interests of the profession.

I am particularly concerned that talented doctors from the small provinces are being discriminated against because their opportunity to serve may only come every nine to twenty years. This is not fair to them, our Association, or in the best interests of the profession.

I am also concerned about the lack of women in the decision-making processes of the CMA. Betty Stephenson from Ontario was our only female President in 1974-75. This is shameful and shocking when we consider that over 50 percent of our members are female.

Let us not be argumentative or defensive about this subject or blame obstructive males or reluctant females, Let us be positive and ensure that we recruit and encourage female doctors to participate. Like you have done — like you have really done here in Nova Scotia. I know of no other CMA Division that has ever had 3 females serving on its Executive at the same time. I salute you!

I have attempted to tell you what the CMA is doing — is doing for you as doctors — as members, although I have only touched the tip of the iceberg.

I have also asked you to participate in the political process of our society, to take an interest in the selection of your leaders in the medical profession, and to ensure that the CMA of the futue will represent all doctors in Canada.

We belong to a proud and honourable profession. One of the ways we can ensure its continuing place as a valuable resource of our country is to be actively involved in, and support our provincial and national medical associations.

I thank you for the opportunity of talking with you today. □

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**Join the majority-**
**Be a non-smoker**

# Pictorial Highlights
# 132nd Annual Meeting

Dr. Judy Gold, carrying the mace, led the Executive to the official opening of the 132nd Annual Meeting and 21st Meeting of Council. Dr. Gold is the Honorary Secretary of the Society.

The Honourable Ron Russell was quick to relate to the Medical Society. One day after being named Health Minister, Mr. Russell appeared before the Council. He commented on the history of cooperation between the Society and the Department of Health and he suggested no reason for that to change.

Dr. Vonda Hayes outlined the procedure for the 21st Council at the opening of the Society's 132nd Annual Meeting. Dr. Hayes completed three years as Chairman of the Executive Committee.

Mrs. Maureen Shaw assisted Dr. Ian Cameron in presenting the Order of Good Cheer certificates to all out of province visitors at the reception which preceded the 132nd Annual Meeting. The President's wife was instrumental in the huge success of the reception.

Dr. Merv Shaw proudly displayed the Chair of Office during formal events at the 132nd Annual Meeting. The Chain was transferred to Dr. Judy Kazimirski at the formal banquet on November 22.

# PROCEEDINGS OF

# 21st MEETING OF COUNCIL

# and

# 132nd ANNUAL MEETING

# OF

# THE MEDICAL SOCIETY OF NOVA SCOTIA

# HALIFAX

# November 22-23, 1985

# THE MEDICAL SOCIETY OF NOVA SCOTIA
# PROCEEDINGS OF 21st MEETING OF COUNCIL and 132nd ANNUAL MEETING

**November 22-23, 1985**

## INTRODUCTION

The 21st Meeting of Council began as the Medical Society Officers accompanied by Dr. Wm. J. Vail, President of The Canadian Medical Association, paraded through Council Chambers to the head table. Following call to order by Dr. Vonda M. Hayes, Chairman of the Executive Committee and General Council, the Officers and Dr. Vail were introduced.

Mr. D.D. Peacocke, Executive Secretary, then read the names of Society members deceased since October 1, 1984 as follows: Dr. Robert Alexander of River John; Dr. John E. Campbell of Willowdale; Dr. William S. Cole of Dartmouth; Dr. Abraham R. Gaum of Sydney; Dr. Herman H. Felderhof of New Glasgow; Dr. William B. Kingston of L'Ardoise; Dr. Frank F.P. Malcolm of Dartmouth; Dr. Douglas F. MacDonald of Yarmouth; Dr. Gordon C. MacDonald of Sydney: Dr. Donald J.G. Morris of Windsor; Dr. Arthur L. Murphy of Halifax; Dr. John S. Robertson of London, Ontario; Dr. Narendra K. Sinha of Bedford; and Dr. Arthur W. Titus of Halifax.

The Transactions of the 20th Meeting of Council and the 131st Annual Meeting (1984) as printed in the December 1984 issue of The Nova Scotia Medical Bulletin were approved.

## EXECUTIVE SECRETARY'S REPORT

Mr. Peacocke reported as follows:

The first section of this report consists of a review of decisions taken by General Council 1984 and action resulting therefrom where such is not reported upon in the Report of the Chairman of the Executive Committee or other Committees and Representatives.

Council endorsed eight C.M.A. policy positions relating to problems associated with alcohol, product selection and drug labelling, and the broad subject of abuse and violence. Follow up action on all these broad fronts is being taken, particularly in relation to child abuse.

Implementation of Council decision to introduce the "Over-65" dues category resulted in rebates for 34 members who had already paid the dues for Ordinary Member. (The Finance Committee Report alludes to this as it reports on the difficulty of providing Council with a precise forecast of dues income).

Attempts were made to convince government of the wisdom of adopting Medical Society Policy regarding belt usage exemptions. It appears to be no problem, due in large part to the sensible and firm application of Society policy by physicians approached with this type of request.

Action to achieve government support of Society proposals to rationalize the registration/licensing of health care personnel in this Province continues to be unsuccessful.

Collection of dues on behalf of Sections was undertaken for four Sections which requested the service. No difficulties were encountered, and apparently the service was appreciated as well as effective in improving traditionally poor collection rates.

The subject of full funding for the Family Practice Residency Program was raised with the Department of Health. No changes from existing policy can be expected soon.

Action on the remaining numerous Council decisions is reported on elsewhere.

The Memorial Fund for Nova Scotia Physicians is a fund established to provide assistance to selected medical students in accordance with such terms and conditions as prescribed from time to time by the President, Past President and the President-Elect of the Society. It is a registered fund and donations are tax-deductible. The current balance of the fund is \$6,722.38 (\$5,700.73 as of September 30, 1984). It is hoped that members will bear this fund in mind when giving consideration to recognition of a confrere who has passed away or any other appropriate situation.

The unexpected resignation of our Director of Communications was a major concern to me. Action was getting well underway to effect the plans for increased Committee staff support designed to facilitate this important volunteer work when this occurred. However, I am pleased to report that our thrusts in this regard and in the very broad and important area of communications are back on the rails. Mr. Bill Martin has joined the Society as Director of Communications and is already proving to be a valuable addition to your Staff.

In concluding my report, I wish to express my sincere appreciation to all of the Society staff for their support, dedication and competency. No task is too difficult for them. Their work load is heavy but their responses are always strong and full of enthusiasm. By their contacts — physical and by phone — they are outstanding ambassadors for the medical profession. I wish also to thank the Officers and Executive for the support and understanding they give the office.

## EXECUTIVE COMMITTEE CHAIRMAN'S REPORT

Dr. Hayes reported to Council as follows:

The Executive Committee of The Medical Society of Nova Scotia is the directing and governing body that works on behalf of the Medical Society between annual meetings and as such, conducts all necessary business on behalf of the Medical Society. The Executive Committee is composed of the representatives from each of the Provincial Branch Societies, Dalhousie Medical Students' Society, Section for Interns and Residents, plus observers who are our representatives to the various C.M.A. Councils, and the Officers of the Medical Society.

During 1984-85, your Executive Committee met on five occasions: January 12, February 23, April 20, June 22, and on September 21, 1985.

The Minutes of the Executive Committee meetings are circulated to all Committee members and observers, Branch Society Presidents and Secretaries, Section Chairmen, Fee Committee Chairmen, Section Secretaries and physician members on MMC Board of Directors. Branch Representatives report on Executive Committee proceedings at the regular branch meetings.

The following is a summary of Executive Committee proceedings since the last meeting of General Council. Appointments made during the year by the Executive Committee are listed at the end of this report. Upon conclusion of this report, Council will be asked to endorse the actions taken by the Executive Committee on our behalf since the last Annual Meeting.

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### 1st Executive, Committee Meeting — January 12, 1985.

***President's Report:***

Dr. Shaw reported that the proposed study of the activities and objectives of the Society would not be undertaken because the Officers felt the work of the Horizons Committee would represent an important step in clarification of these issues. During discussion, there was consensus that the Medical Society should markedly increase membership services available to the Society. Dr. Shaw suggested the holding of a Think Tank which would be comprised of the Officers, the members of the Horizons Committee, and Senior Staff to discuss these issues.

It was reported by Dr. Shaw that the New Fees Task Force will come under the direct wing of the Economics Committee. It was felt by the Officers that this would expedite the business of the Task Force more efficiently and result in a more effective processing of requests. Also it is planned that the Chairman of the Economics Committee will attend all the Officer Meetings to ensure his awareness of Society policies.

Arising out of consideration of a complaint to the Society the Executive agreed that the Medical Society and Barristers' Society strike a Joint Liaison Committee to provide a forum for discussion of matters of common interest.

Dr. Shaw informed the meeting of difficulties being encountered in the provision of 24-hour physician coverage of Neonatal Intensive Care Services at the Grace Maternity Hospital. Following detailed discussion, it was resolved "That Neonatal Coverage and Emergency Neonatal Services at the Grace Maternity Hospital should be provided by a physician, and that the committee or individuals at the Grace Maternity Hospital reviewing the problem of Neonatal Services in that hospital, be advised to review with the Section of Paediatrics the possibility that paediatricians already trained be approached to provide this service rather than develop another subspecialty of general practitioner with special training in Neonatal Care." This policy was communicated to appropriate authorities.

***Economics Committee Report:***

Dr. Acker reported progress in allocating the April 1, 1985 Tariff increase to the Sections and the problems caused by some Sections failing to get their proposed fee revisions to the Committee on time.

With regard to W.C.B. negotiations, the Economics Committee would be negotiating for payment on the basis of a dollar value per Fee Schedule Unit.

Dr. Acker indicated that, because of the workload of his Committee, consideration is being given to establishing a sub-committee to consider amendments to the Fee Schedule Preamble.

Problems relating to Obstetrical practice were raised. Dr. Acker advised that there is an exercise underway to rectify gross inequities in Assessment Rules for specialist obstetrical services as well as the organization of a Joint General Practice/Obstetrics and Gynecology Committee to study the provision of obstetrical services in Nova Scotia.

A motion to expand the membership of the Economics Committee to six was discussed and defeated. It was suggested that any problems members are having concerning fee negotiations could be overcome through increasing membership knowledge on how they can have their problem dealt with in terms of the existing system.

***Appointments of Committee Chairmen and Representatives:***

The report of the Ad Hoc Committee to Appoint Committee Chairmen and Representatives to other Organizations was received. It was agreed to defer the replacement of Dr. A.H. Shears, Chairman of the Allied Health Committee. The proposed slate of Society Committee Chairmen and Representatives to other Organizations was ratified.

***Appointments — Horizons Committee:***

As difficulties are being encountered with getting members to serve on this Committee, it was moved that the Officers be permitted to fill out the membership of this Committee.

***M.D. Management Limited:***

Dr. Sapp reported continued progress in all M.D. Management plans with participation by C.M.A. members continuing to increase. He also reported that M.D. Management will be establishing a Branch Office in Halifax on July 1, 1985.

***C.M.A. Task Force on Education for Provision of Primary Care Services — Recommendations V and VI:***

The Nova Scotia Division of C.M.A. has been asked to comment on these Recommendations. Dr. David Gass, Chairman of the C.M.A. Council on Medical Education, reviewed the general situation relative to this issue. Dr. Gass indicated he might be able to provide additional material prior to the next Executive Committee Meeting. It was agreed that this matter be an Agenda item for the February 23, 1985 Executive Committee Meeting.

## 2nd Executive Committee Meeting — February 23, 1985

***President's Report:***

Dr. Shaw reported on a meeting with the Executive of Nova Scotia Association of Health Organization to discuss hospital privileges application forms and C.M.P.A. coverage. It appears there is a great need for improved communications between the organizations, and plans have been laid to meet on a regular basis in a liaison format.

Plans are well underway for the third conjoint conference (Physician, Administrator, Trustee) designed to foster improved relations between the groups.

It was reported by Dr. Shaw that the response to the Medical Society's Survey has been excellent with 243 returns as of February 22, 1985. The information will help in determining the need and desires of the Society members as well as aid in laying plans for the future. Mr. Peacocke reported that conversations between the R.N.A.N.S., P.M.B. and Society are continuing for the purpose of agreeing on the content of a proposed Nursing Act.

Dr. Shaw briefed the Executive on the subject of narcotic trafficking and double doctoring.

***Economics Committee Report:***

Dr. Acker reported that the April 1, 1985 Tariff Review process is in its final stages.

The Society's "Position" with respect to the review of the W.C.B. Fee Schedule is in the hands of the Board.

A complaint from the Halifax General Practitioners' Association prompted the Economics Committee to meet with representatives from the Section of Ophthalmology and Otolaryngology to discuss phone call requests for referrals to these specialities. The Economics Committee proposed that the General Practitioners' Association meet with these Section representatives to determine the opposing viewpoints and resolve the issue.

Dr. Barton delivered a comprehensive report on the activities of his Task Force on Tariff Distribution Formula. Generally, he was encouraged by his contact at Branch Meetings and the tour will continue.

***Review C.M.A. Task Force on Education for Provision of Primary Care Services:***

Dr. David Gass provided the Executive Committee with an update on events in relation to this subject. He reported that there seems to be general support for a two-year post graduate program and overall authority for the program to be in the hands of the Canadian College of Family Physicians.

***Physician Manpower:***

Dr. Shaw reviewed the concerns the Society Officers had with respect to the validity of the data, the assumption that there is an adequate number of physicians and that there will be a surplus down the road, the matter of consultation with the medical profession in implementing any recommendations, and the matter of controls on immigration, particularly in relation to residency programs.

The Executive resolved that the Report of the Officers regarding physician manpower be received for information, and fully supports continuing active involvement of the Officers in discussions with the Government regarding manpower prior to firm decisions being taken.

***Suggested Guidelines for Induction of Labour:***

The Executive Committee approved the guidelines presented and moved that they become a Policy of The Medical Society of Nova Scotia.

***Awards — C.M.A.***

Dr. Gordon W. Thomas, Mabou, was nominated to receive the F.N.G. Starr Award. Drs. Crossman H. Young and Neville S. Mason-Browne were approved for Senior Membership in the C.M.A.

Drs. John J. Quinlan and Helen M. Holden of Kentville will be the Society's nominees to jointly receive the C.M.A. Medal of Service.

***Presentation by Dr. J. Donald Hatcher, Dean of Medicine:***

Dr. Hatcher was welcomed to the meeting. He was accompanied by Dr. W.F. Mason, Past President of the Medical Society and currently Associate Dean, Faculty of Medicine, Dalhousie University. Dr. Hatcher briefed the Executive on the difficulties faced by the Faculty of Medicine in achieving its objectives. Principally these lay in the field of finances. Dr. Hatcher expressed his hope that the Medical Society/Faculty of Medicine Liaison Committee would become increasingly active.

## 3rd Executive Committee Meeting — April 20, 1985

***President's Report:***

Dr. Shaw commented on the continuing difficulties in relation to resolving the Pulmonary Function fees issue. If no agreement is soon reached consideration will be given to declaring the services uninsured.

Dr. Shaw noted that the Conjoint Committee on Obstetrical Services has been struck and was actively considering the overall issue of obstetrics.

More than 50 percent of Society members participated in the Society's Survey. Dr. Shaw noted that the results included a large amount of valuable information which will direct Society leadership in the months and years ahead.

Dr. Shaw reported that meetings with the Minister of Health on the subjects of Physician Manpower, Optometrists Use of Drugs, and the Health Personnel Standards Act continue. Dr. Shaw observed that the achievement of a Health Personnel Standards Act is some ways down the road. He suggested it might be worthwhile to designate Dr. A.H. Shears as Chairman of a Task Force to deal with that issue specifically.

***Economics Committee Report:***

The April 1, 1985 Tariff increase was implemented on time and the inconvenience of retroactivity was avoided.

The Economics Committee continues its exchange with the W.C.B. in an effort to retain the traditional differential between M.S.I. payments and those of the Workers' Compensation Board.

Arrangements have been made for the Economics Committee to meet with the Commission's Tariff Committee on May 15, 1985 to discuss a long list of problems.

***Policy Statement Regarding Impaired Driving:***

The Executive Committee endorsed the Policy Statement regarding Impaired Driving.

***Honorarium Policy Review:***

The Executive reviewed the Honorarium Schedule as directed by Council 1984. The Officers, being authorized by Council had increased the President's Honorarium to $300 per day without 5 free days and the lump payment of $5,000 per year unchanged. You will be asked to approve a recommendation regarding this matter.

***Professional Challenge:***

Dr. Mike Banks, Chairman of the Physical Fitness Committee, was welcomed to the meeting to discuss the upcoming program and the budget for it. A motion was passed endorsing the Professional Challenge Proposal and its budget on the basis that there be no cost overruns attributable to the Society.

***Relocation Committee Report:***

Dr. J.F. Hamm, Chairman of the Relocation Committee, spoke to the meeting concerning his Committee's recommendations for the Society premises. Following extensive discussion, it was moved and seconded that the Relocation Committee continue negotiations on a joint venture proposal with M.D. Realty. As an interim measure, the Executive Committee authorized the Relocation Committee to proceed with the proposal from Marathon Realty for an expanded facility on a lease basis with provision for a suitable clause for subletting if required prior to lease termination.

***Hospitals Act Review:***

Mr. Wayne Cochrane spoke to the meeting regarding the proposed changes to the Hospitals Act of Nova Scotia. Following discussion, the changes were endorsed in principle on the condition that consultations with the Sections for General Practice and Psychiatry were favorable.

***Membership Services Committee Report:***

Dr. George Sapp reported on behalf of the Committee Chairman, Dr. K.R. Langille. Dr. Sapp stated that the Committee emphasis during this year would be directed to three principal areas (1) the computerization of physicians' offices, (2) the continued promotion of Society offered insurance and investment plans and (3) the subject of physician incorporation.

***Occupational Medicine and Rehabilitation Committee Report:***

Dr. Frank White, a member of Dr. John Prentice's Committee spoke on the Committee's activities. The Executive Committee debated and then endorsed a proposal by the Committee that the responsibilities of this Committee be divided and that there be two Society committees to deal with these related matters.

***By-Laws Committee Report:***

The By-Laws Committee recommended the removal of the Discipline Committee from the list of standing committees as it is non-functioning. Following extensive discussion, the Executive Committee agreed to this recommendation.

Dr. A.S. Dill, Chairman of the By-Laws Committee, also presented a proposed By-Law amendment which would reflect the recent legislation which provides for mandatory payment of Medical Society dues. The Executive Committee approved the appropriate amendment to the By-Laws.

***Future Summer Meetings:***

Following discussion, of a detailed outline of the costs, for a Summer Meeting, a motion for reinstituting the Annual Summer Meeting was referred to the Officers for further study.

***Closure of Family Practice Teaching Unit — Halifax Infirmary:***

Dr. Gass informed the Executive Committee that the Board of Directors of the Halifax Infirmary had voted to discontinue the 12-bed Family Practice Teaching Unit and the Ambulatory Family Practice Teaching Unit of the Department of Family Medicine. The Executive reaffirmed support for an active role for family physicians in teaching hospitals, that the Medical Society make a request to the Infirmary Board of Directors to reconsider the decision, and that the Society bring the proposed closure to the attention of the Minister of Health.

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**4th Executive Committee Meeting — June 22, 1985**

***President's Report:***

Dr. Shaw reported that he and Mr. Peacocke had attended a meeting of Division Presidents and Secretaries along with the C.M.A. Executive Committee. The wisdom or otherwise of a legal challenge to the Canada Health Act was discussed at length. Subsequently, the C.M.A. Board of directors agreed to initiate the challenge..

***Economics Committee Report:***

Dr. Acker reported that Pulmonary Function fees will be paid retroactively to April 1, 1985. A list of names of people who will be eligible for payment of these fees is being developed.

Dr. Acker reported that several meetings and discussions have occurred regarding progress and problems relating to the Task Force on Tariff Distribution. New data has been recently acquired by the Committee which requires extensive analysis. The time, effort and expertise required to further this project were emphasized by the Chairman of the Economics Committee. In order to continue, it will be necessary to hire a researcher or project assistant to work on this data under the direction of Mr. Schellinck. Following discussion, a motion was passed endorsing the report of the Economics Committee including the proposal to acquire the services of research personnel with funds being authorized to a limit of $20,000.00.

Dr. Acker presented a draft Project Directive concerning capping and global budgeting. The project objective is to produce a list of cost saving measures that will serve as a viable alternative to "capping". It was moved and seconded that the Officers be authorized to proceed with this project.

***Committees:***

The Executive resolved that the Rehabilitation Committee be dissolved.

A recommendation that the Workers' Compensation Board Liaison Committee be dissolved was rejected.

***Proposal Regarding Executive Committee Composition:***

The Executive approved changes to its composition because of concern regarding its growing size. You will be asked to approve this action.

The By-Laws Committee report includes amendments to the By-Laws required if the recommendation is adopted.

***Progress Report — Relocation Committee:***

Mr. Peacocke reported on behalf of Dr. J.F. Hamm, Chairman of the Relocation Committee, on progress made respecting negotiations with Marathon Realty for increased space in Young Tower. He stated that Dr. Hamm and his Committee had achieved considerable savings with respect to the annual rate, as well as having gained an excellent termination fee. The lease form will include more favorable terms for subletting e.g. to M.D. Management.

***Future Summer Meetings:***

Following a report from Dr. Shaw on the Officers' discussions regarding Summer Meetings, it was resolved that the Annual Summer Meeting of The Medical Society of Nova Scotia not be reinstated.

***Professional Challenge:***

Dr. Shaw reported that this had been a most successful event and had come in under budget.

***Officers/Horizons Committee Think Tank:***

Dr. Shaw summarized the topics which had been discussed at the Think Tank. He asked the Executive Committee members to review the report of the Think Tank and be prepared to discuss it at the September Executive Committee meeting. He hopes that arising out of their consideration will be recommendations which would see improvements in the overall Medical Society operation. The Executive agreed that if possible the Annual Meeting dates be changed to Friday - Saturday with the dinner and dance to occur on the Friday evening.

***Child Health Committee Report:***

Dr. Nickerson, Chairman of this Committee, provided a comprehensive review of the wide range of activities in which his committee is involved.

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**5th Executive Committee Meeting — September 21, 1985**

***President's Report:***

Dr. Shaw reviewed in detail his report on the Officers' Think Tank held June 14-15, 1985. He stressed the importance of the elected officials recognizing the very important difference between administration and policy. The matter of staff effectiveness was addressed and it was agreed that the requirements of the Society are being met in an efficient and competent manner.

There was agreement that the matter of managing and reporting finances had improved markedly during the past year. It was agreed that the recommendation to raise the Economics Committee Chairman's honorarium be included in the Report of the Chairman of the Executive Committee at Council.

Under Medical Information Services arose numerous recommendations and suggestions designed to improve services for members and raise the profile of the profession.

Dr. Shaw strongly recommended that the Think Tank of the Officers should be an annual event. Following Dr. Shaw's report and subsequent discussion, a motion of endorsement was carried.

Dr. Shaw reported on the C.M.A. General Council. Physician manpower was not discussed in depth as the matter was referred back to the Divisions for comment. Discussions concerning primary care will continue within the national ad hoc review committee for a further year. Action to contest the Canada Health Act had already been taken so discussion was necessarily limited.

Discussion concerning C.M.A. also occurred following the report of the representative to C.M.A. Board of Directors. At that time, Dr. Saxon emphasized the need for strong support for the national organization. Dr. Saxon was asked to bring to the attention of C.M.A. that there are concerns that C.M.A. should give careful consideration to membership involvement in reaching major decisions.

Dr. Shaw reported that the Eastern Division Conference was a most valuable exercise. Problems relating to the practice of obstetrics was a major item of discussion. A second major item was the future of cost-sharing and what approach the Federal Government will take after March 1987 when E.P.F. expires.

Dr. Shaw reported that the Annual Meeting will take place on Friday and Saturday instead of Thursday and Friday. He reported that the Officers had voted to discontinue the door prizes.

***Economics:***

Dr. Acker reivewed his Committee's activities in the area on Tariff Review explaining what has been done to date and the steps being taken to open formal negotiations in the future. It appears that the economic status of Nova Scotia will be taken into consideration as well as our Society's economic standing relative to other provincial associations and other professions. Dr. Acker reported that the services of legal counsel have been retained to assist in drafting an Arbitration Protocol.

The Economics Committee recommended to the Officers that the existing policy of maintaining the same level of consultation and visit fees within the surgery and medical specialities be eliminated. The recommendation has been referred back to the Economics Committee for further discussions with the Sections.

Dr. Acker informed the Executive Committee that it was with great regret that he received the resignation of Dr. Barton as Chairman of the Task Force on Tariff Distribution Formula. The Executive Committee passed a vote of appreciation and thanks to Dr. Barton for his contribution to the Society as Chairman of the Task Force.*

It was reported by Dr. Acker that the Fee Schedule Sub-Committee with Dr. Aquino as Chairman has been established. Other Committee members are Drs. K.P. Smith, R.A.W. Miller, and D.M. Nicholson. Their mandate is to revamp the Fee Schedule, particularly the Preamble, to reflect the up-to-date tariff agreements.

***Budget:***

Dr. W.H. Lenco reviewed in detail the Proposed Budget for the forthcoming Fiscal Year. During discussion, the need for Reserves was debated along with the desirability, or otherwise, of a dues increase.

A recommendation to increase the Student Assistance Loan Plan to $7,000.00 was approved.

The Executive Committee approved the proposed Budget for Fiscal Year 1986.

The Executive Committee resolved that the Medical Society dues for Regular member for Fiscal Year 1987 be increased by $25.00 per member, with other categories of membership dues being increased proportionately. This Resolution will be presented to General Council as part of the Finance Committee Report.

***Senior Membership — The Medical Society of Nova Scotia:***

Dr. John A. Webster was named Senior Member of The Medical Society of Nova Scotia. The Executive Committee authorized the Nominating Committee to select up to three additional Senior Members.

***Request for Endorsement — Nova Scotia Tools for Peace:***

The Executive agreed that the Medical Society inform its members that Tools for Peace is collecting medical supplies and office equipment for Nicaragua and their support is encouraged.

***M.D. Management:***

Dr. G.A. Sapp announced that M.D. Management expects to open a regional office for the Atlantic Provinces in Halifax on October 1, 1985.

***Ad Hoc Committee for Selection of Committee Chairmen:***

The Executive Committee agreed that the Chairman should again strike an ad hoc committee to undertake the process of preparing a roster of committee chairmen and respresentatives to other organizations for consideration by the Officers and Executive Committee.

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**1985 Appointments**

| | | |
|---|---|---|
| Dr. D.S. Reid | — | C.M.A. Council on Health Care for a one year term commencing August 1985; originally appointed September 1984. |
| Dr. P.D. Muirhead | — | C.M.A. Council on Medical Economics for a one year term commencing August 1985: originally appointed September 1982. |
| Dr. J.D.A. Henshaw | — | C.M.A. Council on Medical Education for a one year term commencing August 1985; originally appointed March 1979. |
| Dr. G.A. Sapp | — | Board of Directors of M.D. Management Limited for a one year term commencing March 1985; originally appointed September 1980. |
| Dr. D.A. MacFadyen | — | Maritime Medical Care Board of Directors for a three year term commencing June 1985. |
| Dr. R.A. Oliver | — | Maritime Medical Care Board of Directors for a three year term commencing June 1985. |
| Dr. G.A. Ferrier | — | Maritime Medical Care Board of Directors to complete the unexpired term of Dr. P.H. Jeffrey expiring June 1986. |
| Dr. M.G. Worthylake | — | Medical Review Committee for a three year term commencing June 1985. |
| Dr. K.R. Murray | — | Medical Review Committee for a three year term commencing June 1985. |
| Dr. A.H. Shears | — | Chairman of a Medical Society Task Force on Development of a Health Personnel Standards Act. |
| Dr. J.H. Quigley | — | Chairman of Allied Health Committee effective June 22, 1985. |
| Dr. Mark Kazimirski | — | Chairman of the Community Health Committee to replace Dr. D.B. Shires. |
| Dr. P.L. Loveridge | — | Chairman of the W.C.B. Liaison Committee. |

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**CONCLUSION**

The foregoing is but a summary of the proceedings undertaken by the Executive Committee on behalf of the Medical Society of Nova Scotia. The problems presented to the Executive Committee are often complex and far-reaching, and its members are to be applauded for their work and deliberations on behalf of the Society membership.

As Chairman of the Executive Committee, I wish to express the Society's appreciation to the members of the Executive Committee for their efforts on our behalf. To the Officers and the Medical Society staff go a special vote of thanks for their support and their devotion to their responsibilities.

I personally wish to thank the members of the Medical Society for the confidence you have placed in me. It has been an honour and a privilege to serve as Chairman of the Executive Committee for the past three years.

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*(Resolutions follow on next page)*

***RESOLUTION I:***

THAT the Executive Committee recommends to General Council that the Honorarium Schedule for the Fiscal Year 1986 be as follows:

| | |
|---|---|
| (a) President | — Day 1 on - \$300.00 per day<br>— Honorarium per Year - \$5,000.00 |
| (b) Officers | — Day 6 on - \$309.00 per day |
| (c) Executive Committee (Voting Member) | — Day 6 on - \$309.00 per day |
| (d) Economics Committee Members & Chairman<br>Chairman | — Day 6 on - \$309.00 per day<br>— Honorarium per year - \$2,000.00 |
| (e) New Procedures Fees Task Force - Chairman (only) | — Day 6 on - \$309.00 per day |
| (f) Tariff Distribution Formula Task Force - Members & Chairman<br>Chairman | — Day 6 on - \$309.00 per day<br>— Honorarium per year - \$1,000.00 |
| (g) Horizons Committee Members | — Day 6 on - \$309.00 per day |
| (h) M.S.N.S. Representatives to C.M.A. Board of Directors, Councils, & M.D. Management | — Day 6 on - \$309.00 per day |
| (i) Editor — Nova Scotia Medical Bulletin | — Honorarium per year - \$500.00 |
| (j) Associate Editor — Nova Scotia Medical Bulletin | — Honorarium per year - \$400.00 |

and,

*"THAT the (5) five free-day concept be retained,*
*THAT the perdiem rate for those eligible, other than the President, be \$309.00 per day, and*
*THAT there be provision for annual review." CARRIED.*

***RESOLUTION II:***

*"THAT the voting membership of the Executive Committee be comprised of a maximum of two (2) representatives from each Branch,*
*THAT to qualify for a second representative on the Executive Committee a Branch must have in excess of 100 members,*
*THAT the Observers to the Executive Committee be amended by deletion of Editor of The Nova Scotia Medical Bulletin and the representative to the Provincial Medical Board, and*
*THAT a branch member be interpreted as a Medical Society member who resides and/or practices in a Branch jurisdiction (Regulation 1.1)". CARRIED.*

## PRESIDENT'S REPORT

Dr. Shaw reported as follows:

This has been a relatively calm year, especially when you consider the hectic year of meetings and decisions faced by Dr. Roland Saxon. During the relative calm we had a chance to re-evaluate our position and prepare for the inevitable battles to be faced here and in other provinces.

There is no doubt in my mind that we are about to face major transformations in medicine.We must answer that fundamental philosophical question — are we free enterprisers or are we civil servants? At present we talk like free enterprisers but we act like civil servants. This dichotomy will be resolved in the next two or three years, but unless we take steps to maintain the freedom of the profession we'll all be civil servants.

**Government Relations:**

We maintained our good relations with Government. We must recognize that Government always has the final say so we try to hammer out agreements that both sides can live with. It is interesting to note that other Societies throughout the Country are now seeking co-operation instead of confrontation.

Your President, President-Elect and Executive Secretary met four times this year with the Minister of Health, his Deputy and his Assistant. Among the common concerns, we discussed "Manpower". Opinions and statistics vary widely on this difficult issue. Despite the efforts by The Canadian Medical Association to collect statistics for its Data Bank, it has become apparent that there will not be a national solution to the manpower question. It is my impression that we must look regionally and seek co-operation among Government, Medical Societies and Medical Schools in Atlantic Canada.

Early in December we met with the Hon. Jack MacIsaac and the Hon. David Nantes to discuss exemptions to the seatbelt legislation. While we agree on the success of the legislation, they did not find our exemption policy to be acceptable, but the actual number of exemptions has been very small.

Your President and President-Elect appeared before the Law Amendments Committee with two Briefs. After several meetings with the Registered Nurses' Association we had a mutually acceptable definition of nursing incorporated in Bill 74, The Nursing Act. We also spoke on Bill 77 regarding Workers' Safety and strongly noted that the Medical Society be included in any board set up to advise the Minister on Workers' Safety.

**Relations with the General Public:**

The Society's public exposure continues to increase. Our policy of honesty and openness was tested with the concern over irregularities in prescribing habits of some doctors. We believe prosecutions should be sought in any case of illegal activity.

In March we participated in a public forum on double-doctoring and the prescribing habits of doctors. We stated our position along with The Nova Scotia Medical/Legal Society, the Pharmacy Society, the Provincial Medical Board and the RCMP who suggested several doctors could be charged with trafficking. Although it is not clear why, no

charges have been laid to date and the matter is in the hands of the Provincial Medical Board.

The increasing need to keep the public well and correctly informed requires full time attention. In this regard I am pleased to welcome Mr. Bill Martin to our office staff as Director of Communications. He is no doubt going to be busy in the coming years and you are no doubt going to be hearing more from him.

**Relations within the Society and other Medical Societies:**

Relations within the Sections of the Society remain good. Even the differences within the Task Force on Tariff Distribution are being straightened out. This area of concern proved to be more complex than we first anticipated and has required more discussion. However, by pulling together I'm certain we will resolve all differences to everyone's satisfaction. Dr. Acker will have more on that in the Economics section of this report.

**C.M.A. Relations:**

Continued good relations and the resources of the C.M.A. are of great benefit to the Society. Both the Society and our members can take advantage of the Manpower Data Bank, the Economic Data, financial planning and investments which are available through M.D. Management, and resource personnel, just to name a few.

We were somewhat disappointed with General Council when two major issues, Primary Care and Manpower, were not debated. We feel General Council should have a voice on major issues along with the Board of Directors of the C.M.A. The failure to discuss these issues caused us to question the value of sending nine delegates to Ottawa for this year's Council.

**Relations with other Atlantic Medical Societies:**

We attended the Annual Regional Conference in Prince Edward Island along with New Brunswick, Newfoundland and Quebec. This regional effort is very valuable.

The main concerns centered on Manpower and Obstetrics in Family Practice. The latter appears to be a bigger problem outside of Nova Scotia where many family doctors are prepared to leave obstetrics to others. Our Committee which is looking at this problem, should have a report early in 1986.

**Looking to the Future:**

The Society's Officers and members of the Horizons Committee held a "Think Tank" last June. A total of 50 ideas were discussed regarding economics, administration and member services.

In looking at relationships among Officers, Executive and Staff we found a great misconception. The By-Laws suggest the Executive is the most powerful body within the Society but changing times dictate that the Officers have the power. The size of the Executive makes it unwieldly to run the details of the Society with its ever-increasing complexities in communications, economics, member services and public information.The Executive should not be a rubber stamp, so attempts are being made to better inform the Executive. We also plan to address more regional problems as presented by individual members of the Executive.

We recognize that the Executive Secretary has a great deal of power in running the Society. It is impossible for the Officers or even the President to be involved in all the day-to-day decisions but, it is clear that the Officers, through your direction, set the policies of the Society. We are pleased to note that your Executive gave a vote of full confidence for the way the Executive Secretary, the Manager of the Economics Department, and staff fulfilled their responsibilities.

Changes in the Annual Meeting are now obvious with new days, new social events and a tighter reporting system. We are also encouraging the Sections to meet at this time to increase attendance at Council.

A greater effort is being made to keep members up to date on the Society's finances. We are also concerned about economics involving Government and we are prepared to meet problems head on with action instead of reaction. The Economics Department has been instructed to study the problems of global budgeting, income capping, public utilization and manpower restrictions.

The Think Tank is an extremely valuable tool for planning and problem-solving. It should be held every year. I suggest it occur shortly after the new Officers are elected so they could set the year's program for early consideration by the Executive.

**The Nova Scotia Medical Bulletin:**

We feel the office should have a page in the Bulletin as a permanent feature. It could feature meetings and work on behalf of members or available insurance programs. There should be a section on upcoming meetings, social events and locum programs and the Society's hotline number.It would be a valuable space for financial advice or listings for buying and selling equipment.

**Annual Recognition:**

We should have an award for the Physician of the Year. It should recognize a physician for service to the community other than through the practice of medicine.

We could adopt a "Disease of the Year" concept where we pick a disease or medical cause deserving of our resources. We could devote attention through financial and education aid along with publicity.

I would like to call on Dr. Acker for his report on the activities of the Economics Committee.

**Economics Committee:**

It is my pleasure to report on the activities of the Economics Committee over the past year, but first I would like to review how we fit into the Society's organization.

The Officers are responsible for medical economics, but because of the heavy workload involved, they set up the Economics Committee and delegated authority for us to proceed with the day-to-day operations of the Society's economic role. To ensure our activities follow the established policies, the Chairman of the Committee reports to every Officers and Executive Committee Meeting. In addition, all minutes of the Economics Committee meetings are distributed to the Officers for their information.

At the present moment the Committee is in the process of preparing our "Position" for discussion with the

Commission for a April 1, 1986 Tariff Adjustment. However, with the Provincial finances being what they are, we can expect a difficult time in obtaining additional funding for MSI. In recognition of this, we have retained legal counsel to assist us in developing a suitable Arbitration Protocol in concert with the Health Services and Insurance Commission. This Protocol is required as a supplement to the general wording of the Act in order to commit both parties to proceed expeditiously in carrying out their responsibilities in the arbitration process.

We continue to solicit information from Branches and Sections. We appreciate and value their input into the business of the Economics Committee. By this method we hope to keep them abreast of our concerns and problems and in return receive from them their concerns and advice.

We have also attempted to deal with and answer all of the correspondence received from individual members and those letters referred to us from the Officers or other committees because of their economic tone. Interest in the Economic side of the Society's business appears to be growing by leaps and bounds each year and it is difficult to imagine how much busier this Committee can be.

Along with the growing interest in economics we detect an increased awareness by the membership on how the Tariff Review process works and the severe limitations on the extent of Fee Schedule changes caused by the limited funds available to implement the changes. Section Executives should make every effort to learn how the system works so that their input to the Tariff Review process will be as meaningful as possible. In another section of this book you will find a report from the Section of Orthopaedics which deals almost exclusively with perceived economic injustices. The fact of the matter is that the Economics Committee has for years, been very much aware of the issues raised by the Section, but is unable to address the legitimate items of concern simply because there is no money available to make the changes.

The Task Force on Tariff Distribution Formula has been very active this past year, but encountered some difficulty on data collection. I am sorry to report that Dr. F.J. Barton, its Chairman, has resigned (September 12, 1985) and I wish to acknowledge the tremendous effort, enthusiasm and time he has put into this Task Force. Since this is a sub-committee of the Economics Committee, we will attempt to continue the momentum of this Task Force by calling a meeting as soon as possible and select a temporary or new chairman.

Various other activities of the Economics Committee were highlighted by Dr. Acker, following which he introduced Dr. G.C. Jollymore to comment on the Task Force on New Procedure Fees. Dr. Jollymore noted that by virtue of the hard work of the Task Force including the representatives from Maritime Medical Care Inc., and the Health Services and Insurance Commission good progress was made during the year.

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**Task Force on New Procedures Fees Report to Council:**

The Task Force on New Procedure Fees held nine meetings over the past year. Eighty-five new procedures and their fees were dealt with in detail. Of these, seven were deleted for various reasons. Twenty-two are about to be submitted to the Economics Committee, seventeen are waiting to be approved by the Health Services and Insurance Commission, four have been referred back to the Task Force and most important, thirty-five have been approved and published in the Physicians' Bulletin.

The Task Force is a multi-disciplinary group made up of:

1. A member of the Executive staff to the Health Services and Insurance Commission.
2. The Medical Director of Maritime Medical Care Incorporated.
3. A member of the Executive staff on The Medical Society of Nova Scotia.
4. Five members of the Medical Society (mix of specialties) including the Chairman.

Each meeting consists of the above group, plus guests chosen from the specific specialties whose procedures are being discussed. Every attempt is made to ensure that one of the guests is familiar with the new procedures discussed. Last year, it was hoped that the Task Force could eliminate the backlog which had developed over the past few years. Technology, however, is advancing faster than the Task Force and while we are gaining on it, the backlog continues to be impressive. For the most part the items for each meeting are chosen in the chronological order in which they are received. However, there have been a few exceptions to this selection process and the availability of the visiting specialist to discuss and explain the particular procedures was the most common cause. There was one situation when it was very important to deal with a group of procedures swiftly because technology was advancing so fast that it was seriously affecting the incomes of that specialty group.

Over the past year Mrs. C. Manuel from the Secretarial staff of the Society has been able to attend the meetings regularly. This resulted in a marked improvement in the organization of the Task Force. The current members of the Task Force on New Procedures are:

Dr. Henry Bland — Dr. Elizabeth Mann
Dr. Alan MacDonald — Dr. John Feindel
Dr. Michael Fleming — Dr. George Jollymore, Chairman
Mr. Jack Hare — Mr. Anton Schellinck

Respectfully submitted,

Dr. G.C. Jollymore,
Chairman
Task Force on
New Procedure Fees

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**Economics Committee** cont'd.

The Fee Schedule Sub-Committee has been struck under the Chairmanship of Dr. J.A. Aquino. This is a most important Committee whose mandate will be to redraft the Schedule Preamble and to update procedures fees and listings to conform to negotiated agreements, to write a Fee Schedule and billing guide for non-insured services and to update/compile Fee Schedules for services paid by the Department of Health for Radiology, Pathology and Nuclear Medicine.

This will be a very busy Committee which will be calling on the various Sections for input as their work proceeds.

The details of the Economics Committee actions and recommendations for the past year have been reported to the Officers and Executive Committee and appeared in the appropriate Minutes of these Meetings. The report of the Executive Committee member to their Branch Meetings should inform all members of these actions; however, I would like to highlight a few:

> After many years of discussion and "files" of correspondence, the matter of payment for Pulmonary Function Procedures has been successfully settled with Government.
>
> We are getting a consensus from the various Sections on their agreement to proceed with the investigation of a Specialist Fee Code to replace the current Directive and Continuing Care Fees.

Dr. S. Owen has agreed to chair and has selected committee members for the "Conjoint Committee on Obstetrical Services". This Committee will report to the Officers and Executive Committee and finally to General Council. It will deal with the provision of Obstetrical Services in this Province.

We hope soon to have a meeting of the Economics Committee to which we will invite our representative to C.M.A. Services on Economics and representatives to the Health Services and Insurance Commission. There are many matters of mutual concern and Society policy which we feel make this type of meeting a priority for the upcoming year.

The Economics Committee did not meet this year with the Section Executives. However, we feel this can be an important forum for discussion and plan to call such meetings in the future as the need arises.

Discussions over the past six months or more at the Economics Committee Meetings have many times touched on the subject of Overhead Charged Physicians with hospital based practices. This appears to be a very complex subject, mostly confined to the Halifax areas and one charged with high emotion. It is very hard to come up with facts and figures but in an attempt to do so, a meeting was held with representatives from the Department of Health and the Economics Committee. Nothing was decided at this meeting, but both parties agreed to explore this matter more fully and co-operate as much as possible to decide if something needs to be done. The Economics Committee hopes that this matter will be resolved and not allowed to die, as it has been and is at the present time a source of upset and misunderstanding among many physicians.

I would like to express my appreciation to my Committee members who have been very faithful and extremely helpful in discussing the many issues which came before this Committee. The amount of time and effort they have put in over the past year on your business can only be guessed at. Also the dedication and expertise of Anton Schellinck is the key to the productivity and success of this Committee. We are being well served by Mr. Schellinck and his staff. Since this was my third year as Chairman of this Committee, this will be my last report to Council as Chairman of this committee.

The current members of the Economics Committee are: Drs. A.G. Cameron, G.R. Burns, and P.L. Landrigan.

Respectfully submitted,

Dr. W.C. Acker, Chairman
Economics Committee

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**CONCLUSION**

In closing, thank you to the Executive, the Officers and staff for the co-operation and support during the year. Though I already noted it was a quiet year, it still took time from both my practice and my private life. I accepted the job with my eyes wide open and nobody twisted my arm. I thank you for allowing me to be President of this ancient and honourable Society.

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In highlighting his Report, Dr. Shaw spoke about the very good relations with Government, stressing the importance that this must be the case and that if anything is to be achieved it will be through co-operation instead of confrontation.

He noted that in his estimation the issue of Physician Manpower would continue to be a difficult one to resolve and would require considerable effort on the part of the Medical Society.

The Think Tank which was held during the past year was considered to be a success, particularly in relation to developing understanding of the role of the Medical Society and how it functions.

Dr. Acker informed Council that the Medical Society, utilizing legal counsel, had prepared a Proposed Arbitration Protocol which would set out the specifics of how tariff negotiations and the arbitration process would be undertaken. Acceptability of this document would be worked out with the Health Services and Insurance Commission through the Tariff Committee.

Dr. Acker reported that the Task Force on Tariff Distribution Formula was currently being chaired on a temporary basis by Dr. J. Kempton Hayes. A renewed effort is underway to proceed expeditiously with this project.

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*(Resolution follows on next page)*

***RESOLUTION I:***

**RE: Task Force on Tariff Distribution Formula**

*"THAT Council give its full endorsation of the points proposed by the Acting Chairman (Dr. J.K. Hayes) as read by Dr. W.C. Acker. These points read as follows:*

1. The original Terms of Reference of the Task Force were:
   (a) to acheive a GP/Specialist net income ratio of 1:1.3 within three years or as soon as practicable, and
   (b) to recommend the division of tariff settlements between the Master Unit Value and individual items within specific time frames, and to develop a 'formula' for distributing the funds assigned to individual items between Sections in such a manner as to achieve objective (a).
2. The Task Force is a subcommittee of the Economics Committee.
3. April 12, 1984 - 1st Meeting. Regular meetings until late Spring 1985. Meetings resumed November 7, 1985 with Acting Chairman, Dr. Hayes. New Chairman to be appointed by the Economics Committee.
4. Of the nine original members only four remain. Resignations occurred because of unwillingness to commit time or distance travelling to meetings.
5. Dr. Barton, Chairman, resigned in mid-Summer over differences with the Economics Committee in approach and methodology.
6. The mandate of the Task Force has been revised by the Economics Committee to read: 'to achieve a GP/Specialist net Schedule of Benefits income ratio of 1:1.3.
7. Main thrust of effort thus far has been to derive practice profiles from GP's and Specialists. These are daily profiles listing number, types, and time of various items of service for the day. The information from these profiles has been and will be correlated and analysed with a view to developing a hourly net income figure for each specialty.
8. The solicitation of profiles was originally on a voluntary basis. Approaches were made at Branch Meetings and through Sections. Strong support was received from family physicians. Unfortunately, the response from specialists has been less than satisfactory. The Task Force now is compiling a list of "average, conscien-cious" doctors from each Specialty. These names will be forwarded to Section Chairmen who will be asked to obtain profiles from each doctor. The Task Force has also agreed to advise the Chairman that specialties that fail to obtain an adequate response run the risk of having arbitrary assumptions and values assigned to them.
9. The Task Force has also been studying various statistical reports from MSI, Health & Welfare Canada, Revenue Canada, the Canadian Medical Assoc., and other sources with regard to payments, gross and net incomes, hours of work, overhead percentage and similar topics.
10. The Medical Society has set aside funds to pay for professional statistical analysis and advice.
11. The Task Force will be examining a number of variables which may influence net professional incomes. These include hours of work, lifetime earnings, group and solo practice, productivity, volume and standards of practice, market value (supply and demand), urban versus rural, cutting versus non-cutting, the nature of consultations and other pertinent topics.
12. Wherever possible the Task Force will support its decisions with statistical evidence. However, the Economics Committee has directed, and the Task Force understands, that the Task Force is — in the final analysis — to use its best professional judgment in achieving its mandate of a 1:1.3 ratio.
13. The Task Force has received a number of submissions from various members. We solicit the constructive advice and opinion of all members.
14. The Task Force commits itself to a final report BEFORE September 30, 1986." CARRIED.

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The subject of Obstetrical Services was then discussed at which time Dr. Cathy Young presented the following brief report to Council.

## CONJOINT COMMITTEE ON OBSTETRICAL SERVICES

### Interim Report to Annual Meeting of the Medical Society of Nova Scotia, 1985

The conjoint committee on obstetric services was formed following a resolution of the Council of the Medical Society. The committee has been structured with three members representing the Section of Family Practice, and three members representing the Section of Obstetrics and Gynaecology.

At the initial meeting with the Economics Committee of the Medical Society in April 1985, the terms of reference of the Conjoint Committee were formulated. The objectives of the committee are: —

a. Define the problem
b. Define the causes of the problem
c. recommend solutions

It was quickly recognised that the problems affecting the delivery of obstetric care were multi-faceted, and not unique to Nova Scotia. Publications from other Medical Associations/Societies have been reviewed and have demonstrated that problems in obstetric care delivery have become a major topic of discussion across the country.

Broad areas of concern have been identified, such as increases in C.M.P.A. dues and the fear of litigation, increasing consumer demands, adverse effects on life style, changes brought about by the end of extra/balance billing, and pressures for the introduction of nurse-midwives.

The committee felt that it was necessary to obtain as much information as possible from practitioners involved in the delivery of obstetric care, in order to identify all the concerns, and evaluate their importance to Nova Scotia physicians.

*Progress*

1. Questionnaires have been drawn up for circulation to all family physicians, and obstetricians, and arrangements have been made with the Medical Society for collection of the data from these questionnaires.
2. Data has been obtained from M.S.I. and from the Medical Society, and work has been started on analysis of the obstetric fee code structure, and the financial impact of changes in fees, and fee structures.
3. A number of problems have been identified, but further identification of problems and their causes should be obtained from analysis of the data returned from the questionnaires.

*Aims*

We would hope to have the first two of our objectives met by the end of this year (i.e. identification of the problems and their causes.)

The final report from this committee will hopefully be completed and submitted, with our recommendations, to the Medical Society by the middle of 1986.

## ALLIED HEALTH DISCIPLINES COMMITTEE REPORT

Dr. J.H. Quigley reported to Council that the Committee continues to monitor the development of the Perspectives by the C.M.A. Allied Health Committee and participates in reviewing material as it is prepared from time to time. He added that the first six chapters of the book will be distributed early in 1986 and that the development of the remaining six will continue during the year.

## HEALTH PERSONNEL STANDARDS ACT — Task Force on Development of

Reporting for Dr. A.H. Shears, Dr. Quigley informed Council that progress here is slow since the priority of this project with Government is low.

***RESOLUTION:***

*"THAT the Medical Society endorse the continued negotiations with the Department of Health for the development of a Health Personnel Standards Act." CARRIED.*

## ARCHIVES COMMITTEE REPORT

Dr. E.F. Ross provided Council with details of the work of his Committee emphasizing the need for expertise in organizing and sorting the increasing amount of material becoming available. He reported that the Provincial Medical Board, Faculty of Medicine (Dalhousie), and Dalhousie Medical Alumni have agreed to share in the salary costs of paying an archivist on a part-time basis.

***RESOLUTION:***

*"THAT Council approve the appointment of a part-time Archivist, probable cost to the Medical Society being $5,000.00." CARRIED.*

## BY-LAWS COMMITTEE REPORT

Dr. A.S. Dill informed Council that the adoption of mandatory payment of dues to the Medical Society had raised the requirement for numerous By-Law changes. As well the Executive Committee had agreed to alter its structure in the interests of efficiency and costs. Also, following wide discussion and consideration it was proposed that the Discipline Committee be dissolved. He proposed that the title of the Executive Secretary be amended.

***RESOLUTION:***

*"THAT Article 6 of the Amended By-Laws of The Medical Society of Nova Scotia be amended as follows:*

*a. renumber Articles 6.7 & 6.8 as 6.15 & 6.16 respectively,*

*b. add Articles*

*6.7 — 1st Year Practice — an ordinary member in his/her 1st year of practice following initial licensing in Canada,*

*6.8 — Post Graduate — a medical practitioner whose name is entered in the Medical Register or the Temporary Medical Register,*

*6.9 — Interne/Resident — an ordinary member undertaking post graduate training in the Dalhousie Program,*

*6.10 — Non-Resident (Nova Scotia ONLY) — a member residing in a province of Canada other than Nova Scotia, or outside Canada AND NOT a C.M.A. member.*

*6.11 — Non-Resident (CONJOINT) — a member residing outside Canada or Canadian Territory beyond the jurisdiction of any Division.*

*6.12 — Retired — an ordinary member no longer in active practice, defined as less than ten hours/week in the practice of medicine,*

*6.13 — Non-Practicing Scientist — an ordinary member employed as a basic scientist in Dalhousie University and not practicing medicine except on an emergency basis ONLY. The dues for this category are 50 percent of the dues for an ordinary member PLUS $15.00 for the C.M.E. Levy, PLUS C.M.A. dues at 50 percent.*

*6.14 — Over Sixty-Five — an ordinary member NOT retired; effective the fiscal year following the fiscal year in which the age of 65 was attained, the dues for this category to be 50 percent of ordinary dues." CARRIED.*

***RESOLUTION:***

*"THAT Article 6.1 of the Amended By-Laws of The Medical Society of Nova Scotia be amended by rewording 6.1 as follows:*

*'The Society shall be composed of regularly qualified physicians, internes and resident and medical students. The Medical Act requires that every duly qualified medical practitioner shall pay the annual membership dues on or before October 1 each year. Every duly qualified medical practitioner who fails to pay annual membership dues ceases to be in good standing and*

*thereupon becomes suspended as a qualified medical practitioner. Any physician not wishing to be a Society member should communicate that wish to the Society in writing. Categories of membership are: 1st Year of Actual Practice; Ordinary, Post Graduate, Internes/ Residents, Non-Resident (NOVA SCOTIA ONLY), Non-Resident (CONJOINT), Retired, Senior, Honorary, Student, Non-Practicing Scientist, Courtesy, and Over Sixty-Five." CARRIED.*

***MOTION:***

*"THAT Article 9.2.1 (n) of the Amended By-Laws of The Medical Society of Nova Scotia be amended by rewording as follows: 'to assure general practitioner representation on Council, representatives as follows: — from each Branch having 99 members — 1 member; from each Branch having 100 or more members — 2 members." DEFEATED.*

***RESOLUTION:***

*"THAT Article 12.4.1 of the Amended By-Laws of The Medical Society of Nova Scotia be amended by rewording 12.4.1 as follows: 'The voting members shall be President, President-Elect, Immediate Past President, Chairman, Executive Committee, Vice-Chairman Executive Committee, Treasurer, Honorary Secretary, and Member-At-Large (when appointed) — AND a maximum of 2 reps. from each Branch Society, AND that to qualify for a 2nd rep. on the Executive Committee a Branch must have in excess of 100 members. A Branch member will be interpreted as a Medical Society member who resides and/or practices in a Branch jurisdiction (Regulation 1.1)." CARRIED.*

***RESOLUTION:***

*"THAT the title of Executive Director be used to replace the title of Executive Secretary." CARRIED.*

***RESOLUTION:***

*"THAT Article 12.4.2 of the Amended By-Laws of The Medical Society of Nova Scotia be amended by rewording 12.4.2 as follows: "The non-voting members shall be the Executive Director and all Observers." CARRIED.*

## CANCER COMMITTEE REPORT

Dr. A. Bodurtha's report provided information regarding the Cancer Society's clinical research programs and other education programs to which the Cancer Society provides financial support.

His report noted that the Cancer Committee had activated a Cytology Group for the purpose of providing input into the Pap Smear Program of the Department of Health.

His recommendation that The Medical Society of Nova Scotia support the QUIT KIT PROGRAM produced by the Canadian Cancer Society in the form of either endorsement and/or co-sponsor of the Project was not introduced as the meeting was informed that this was already under discussion by the Society Officers.

## CHILD HEALTH COMMITTEE REPORT

Dr. G.H. Nickerson reported that this Committee had been most active this past year in an attempt to breech the bastions of education and medicine to make them more aware of the abused child, and in particular the child with learning disabilities (dyslexia, learning dysfunction, specific language disability, etc.). The task seems to be a formidable one because it encroaches on and involves both the academic pedagogue and medical education at the University student levels. The Provincial Government is genuinely concerned but needs leadership from both the teaching and medical professions. Matters are in motion and the coming year may be a time to "go public". Unfortunately the Society lost its Director of Communications this past year, who also was a valued member of our Committee and a person who could give leadership and publicity to the public for our attitudes and ideas.

On the parochial level a number of contacts have been established;

1. AASHE (Association for the Advancement of School Health Education, in Nova Scotia) — this organization consists of lay persons interested in teaching school health in schools of Nova Scotia. Your Chairman is a member of the Executive body and currently is the only medical person present to give guidance in childhood medicine. The teaching of health in the schools of Nova Scotia is left pretty much up to each local School Board and there is no comprehensive and coherent program. Such programs which may exist, as far as one can determine, are defined by non-medical personnel. AASHE is attempting to have "input" into the curriculum of school health in the schools of Nova Scotia and are organizing a most comprehensive effort.

2. The pervasive problem of learning disabilities in the schools of Nova Scotia is pretty much like those of any other province and the same remarks may hold for British Columbia as well as Nova Scotia. Complaints that your Committee have received have been the lack of knowledge and understanding by doctors about learning disabilities, particularly recent graduates from medical school, and their lack of ability to give leadership in the communities where lay people are making extraordinary efforts and progress. The problem of learning disabilities is so widespread and pervasive in our school population that it presents an unappreciated problem not only to parents, but to academics and physicians caring for children, who are frequently most bewildered, miserable, and frustrated by their learning dysfunction.

In an attempt to give physicians information and enhance their knowledge "the Atlantic Conference on Learning Disabilities", supported by the Provincial Government, are hosting a three-day series of lectures and seminars for the benefits of professionals, Friday, November 1 being "Doctors' Day". These conferences will be held in Halifax at the Nova Scotian Hotel with a noon clinical conference at the Izaak Walton Killam Hospital.

3. An interesting development from your Committee's deliberations during the past year has been the concept of "Community Health Days and Nights", essentially an exhibition, prepared by school children but with participation from the adult community. The school children will prepare artistic posters and banners, and write essays on health topics which will be exhibited. Prizes will be given

at "Community Health Days and Nights". The adult population in the community will present topical exhibits on community health. This first Nova Scotia venture has been sponsored by the Medical Society, AASHE, and the Lunenburg County Schools, the actual exhibition will be family abuse, particularly child abuse, and learning disabilities among many other topics on personal and environmental health.

It is impossible to review the multitude of problems which appear to crop up each year in respect to child health. Nevertheless your attention is drawn to two problems which appear not to be readily appreciated by the physicians of our Society and points are made:

1. ATV (All Terrain Vehicles) — the latest 3-wheeled hazards to appear on the scene among the affluent society in Nova Scotia.

Each member may have already encountered serious accidents with ATV's in their practice. According to the U.S. Consumer Products Safety Commission, two million ATV's are now in operation in the U.S. During the past three years there have been more than 160 deaths and 100,000 injuries related to ATV's; 22% of the injuries and fatalities have been in the age groups between 5-12 years; 46% of the injuries and fatalities have been under 16 years of age. Presumably there has been a relative and similar experience among the Canadian population.

2. Another unappreciated problem is that of epiglottitis and meningitis due to H. Influenzae B, having a similar incidence among children as polio did 30 years ago. Little emphasis is given to the seriousness of these illnesses and certainly not the publicity that polio had been given 30 years ago.

Your attention is drawn to a new vaccine available in the United States known as b-Capsa 1 and is the first new vaccine developed since 1969. The American Academy of Pediatrics has already recommended that children should receive this one-injection vaccine against Hemophilus influenzae type B (Hib) at 24 months, and those children who have not received it by 24 months, immunization up to the fifth birthday is recommended. (While preparing this report I was unable to learn when the vaccine will be available in Nova Scotia). It is emphasized that this new vaccine is to be considered a major medical advance.

Discussion centered on ATV accidents in Nova Scotia when Dr. Nickerson provided Council with details regarding the number of accidents which have occurred.

***RESOLUTION:***

*"THAT The Medical Society of Nova Scotia*

1. *maintain its liaison with the Association for the Advancement of School Health Education,*
2. *urge support of the Dalhousie Curriculum Committee, the Dept. of Education, the Maritime Teacher-Training Universities, and Provincial Teachers' College to incorporate a formal, comprehensive teaching program to give their students a working knowledge of learning disabilities,*
3. *continue liaison with the Government of Nova Scotia for its guidance in playing a constructive role at the academic levels of the Universities, Teachers' College, and public school systems,*
4. *take a stand on the operation of ATV's in Nova Scotia that no child under 16 years of age should be permitted to operate an ATV,*
5. *urge the Provincial Health Department to incorporate immunization of children against Hemophilus influenzae B (Hib) using the new vaccine b-Capsa 1, as soon as possible." CARRIED.*

## COMMUNITY HEALTH COMMITTEE REPORT

Dr. Mark Kazimirski reported that his Committee had dealt extensively with the subjects of seat belt utilization/legislation and smoking. Regarding the latter, he pointed to the close liaison with the Nova Scotia Council on Smoking and Health.

Speaking of the year ahead Dr. Kazimirski noted that the interests of the Committee would lie with problems of toxic waste, dumping, pesticide spraying, acid rain, lifestyle difficulties — including such things as obesity, hypertension, sexual counselling, and family planning. Also of concern to his Committee was the matter of leaded fuel.

***RESOLUTION:***

*"WHEREAS some consumers insist on using leaded fuel in vehicles designed for unleaded fuel, even to the point of tampering with restrictive devices in gas tanks and modifying gas pump nozzles to circumvent the restrictive equipment designed for new vehicles, THEREFORE BE IT RESOLVED THAT the Motor Vehicle Inspection Act be amended to include annual inspection of nozzle restricting devices in the fill pipe of all vehicles originally equipped with such devices. BE IT FURTHER RESOLVED THAT the Gasoline and Fuel Oil Licensing Act be amended to state that it is an offense to dispense leaded gasoline to vehicles designed for unleaded use and that both the seller and the buyer be equally liable for penalty in breaches of this Act. BE IT FURTHER RESOLVED THAT retail stores be encouraged to prohibit the sale of reducing devices which are specifically designed to allow leaded gas nozzles to fit fill pipes of vehicles designed for unleaded use. AND BE IT FURTHER RESOLVED THAT the Government move to equalize the price of leaded and unleaded fuel by reducing the tax on unleaded gasoline, AND WHEREAS Canada alllows the highest concentration of lead in gasoline products (currently 44 grams/litre) in the Western World, THEREFORE BE IT RESOLVED THAT the Government of Canada move to reduce our gasoline lead content in concert with the phase down proposed by the United States." CARRIED.*

## DISCIPLINE COMMITTEE REPORT

Dr. M.G. Shaw informed Council that there was no point in continuing to have a Discipline Committee of the Medical Society since the Medical Society had no authority to investigate problems requiring discipline, and secondly had no power of punishment in relation to any sort of problem. He stated that discipline was the prerogative of the Provincial Medical Board. Lively debate ensued with the decision to dissolve the Committee being defeated.

***MOTION:***

*"THAT the Discipline Committee of The Medical Society of Nova Scotia be dissolved." DEFEATED.*

**EDITORIAL BOARD REPORT**

Dr. J.F. O'Connor in his report described another successful year with the publication of five issues. He noted that a special issue was created as an encouragement to New Brunswick and Prince Edward Island doctors to participate in the Bulletin. He provided Council with an income and expenses statement which showed an operating surplus for the year of $3,000.00, noting of course that each member of the Society contributes specifically to the Bulletin to the extent of $10.00 per member.

**ETHICS COMMITTEE REPORT**

Dr. K.R. Murray reported a relatively inactive year for the Committee with only one item having been forwarded to his Committee for comment.

**FACULTY OF MEDICINE/MEDICAL SOCIETY LIAISON COMMITTEE**

Dr. M.G. Shaw informed Council that one important meeting had been held with the Dean to discuss the subject of the appointment of a general practitioner to the Faculty of Medicine Undergraduate Medical Education Committee. Progress with respect to this item is being made.

**FINANCE COMMITTEE REPORT**

Dr. W.H. Lenco, Chairman and Society Treasurer, speaking to the Financial Statements which had been circulated earlier, commented as follows.

To assist in the understanding of the Financial Statements, I have prepared the following summary report which highlights the major items contained therein. (The Financial Statements follow the Finance Committee Report).

PAGE 1 — **Auditors Report** — states that the financial statements represent the true financial position of the Medical Society for the fiscal year 1985, and that the financial operations of the Society were performed in accordance with the generally accepted accounting principles consistently applied.

PAGE 2 — **Balance Sheet**

a) The Society's cash on hand is up over the preceding year. This increase in cash represents (1) dues for 1986 collected in 1985 (2) short term deposits which may have matured prior to being invested in short term notes.

Primarily our increased cash on hand (a) combined with increased monies from investments (b) results in our assets increasing to $1,000,000 (c) versus $750,000 in 1984.

Item (d) — Under Liabilities — Deferred revenue is up $100,000 over last year and represents our 1986 dues collected in 1985.

Our contingency fund (e) is up due solely to interest earned on the $89,000 during the year.

Our surplus at the end of the year (f) $408,000 combined with our contingency fund (e) gives us an actual surplus of $510,000.

PAGE 3 — **Statement of Income and Surplus**

a) Our Revenue from membership dues is up due to (1) an increase in dues by $75 in 1985 and (2) our first year of compulsory membership.

b) The Bulletin's profit is up by $4,000 due to (1) compulsory membership, as a certain part of the dues are allocated for financial support of the Bulletin and (2) increased income from advertisements.

c) Investment Income was greater than expected at $69,000 due primarily to the healthy investment rates this year.

d) Our total Expenses were $10,000 less than budgeted for at $803,000.

e) Our excess Revenues over Expenses at $192,703 was up $30,000 over budget last year, primarily because of (1) higher investment income and (2) a slight decrease in expected expenses.

f) Our insurance program was closed in 1983 resulting in no transfer of funds this year.

g) Our surplus this year and last year does not include the monies in the contingency fund which this year equal $101,000.

PAGE 4 — **Investments**

Items (a) and (b) — the two largest investments in bonds and debentures are due to the short term deposits representing our 1986 dues prepaid.

Due to our recent increase in reserves or surplus in the past year, next year's Financial Committee will have to reappraise our financial picture with regards to long term investments. In the past it has been the Society's practice to invest more money in bonds and debentures as these pay an annual income. However, stocks do provide for growth in the future.

PAGE 4a and 4b — **Explanatory Notes**

PAGE 5 — **Expenses**

Item (a) — Doane Raymond did some additional work for us last year and prepared a preliminary report on how the Society could compare its financial standing with other similar associations. The officers decided not to go ahead with the full report for two reasons (1) its expense and (2) when we ourselves compared our financial statements with those of other provincial medical societies, we were favorably impressed with our own position.

Item (b) — Our legal fees are down this year. In 1984 the Canada Health Act and the setting up of compulsory membership in our own Society added to our legal costs.

Item ((c) — Office services were up reflecting increased membership in our Society after compulsory membership.

Item (d) — Travel — Secretariat — This was down this year. In 1984 the Canada Health Act prompted a much greater travel expense.

Item (e) — Unforseen Expenses were up by $8,000 this year. A management consultant team was hired to find a

replacement for Tony Blom and this expense alone was approximately $5,000. Mr. Schellinck's travel to England to study the effects of government controlled health plans was included under this item.

Item (f) — Communications Department was down by $10,000 this year as Tony Blom was employed only for a segment of the year.

Item (g) — Annual Meeting — Expenses were up approximately $3,500 over last year. Various changes in the format of the meeting have been implemented, which hopefully will both decrease expenses and make the meeting more interesting this year.

Item (h) — Bad Debts are up $4,000 this year. Since dues are compulsory, it is unlikely that any of the dues owing prior to 1984 will be collected and these have been written off.

Item (i) — Honoraria — In past years honoraria for any given year were not distributed until well after the end of the fiscal year. This year, every effort was made to have the honoraria up to date by the year end. Honoraria have been increased for next year and the present increase was effective for part of this year.

PAGE 6 — **The Cogswell Library Fund** — This is a separate statement of the Cogswell Library Fund.

Essentially $5,000 is held in trust by the Society for the Medical School Library and $427 was paid out this year.

In summary, we have had a successful year. Our expenses were $10,000 under budget and our income was underestimated by $20,000 giving us a surplus of $192,703.

As this is the end of my term of office, I would like to thank all those who have helped me look after your money during the past three years. Special thanks go to Doug Peacocke and Tove Clahane who in actual fact did all the work.

***RESOLUTION:***

*"THAT the Financial Statements of The Medical Society of Nova Scotia for Fiscal Year 1985 be approved." CARRIED.*

***RESOLUTION:***

*"THAT Doane Raymond be retained as the Medical Society Auditors for Fiscal Year 1986." CARRIED.*

Noting that the Policy of the Medical Society is to build and maintain Reserves of an amount equal to one year's budget, Dr. Lenco stated that the figure for 1986 should be $750,000.00. However, he noted that with forecasts and estimates, the Reserves by the end of 1986 will only be $499,000.00; therefore consideration of a dues increase for Fiscal Year 1987 is required.

***RESOLUTION:***

*"THAT the Medical Society dues for Regular members for Fiscal Year 1987 be increased by $25.00 with other categories of membership dues being increased proportionately." CARRIED.*

**(Note: — The Financial Statements and Budget follow on next page.)**

## HORIZONS COMMITTEE REPORT

Dr. E.V. Rafuse reported that getting this Committee off the ground has been slow; however, progress is being made. He considered it essential that the Committee have it clear as to its objectives before proceeding to the detailed work.

## MATERNAL & PERINATAL HEALTH COMMITTEE REPORT

Dr. T.F. Baskett's report provided Council with statistics relative to provincial perinatal mortality. These indicated a continuing downward trend. Further, his report provided Council with details of a very active Reproductive Care Program in Nova Scotia.

## MEDIATION COMMITTEE REPORT

Dr. M.G. Shaw in reporting to Council emphasized once again the number of complaints arising out of poor communication between doctor and patient. He stressed that if physicians are serious about avoiding legal problems they should give heed to the serious hazards awaiting them through failure to pay attention to this aspect of their practice.

Dr. Shaw then introduced Mr. Lorne Rozovsky, Q.C. who spoke to Council on the subject of Doctor/Patient Relationships. His remarks follows.

### Doctor/Patient Relationships

As I'm sure all of you realize, I have been working in the health field exclusively since I was called to the Bar in 1967. However, it's only in the last two years that I have gone into practice with large law firms. And my experience there over the last number of months has given me great cause for concern that I want to share with you, particularly since all of my work in the past has been in advising health institutions, the health professions, and Government and health associations across the country.

I am convinced that the standard of health care and the standard of medicine that we now get in this country is higher than it has ever been before. But I am also convinced that the public confidence in the health services and particularly in doctors has never been lower. And that gives me great cause for concern.

We note that over the last few years the malpractice rate in Canada has gone up dramatically, and while this effects doctors, eventually it will effect patients, it will effect society as a whole, and it will effect the entire provision of health care services in this country. In 1973, I appeared as an expert witness before the Secretary's Commission on Medical Malpractice in the United States. I very arrogantly was able to tell them of why the United States had a problem and Canada didn't. I did predict at that time the number of malpractice suites in Canada would grow, but I didn't think we would reach their sort of situation. I like to think that my prediction is still true but I have the feeling that it is less true than it once was.

I've just come back from the International Congress on Hospital Laws Procedures and Ethics in Tel Aviv and what surprised me was that this is not just an American problem.

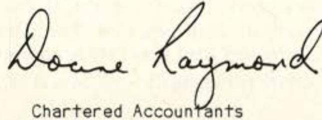
*(Continues on page XXVII)*

AUDITORS' REPORT

To the Members of
The Medical Society of Nova Scotia

We have examined the balance sheet of The Medical Society of Nova Scotia as at September 30, 1985 and the statements of income and surplus, and related statements of the Cogswell Library Fund for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Society and its related funds as at September 30, 1985 and the results of its operations for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.



Halifax, Nova Scotia

November 1, 1985

Chartered Accountants

**Doane Raymond**

THE MEDICAL SOCIETY OF NOVA SCOTIA

BALANCE SHEET

SEPTEMBER 30, 1985

| ASSETS | | 1985 | 1984 |
|---|---|---|---|
| Current | | | |
| Cash | (a) | $ 266,902 | $ 69,745 |
| Receivables | | | |
| Members | | 8,677 | 9,705 |
| Other | | 1,260 | 3,229 |
| Accrued interest | | 4,372 | 5,569 |
| Prepaid expenses | | 4,628 | 1,894 |
| | | 285,839 | 90,142 |
| Investments (Note 2) | (b) | 733,670 | 641,725 |
| Equipment and leasehold improvements (Note 3) | | 31,762 | 37,416 |
| | (c) | $1,051,271 | $769,283 |

| LIABILITIES | | | |
|---|---|---|---|
| Current | | | |
| Payables and accruals | | | |
| Trade | | $ 25,589 | $ 54,733 |
| Honoraria | | 37,405 | 25,000 |
| Cogswell Library Fund | | 181 | 3,181 |
| Deferred revenue | (d) | 475,250 | 378,430 |
| Unexpended project funds | | 2,843 | 2,584 |
| | | 541,268 | 463,928 |
| **CAPITAL** | | | |
| Contingency Fund (Note 8) | (e) | 101,650 | 89,705 |
| Surplus | (f) | 408,353 | 215,650 |
| | | 510,003 | 305,355 |
| | | $1,051,271 | $769,283 |

Contingent liability (Note 4)
Commitments (Note 5)

ON BEHALF OF THE EXECUTIVE

____________________ Honorary Treasurer

____________________ Executive Secretary

**Doane Raymond**

THE MEDICAL SOCIETY OF NOVA SCOTIA

STATEMENT OF INCOME AND SURPLUS

YEAR ENDED SEPTEMBER 30, 1985

| | | 1985 | 1984 |
|---|---|---|---|
| Revenue | | | |
| Annual membership dues | | | |
| The Medical Society of Nova Scotia | (a) | $718,745 | $497,920 |
| The Canadian Medical Association | | 169,194 | 121,745 |
| Post Graduate levy | | 21,510 | 16,755 |
| Student memberships | | 770 | 776 |
| Intern and Resident memberships | | 5,160 | 5,175 |
| | | 915,379 | 642,371 |
| Bulletin (net) | (b) | 4,648 | 460 |
| Investment income (Note 6) | (c) | 69,365 | 47,930 |
| Other income (Note 7) | | 6,929 | 8,205 |
| | | 996,321 | 698,966 |
| Expenses (Page 5) | (d) | 803,618 | 698,698 |
| Excess of revenue over expenses | (e) | 192,703 | 268 |
| Surplus, beginning of year | | 215,650 | 202,271 |
| Transfer of assets from Insurance Program | (f) | | 102,816 |
| | | 408,353 | 305,355 |
| Allocation to Contingency Fund | | | 89,705 |
| Surplus, end of year | (g) | $408,353 | $215,650 |

Doane Raymond

THE MEDICAL SOCIETY OF NOVA SCOTIA

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 1985

1. Deferred revenue

Annual membership dues for the following year received prior to September 30, 1985 are recorded as deferred revenue.

2. Investments, at cost

| Bonds and Debentures and Term Deposits | Interest Rate | Maturity Date | Par Value | Cost | Approximate Market Value | |
|---|---|---|---|---|---|---|
| Bank of Nova Scotia | 10% | 2001 | $ 10,000 | $ 10,000 | $ 11,500 | |
| Bell Canada | 11% | 2004 | 10,000 | 10,000 | 9,925 | |
| District of Guysborough | 9.75% | 1988 | 10,000 | 10,000 | 9,725 | |
| District of Guysborough | 9.75% | 1990 | 15,000 | 15,000 | 14,250 | |
| Government of Canada | 13.75% | 1990 | 10,000 | 10,000 | 11,050 | |
| Government of Canada | 9.50% | 1994 | 25,000 | 25,938 | 23,437 | |
| Government of Canada | 8.75% | 2007 | 8,000 | 7,711 | 6,850 | |
| Province of Nova Scotia | 9.25% | 2000 | 20,000 | 19,700 | 17,050 | |
| Continental Bank | 9.12% | 1985 | 240,000 | 290,000 | 290,000 | (a) |
| Atlantic Trust | 8.5% | 1985 | 125,000 | 125,000 | 125,000 | (b) |
| | | | | 523,349 | 518,787 | |

| Shares | No. of Shares | Cost | Approximate Market Value |
|---|---|---|---|
| Bank of Nova Scotia | 750 common shares | 4,658 | 9,375 |
| Canada Development Corp. | 200 preferred shares - 7.6% | 4,000 | 3,525 |
| Denison Mines | 100 common shares - Class A | 2,276 | 1,250 |
| Denison Mines | 100 common shares - Class B | 2,275 | 1,238 |
| Hiram Walker Resources | 400 common shares | 10,190 | 12,400 |
| Maritime Tel & Tel Co. Ltd. | 200 common shares | 4,585 | 8,625 |
| Nova, An Alberta Corp. | 200 convertible 2nd preferred shares - 6.5% | 5,000 | 4,150 |
| Royal Bank of Canada | 200 common shares | 2,469 | 6,025 |
| Stelco Inc. | 200 convertible, preferred shares | 4,964 | 4,575 |
| Toronto Dominion Bank | 500 common shares | 8,254 | 11,063 |
| MD Growth Fund | 3,608.854 units | 30,000 | 37,496 |
| MD Realty fund | 301.9 units | 30,000 | 31,510 |
| | | 108,671 | 131,232 |
| | | 632,020 | 650,019 |

| Contingency Fund Investment | Interest Rate | Maturity Date | Cost | Approximate Market Value |
|---|---|---|---|---|
| Atlantic Trust - G.I.C. | 11.125% | 1985 | 93,133 | |
| Accrued interest | | | 8,517 | |
| | | | 101,650 | 101,650 |
| | | | $733,670 | $751,669 |

Doane Raymond

THE MEDICAL SOCIETY OF NOVA SCOTIA

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 1985

3. Equipment and leasehold improvements

| | 1985 | | | 1984 |
|---|---|---|---|---|
| | Cost | Accumulated Depreciation | Net Book Value | Net Book Value |
| Office furniture and equipment | $ 52,593 | $45,058 | $ 7,535 | $12,101 |
| Leasehold improvements | 30,927 | 24,877 | 6,050 | 12,100 |
| Computer | 26,852 | 8,675 | 18,177 | 13,215 |
| | $110,372 | $78,610 | $31,762 | $37,416 |

The Society records depreciation at a rate of 20% annually on a straight line basis on all fixed assets.

4. Contingent Liability

The Medical Society of Nova Scotia has guaranteed the bank loans of Nova Scotia Medical Society students with the Bank of Montreal totalling $22,800 (1984 - $31,675).

5. Commitments

The future minimum lease payments on operating leases are summarized as follows:

| | | |
|---|---|---|
| Automobile | 1986 | $ 4,943 |
| Office space | 1986 | $48,369 |
| | 1987 | 51,750 |
| | 1988 | 51,750 |
| | 1989 | 51,750 |
| | 1990 | 51,750 |
| | | $255,369 |

These payments do not include a provision for operating costs which are presently $3.81 per square foot.

6. Investment income

| | 1985 | 1984 |
|---|---|---|
| Short-term interest | $55,606 | $33,190 |
| Long-term interest | 10,150 | 10,780 |
| Dividends | 3,609 | 3,960 |
| | $69,365 | $47,930 |

Doane Raymond

THE MEDICAL SOCIETY OF NOVA SCOTIA

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 1985

7. Other income

| | 1985 | 1984 |
|---|---|---|
| Grant from CMA | $2,092 | $ 1,873 |
| Donations | 100 | 1,170 |
| Miscellaneous | 4,737 | 5,162 |
| | $6,929 | $ 8,205 |

8. Contingency fund

| | 1985 | 1984 |
|---|---|---|
| Balance, beginning of year | $ 89,705 | $ |
| Interest earned | 11,945 | |
| Tranferred from Life Insurance Reserve Account | | 89,705 |
| Balance, end of year | $101,650 | $89,705 |

The balance of funds in the Life Insurance Reserve Account was transferred to the Society in 1984. The contingency account represents this balance plus accrued interest.

Doane Raymond

THE MEDICAL SOCIETY OF NOVA SCOTIA

EXPENSES

YEAR ENDED SEPTEMBER 30, 1985

| | | 1985 | 1984 |
|---|---|---|---|
| Administration | | | |
| Audit fees | (a) | $ 9,735 | $ 5,260 |
| Insurance, travel, bonding and property | | 728 | 555 |
| Investment trustee fees | | 1,369 | 907 |
| Legal fees | (b) | 1,527 | 7,024 |
| Office rent | | 35,229 | 37,984 |
| Office services | (c) | 35,563 | 23,372 |
| Petty cash and miscellaneous | | 814 | 705 |
| Postage | | 6,468 | 7,033 |
| Repairs and maintenance | | 767 | 1,690 |
| Taxes | | 2,356 | 2,231 |
| Telephone and telegraph | | 11,147 | 12,079 |
| Travel - secretariat | (d) | 8,540 | 14,592 |
| Unforseen expenses | (e) | 10,385 | 2,358 |
| Salaries and benefits | | | |
| Salaries | | 266,066 | 258,042 |
| Canada pension plan | | 2,626 | 2,584 |
| C.M.A. pension plan and insurance | | 34,052 | 27,403 |
| Unemployment insurance | | 4,896 | 4,760 |
| Vehicle leasing | | 12,628 | 11,970 |
| Communication department | (f) | 23,419 | 33,839 |
| Economics department | | 2,487 | 1,827 |
| Committee expenses including travel | | | |
| Executive meetings | | 13,391 | 12,006 |
| Officers and branch meetings | | 10,301 | 8,221 |
| Specialty sections | | 38 | |
| Membership services committee | | 1,803 | 905 |
| Nominating committee | | 611 | 310 |
| Other committees | | 4,142 | 2,233 |
| Professional challenge | | 3,764 | |
| Annual meeting | (g) | 14,347 | 10,993 |
| Bad debts | (h) | 5,000 | 970 |
| Canadian Medical Association membership | | 167,989 | 120,990 |
| C.M.A. general council - travel | | 9,931 | 14,975 |
| C.M.E. grant | | 28,647 | 22,000 |
| Depreciation | | 15,986 | 14,662 |
| Drugs and therapeutics bulletin | | 3,610 | 3,269 |
| Honoraria | (i) | 49,494 | 26,443 |
| Staff development | | | 500 |
| Student assistance loan plan | | 3,087 | 4,006 |
| Unpaid student loans | | 675 | |
| | | $803,618 | $698,698 |

Doane Raymond

THE MEDICAL SOCIETY OF NOVA SCOTIA

COGSWELL LIBRARY FUND

BALANCE SHEET

SEPTEMBER 30, 1985

| ASSETS | 1985 | 1984 |
|---|---|---|
| Receivables | | |
| The Medical Society of Nova Scotia | $ 181 | $ 3,181 |
| Atlantic Trust | 496 | 427 |
| Accrued bond interest | 16 | 23 |
| | 693 | 3,631 |
| Investments | | |
| Province of Nova Scotia | 2,000 | 2,000 |
| Continental Bank | 3,000 | |
| | $ 5,693 | $ 5,631 |
| SURPLUS | | |
| Reserve for Cogswell Library Fund | $ 5,693 | $ 5,631 |

COGSWELL LIBRARY FUND

STATEMENT OF REVENUE, EXPENSE AND RESERVE

YEAR ENDED SEPTEMBER 30, 1985

| | 1985 | 1984 |
|---|---|---|
| Revenue | | |
| Investment income | $ 489 | $ 345 |
| Gain on sale of investments | | 181 |
| | 489 | 526 |
| Expense | | |
| Contributions to Dalhousie University | 427 | 478 |
| Excess of revenue over expense | 62 | 48 |
| Reserve, beginning of year | 5,631 | 5,583 |
| Reserve, end of year | $ 5,693 | $ 5,631 |

**Doane Raymond**

## 1986 PROPOSED BUDGET

| | | BUDGET 1985 Oct. 1/84 to Sept. 30/85 | FORECAST YEAR END To Sept. 30/85 | PROPOSED BUDGET Oct. 1/85 to Sept. 30/86 |
|---|---|---|---|---|
| **EXPENSES** | | | | |
| | Administration: | | | |
| 400 | Audit Fees | $ 8,000. | $ 10,000. | $ 9,000. |
| 401 | Insurance - Travel, Bonding & Property | 750. | 528. | 550. |
| 402 | Investment Trustee Fees | 1,000. | 1,250. | 1,250. |
| 403 | Legal Fees | 5,000. | 1,527. | 5,000. |
| 404 | Office Rent | 40,000. | 35,229. | 63,461. |
| 405 | Office Services | 25,000. | 40,000. | 30,000. |
| 406 | Petty Cash and Miscellaneous | 1,000. | 1,000. | 1,000. |
| 407 | Postage | 10,000. | 10,000. | 10,000. |
| 408 | Repairs and Maintenance | 2,000. | 1,000. | 1,000. |
| 409 | Taxes - Business Occupancy | 2,500. | 2,379. | 2,500. |
| 410 | Telephone and Telegraph | 12,000. | 12,000. | 12,000. |
| 411 | Travel - Secretariat | 12,192. | 12,000. | 12,000. |
| 412 | Unforseen Expenses | 2,500. | 3,518. | 2,500. |
| | Salaries and Benefits: | | | |
| 430 | Salaries | 273,772. | 266,063. | 295,000. |
| 431 | Canada Pension Plan | 3,000. | 2,619. | 3,000. |
| 432 | Pension Plan (C.M.A.) and Insurances | 38,000. | 37,600. | 40,000. |
| 433 | Unemployment Insurance | 5,500. | 4,866. | 5,000. |
| 434 | Vehicle Leasing | 12,808. | 12,808. | 13,355. |
| 440 | Communication Department | 40,000. | 30,000. | 20,000. |
| 445 | Economics Department | 13,000. | 10,000. | 39,000. |
| | Committee Expenses Including Travel: | | | |
| 450 | Executive Meetings | 12,000. | 12,000. | 11,500. |
| 451 | Officers and Branch Meetings | 11,500. | 10,000. | 10,000. |
| 452 | Branch Secretaries | 1,000. | — | 1,000. |
| 453 | President's Meeting | 1,000. | — | 1,000. |
| 454 | Specialty Sections | 1,000. | — | 1,000. |
| 455 | Membership Services Committee | 1,000. | 1,000. | 3,000. |
| 456 | Nominating Committee | 500. | 611. | 750. |
| 457 | Other Committees | 10,000. | 2,332. | 6,000. |
| 458 | Archives Committee | 7,000. | — | 7,000. |
| 459 | Professional Challenge | 5,000. | 5,000. | — |
| 460 | Horizons Committee | — | — | 3,000. |
| 480 | Annual Meeting | 10,000. | 14,347. | 15,000. |
| 481 | Bad Debts | — | 5,000. | — |
| 482 | Canadian Medical Association Membership | 176,055. | 159,722. | 172,785. |
| 483 | C.M.A. General Council - Travel, etc. | 10,000. | 10,000. | 12,000. |
| 484 | C.M.E. (Dalhousie) Grant | 28,647. | 28,647. | 30,880. |
| 485 | Depreciation | 6,000. | 12,000. | 12,000. |
| 486 | Drugs and Thereapeutics Bulletin | 3,500. | 3,610. | 4,000. |
| 487 | Honoraria | 28,000. | 28,000. | 55,000. |
| 488 | Staff Development | 1,000. | — | 1,000. |
| 489 | Student Assistance Loan Plan | 4,000. | 3,500. | 7.000. |
| 490 | Unpaid Student Loans | — | 700. | — |
| 491 | Eastern Division Annual Conference | — | — | 3,000. |
| | | $825,224. | $790,856. | $922,531. |
| **REVENUE** | | | | |
| | Annual Membership Dues: | | | |
| 300 | The Medical Society of Nova Scotia | | ) | $724,425. |
| 301 | The Canadian Medical Association ) | $927,550. | $902,117.) | 172,785. |
| 302 | C.M.E. (Dalhousie) Levy ) | | ) | 20,280. |
| 303 | Student Memberships | 700. | 770. | 700. |
| 304 | Interne and Resident Memberships | 5,595. | 5,160. | 5,000. |
| 350 | Bulletin - Editorial Board (net) | (500.) | 2,000. | 3,000. |
| 360 | Investment Income | 40,000. | 50,000. | 40,000. |
| 380 | Other Income | 1,075. | 675. | 1,000. |
| | | $974,420. | $960,722. | $967,190. |

It is now going over the border into Canada. The Medical Defence Union, which was as you know, is the largest medical protective organization in the world with approximately 100,000 members, is very concerned about malpractice all over the world and the number of suits, particularly in Ireland and Australia. The entire medical profession in Isreal has joined the Medical Defense Union because of the concern in that country. I met a woman from the Hague who has two half day jobs, one as a quality assurance officer in one hospital and one as a patient representative in another hospital. And on asking her what her background was I found that she is a lawyer. She said that this is not uncommon. Holland feels that it is necessary to have lawyers in house in their institutions to be able to help control the quality. American hospitals, of course, for a long time have in house council.

Recently, even though I ordinarily, as you know I don't do litigation, I act on the preventive side, but I have always acted for the establishment: the hospitals, the doctors, the nurses, the associations. However, from time to time I see patients who in the past I never saw before. Two examples recently gave me a great deal of concern. Two people who had complaints against doctors. Whether their justified or not, is neither here nor there. They felt that they had justifiable complaints.In at least one of the cases I am convinced that person could have brought a successful malpractice suit against the doctor in question, assuming the patient would have been able to prove all the things that are necessary. However, we were given very specific instructions that we were under no circumstances to sue the doctor. And this happened in both cases. What they wanted to do was simply complain to the Provincial Medical Board. And I said in both instances, you don't need me to do that. Write Dr. MacDonald a letter, they had in fact both spoken to Dr. MacDonald and I should say they were extremely impressed. For the first time they felt that somebody really listened to them. Nonetheless, they wanted to complain. And I said "Write them a letter", and that's it. And they said "Oh no, we want you to write the letter and we want you to take the complaint". I pointed out this was going to be a very expensive matter and not covered under MSI and that we were talking about hundreds and hundreds of dollars by the time I investigated and write the letter and appear before the Complaints Committee and talk to Dr. MacDonald. They said "That's all right, we're prepared to do that". And I said "Why are you doing this?. Why do you want me to do something that you don't need a lawyer for?" And in both instances I was told that they don't trust the medical profession. And they think that by having a lawyer that will protect them. And I must say that I was very saddened by this. Many of us I think, may complain about the Discipline Committee of the Barristers Society, or the Medical Society or any of the other professional societies. I always felt that despite all its' faults that it was something that the public could rely on and obviously this isn't true.

Now, with regard to medical malpractice, I've just come back from giving seminars in western Canada and I met with medical staffs in Saskatchewan. Many of the questions I was asked related to how can we stop medical malpractice. And the questions that were really being asked were how can we stop medical malpractice suits. In other words, we don't like people suing us. But very few people were concerned about why people are suing other people. And I think it's time we looked back at the report of the Secretary's Commission on Medical Malpractice in 1973 in the United States, and they found two basic causes for malpractice. It has nothing to do with the contingent fee system, which as you know in Canada is not very widely used even in provinces that allow it, such as this one. It has got nothing to do with juries. It has to do with two factors. First of all, the Americans found that people who sue for malpractice do so because there has been an injury. When I say an injury it doesn't mean that the patient has been injured. It may mean that they didn't get better and they think they should have got better. Or they encountered a normal risk of treatment and didn't think they should have suffered from that risk of treatment. But nonetheless, something happened to them. And that something may not have been anybody's fault. It may just have been one of those things. Nonetheless, something has happened to them, and that's what we have to look at. How can we reduce the possibility of these so-called injuries occurring?

The second reason was simply a breakdown in doctor/patient relationships. What is happening is that we are going to large institutions that we don't feel part of. So therefore we have no hesitation to sue them. You don't sue your small local country hospital because you're part of the community, you're part of the community, you live in that community and you helped to build it and to support it. You have no hesitancy to sue a specialist who you don't know very well. You have no hesitancy to sue a specialist who you don't know very well. You're not going to sue a doctor who you know and have known all your life, just like you don't sue your friends and relatives usually. Now this doesn't mean that we can be as negligent as we like and cause as much injury and mayhem, and as long as we have a good relationship with patients they won't sue us. But nonetheless, the two go hand in hand. And it gives me great cause for concern that while people are talking about the malpractice situation, very little is being done about it. As far as I can see, the Canadian Medical Protective Association, apart from putting out their Annual Report, is doing nothing.

I am concerned about the fact that the CMA is doing little or nothing. While the hospitals are putting in quality assurance programs, they're often not putting in risk management programs and even these programs are at a very low level at the moment, and often not getting full cooperation of everybody involved in hospitals that they should. But I am concerned that we are heading in the direction that the Americans have faced. When they talk about a medical malpractice crisis, they are not talking about the fact that doctors are getting sued, and hospitals are getting sued, they talk about these things in terms of insurance, that often it is difficult or impossible to get malpractice insurance. And that is beginning to happen in this country as well. The Ontario hospitals one understands have had great difficulties in obtaining re-insurance.

We've heard rumours from time to time about CMPA being in difficulty. It disturbs me when the Canadian Medical Protective Society, which is the competitive association to the Medical Defense Union, now will not take Canadians as members. You may say it doesn't matter anyway because we have CMPA and if you want to go the international route you can join the Medical Defense Union. But the fact that an organization as large as the Medical Protective Society in Britain will no longer take Canadians because they think

that Canadian doctors are too high risk is a very serious matter. And there have been discussions in Council at the Medical Defense Union that perhaps they too should place Canadians in the same category as Americans and not accept them as members, which means you will be left with no choice. You will only have CMPA and some private insurance companies which as you know, operate in this field to a certain extent.

I think that it's very difficult in any profession to examine your own conduct and one seriously has to question whether all of us, and this doesn't just apply to doctors. I think everything I am saying applies equally to lawyers, accountants and to any of the other professions that serve the public, that we are going to have to pull in people from the outside to examine whether we really are doing our job. The public is protesting and the only way the public knows how to protest is by a law suit and eventually put enough pressure on Government to have all kinds of legislation passed which will interfere with the practice of medicine and which I do not think will be good either for doctors or for the public.

Thank you Mr. Chairman.

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We have a few moments Lorne, would you be prepared to answer a few questions if anybody has one or two? Any questions for Lorne?

Mr. Rozovsky, do you have any specific recommendations for the Society or for individual hospitals as to how to combat this problem?

A year or two ago quality assurance was the buzz word. That was the latest fad and as you know The Canadian Council on Hospital Creditation has required all hospitals to put in quality assurance programs. I don't think that quality assurance is the answer any more as far as the priorities are concerned. I think what we have to look at is risk management. I would hope that this Society would establish a task force to assist hospitals and urge hospitals and clinics to do risk management control of their operations. And that you look into the possibility of a risk management system or consultation being made available to individual practitioners, because it's one thing for a doctor's performance to be under review by his colleagues or her colleagues in a hospital, but what happens in your own office? How can you judge the quality of your performance when you're by yourself? And I'd like to see the Society make available to practitioners, risk management and quality assurance advice. But I think this has to be taken very, very seriously. I am convinced that a very large number of the law suits that occur should not occur at all. A very high proportion of the suits that occur deal with consent to treatment, which has got nothing to do with the actual practice of medicine in the sense of the actual treating of the patient. It has to do with communication — what you tell the patient and what you don't tell the patient. I think the Society should involve itself in preventive malpractice by giving seminars, by giving advice and on that particular issue, training doctors to communicate. We don't learn in medical school or law school or any of our professional schools how to communicate. And I find this with my students in the three faculties in which I teach, Law, Medicine and Dentistry, that people just don't know how to communicate. They are thinking totally in medical terms, legal terms or dental terms and that's not what the patient is thinking of. I think it's very important for the Society to be involved in that sort of program. I would also like to see the Society urge CMA, maybe the Federal Government or some organization to do a study of malpractice in this country. The type of study that has been done and is being done on a continuing basis in the United States. The problem now is that we have no idea where malpractice arises. Does it arise from the certain specialties? CMPA, as you know, does have certain rates — different rates for different folks, but nonetheless, we really don't know statistically whether most of the suits are against anaethestists, or cardio-vascular surgeons, or is it just that there are fewer suits against them but the claims are larger because of the damage that can be done? What circumstances give rise to malpractice claims? And we're not just talking about suits, but simple claims. Because even claims that are lost by the patient still cost you money.Somebody has to investigate them, there have to be adjusters, and so on. We're dealing with one now in our office against a hospitl which we think is totally unjustified, where a doctor in the hospital was sued, but by the time we're finished it's going to be very expensive, even though we know it will be dropped. Simply the time that is taken meeting with the administrator, meeting with the Director of Nursing, meeting with the surgeons involved, getting the medical records, getting them reviewed by experts just to say there is no legal justification to this.I would like to see a study made which means that you have to be able to get hold of confidentially, because I don't think the public has to know these statistics, the statistics from CMPA from the insurance companies, the few that are left who will insure hospitals from the private insurance companies like EnCon and from the Medical Defense Union, which has about five hundred members in Canada. And I think that's the sort of investigation that needs to be made now, we should not have to wait until we get into the sort of trouble that the Americans have gotten into. I would like to see the Society set up a specific task force that will investigate this problem and made recommendations back to you as to what we can do about it.

## MEDICAL EDUCATION COMMITTEE REPORT

Dr. G.J. Butler reported on a wide range of medical education topics under consideration by his Committee. In particular, his report referred to preparation of a questionnaire to Continuing Medical Education Co-ordinators for the purpose of gaining information on a variety of aspects relating to continuing medical education.

His report emphasized the importance of availability of basic cardiac life support courses and the involvement of the physicians in participating in these courses.

***RESOLUTION:***

> *"THAT the Medical Society formally recommend to its members their attendance at a Basic Cardiac Life Support Course and recertification in BCLS yearly when possible." CARRIED.*

## MEMBERSHIP SERVICES COMMITTEE REPORT

Dr. K.R. Langille highlighted several points in his report, notably the concern with respect to the demise of Northumberland General Insurance Company. He stated that the Medical Society has engaged legal counsel with

respect to this problem for the purpose of pursuing and guarding the interests of the membership. He indicated he expected it would be sometime before the matter would be resolved.

He expressed anticipation that the Government would probably introduce legislation relative to professional incorporation at the forthcoming session of the House of Assembly. He added that his Committee will continue to investigate the feasibility and availability of computer services in physicians' offices. He did not offer any forecasts as to when specific recommendations might be made.

During presentation of this report, discussions regarding electronic billing were generated. It appears that such a facility in Nova Scotia is not imminent. Dr. Bland encouraged Society interest in participating in the reappraisal of the M.S.I. Claim System. He noted this is a very complex issue and will require extensive study.

### NUTRITION COMMITTEE REPORT

Dr. C.N. Williams reported that no meetings of his Committee were held during the year.

### OCCUPATIONAL MEDICINE COMMITTEE REPORT

Dr. J.D. Prentice's report presented Council with a comprehensive outline of the work of the Committee during the past year. The Committee participated in the presentation of a Brief to the Select Committee on Occupational Health and Safety. During 1985 the Committee reviewed the C.M.A. publication "Basic Principles for the Provision of Occupational Health Service", proposing recommendations for revision.

The Committee's recommendations for increased program content for occupational medicine in both academic and clinical years in relation to physician training were forwarded to the University with the expectation that some successes will be achieved.

***MOTION:***

*"THAT the Occupational Health Committee would recommend Medical Society advocacy for the formation of an Advisory Committee to the Provincial Director of Occupational Health and Safety and THAT Society representation be obtained for this Advisory Committee." REFERRED TO THE EXECUTIVE COMMITTEE.*

### PHARMACY COMMITTEE REPORT

Dr. V.P. Audain reported that as Chairman of the Committee it had been his responsibility to chair and coordinate the efforts of a variety of professional organizations requested to prepare criteria relative to the prescribing of Heroin. His Committee had also dealt with a complaint regarding provision of information regarding a prescribed drug.

***RESOLUTION:***

*"THAT the Medical Society impress upon its members the importance of explaining to their patients all the facts surrounding drugs that are prescribed in unusual circumstances." CARRIED.*

### PHYSICAL FITNESS COMMITTEE REPORT

Dr. M.R. Banks provided Council with a comprehensive report regarding the Professional Challenge conducted on June 8, 1985. His report described the event as an outstanding success and included plans for next year's to take place on June 7, 1986. He informed Council that his Committee is investigating the sponsorship of an Annual Award for a physician who has demonstrated a healthy lifestyle and who advocates same to his/her patients.

### SALARIED PHYSICIANS COMMITTEE REPORT

Dr. David R. MacLean reported an unsuccessful year in the Committee's attempts to resolve the divisions within the ranks of the salaried physicians.

***MOTION:***

*"THAT The Medical Society of Nova Scotia, through its Executive Committee re-examine the present mechanism of representation of salaried physicians within the Society." REFERRED TO THE EXECUTIVE COMMITTEE.*

### RELOCATION COMMITTEE REPORT

Dr. J.F. Hamm's report provided Council with detail concerning the negotiations and discussions of the Committee regarding the proposed joint venture which would see MD Realty with the Society and another closely allied organization working to meet common objectives of location, economic feasibility, and parking availability in relation to a head office.

***RESOLUTION:***

*"THAT the Relocation Committee continue to actively move toward the Medical Society of Nova Scotia owning its own building, or as proposed in the Joint Venture with MD Realty and another closely allied organization." CARRIED.*

### WORKERS' COMPENSATION BOARD LIAISON COMMITTEE REPORT

Dr. P.L. Loveridge's report was introduced to the closed session of Council at the request of Council. Following extensive debate on both the content of the report and certain of its terminology, a motion to receive the report for information was DEFEATED.

The concensus of Council appeared to be that if problems exist in relation to W.C.B. it is the legislation which should be examined and not the W.C.B. which is really only the organization established to serve the legislation. It was noted by Council that the report did raise some issues which deserve attention.

***RESOLUTION:***

*"THAT the Workers' Compensation Board Liaison Committee Report be removed from the MSNS Reports to Council Book and that Dr. Loveridge be encourage to resubmit a report to the Executive Committee." CARRIED.*

***MOTION:***

*"THAT the Occupational Health Committee examine W.C.B. legislation with the objective of making recommendations that would lead to solution and/or investigation of past perceived problems, and report on this examination to MSNS Council 1986." REFERRED TO THE EXECUTIVE COMMITTEE.*

**Reports of MSNS Reps. to C.M.A.:**

### BOARD OF DIRECTORS (MSNS REP.) REPORT

Dr. R.D. Saxon provided Council with a comprehensive report on business of interest to the Medical Society conducted by the Board during the past year. Of special interest and discussed at length were the recommendations of the Wilson Task Force Report on Primary Care Physicians Training, as well as the subject of Medical Litigation.

***MOTION:***

*"WHEREAS the concept of a two-year training program for family practice is being recognized as the preferred route of training across Canada and the Western Hemisphere, THAT this Council support the concept of a flexible PG-One Year training program AND FURTHER THAT a two-year family medicine training program post medical school graduation be the preferred route to family practice in Nova Scotia." REFERRED TO AD HOC COMMITTEE STUDYING PHYSICIAN MANPOWER REPORT.*

Mr. Geekie of C.M.A. spoke on the subject of malpractice and the difficulties facing both C.M.P.A. and the profession. Noting that C.M.A. liaises regularly with C.M.P.A. he encouraged all Divisions to do likewise.

### COUNCIL ON HEALTH CARE (MSNS Rep.) REPORT

Dr. D.S. Reid reported a very busy year for his Council. He pointed to a wide range of topics discussed by his Council.

***RESOLUTIONS:***

1. *"THAT The Medical Society of Nova Scotia press the Nova Scotia Government for clarification of protection provided physicians by the Criminal Code from civil liability, when taking blood, for the determination of blood-alcohol content in accordance with the Criminal Code." CARRIED AS AMENDED.*
2. *"THAT the CMA Statement on Release of Information as amended at the 1985 Council Meeting (General) be disseminated to all Nova Scotia physicians by The Medical Society of Nova Scotia." CARRIED.*
3. *"THAT The Medical Society of Nova Scotia urge the Nova Scotia Government to adopt legislation which protects from disclosure, in legal actions, the proceedings of peer review committees evaluating and reviewing quality of care." CARRIED.*
4. *"THAT The Medical Society of Nova Scotia affirm the importance of continuity of care provided by family physicians in the hospital setting and its support for continued hospital admitting privileges for this group." CARRIED.*
5. *"THAT the Executive Committee of The Medical Society of Nova Scotia host a formal and official meeting with the Executive of the Registered Nurses' Assoc. to discuss areas of mutual concern, on an at least once a year basis." CARRIED.*
6. *"THAT The Medical Society of Nova Scotia considers physician manpower an urgent and pressing problem and recommends to the C.M.A. that a Report on Manpower be bought before the 1986 General Council of the C.M.A. for full and open debate." CARRIED.*

### COUNCIL ON MEDICAL ECONOMICS (MSNS REP.) REPORT

Dr. P.D. Muirhead in his report outlined the wide range of topics discussed by his Council. The list included management information systems; physician manpower; formation of a Canada Health Council; global budgeting and capping; no fault medical compensation; to name a few.

### COUNCIL ON MEDICAL EDUCATION (MSNS REP.) REPORT

Dr. J.D.A. Henshaw reported an active year for his Council which dealt with such important subjects as physician manpower; the recommendations of the Wilson Task Force on Education for the Provision of Primary Care Services; physician retraining; physician training programs for management positions; and technology in medicine.

***RESOLUTION:***

*"THAT The Medical Society of Nova Scotia considers physician manpower an urgent and pressing problem and recommends to the C.M.A. that a Report on Manpower be brought before the 1986 General Council of the C.M.A. for full and open debate." CARRIED.*

### MD MANAGEMENT LIMITED (MSNS REP.) REPORT

Dr. G.A. Sapp in his report highlighted the details of a most successful year for MD Management. He noted in particular the opening of a MD Branch Office in Halifax co-located with the Medical Society in Young Tower, tel. no. 453-6111

**Section Reports:**

### ANAESTHESIA

Dr. A.C. Walker noted that the Anaesthesia Mortality Review Committee is not yet functioning and that this is a matter of concern to the Section. The Section also holds concerns regarding the matter of availability of specialist anaesthesia services for small hospitals.

### GENERAL PRACTICE

Dr. M.J. Fleming reported an active year for the Section. It is particularly concerned that the Task Force on Tariff Distribution is still not in a position to report to Council.

The Section expressed pleasure that seatbelt legislation had been passed but concern that there were so many exemptions.

***RESOLUTION:***

*"THAT The Medical Society of Nova Scotia recommend to the Provincial Government that there be NO exceptions to the Seat Belt Legislation, especially for groups (i.e. — taxi drivers, etc.)". CARRIED.*

The Section continues to express concern over the lack of support from the Provincial Department of Health to the Residency Program in Family Medicine.

The Section is pleased that the Faculty of Medicine which recognizes its Undergraduate Committee as one of its most important committees has agreed that the Society should name a representative to the Committee.

Council heard a report that a Joint Committee of the Section of General Practice and the Nova Scotia Chapter of the College of Family Physicians had undertaken a study on Home Care and prepared a report.

***RESOLUTION:***

*"THAT the Report of the Joint Committee of the Section of General Practice/Nova Scotia Chapter of the College of Family Physicians on Home Care be referred to the Executive Committee of the MSNS for study and immediate action." CARRIED.*

**LABORATORY MEDICINE**

Dr. Alan Covert's report raised the issue of remuneration for pathologists at the Victoria General Hospital noting that their increases had not matched others who are paid according to tariff increases.

Concern was also expressed that manpower needs in laboratory medicine are not being met at this time. It is hoped that it will become a more attractive specialty when the other specialties are in more abundant supply.

**OPHTHALMOLOGY**

Dr. J.H. Quigley expressed the Section's concern about the continuing encroachment into medical care by non-medical practitioners.

He highlighted his statement that "the support we receive from the President, the Officers and the Executive staff of the Medical Society at the political level was crucial in turning back the effort to utilize legislation rather than education to increase the encroachment into medical care by non-medical practitioners.

The Section looks forward to the graduation of the first class of two individuals from the School of Orthoptics at the I.W.K. Hospital for Children.

His report also referred to work with school boards in relation to child screening programs which would be less expensive and more effective than those currently promoted by optometrists.

**ORTHOPAEDIC SURGERY**

Dr. J.C. Hyndman's report, presented by Dr. A.B.F. Connolly, raised concern about medical fees. Four recommendations relating to this were referred to the Economics Committee.

***MOTION:***

*"Elimination of the distinction bilateral and multiple procedures,*

*"Elimination of the 90-day post-operative period for fracture care (30 days),*

*"The restitution of the pre-operative consultation fee,*

*"The striking of the Regulation with respect to the influence of the type of anaesthetic upon the fee charged." REFERRED TO THE ECONOMICS COMMITTEE.*

The report raised the matter of malpractice coverage costs.

***RESOLUTION:***

*"THAT serious consideration be given towards reviewing methods by which the Medical Society and Health Insurance carrier are going to deal with the continuing question with respect to the 1,000 percent difference in charges for malpractice coverage within various Sections that make up the Medical Society." CARRIED.*

**PAEDIATRICS**

Dr. Alan Pyesmany informed Council, through his report, that the attention of the Section was directed exclusively towards Fee Schedule work during the year.

**PSYCHIATRY**

Dr. R.W. Junek reported to Council that his colleagues had been active in discussion of proposed changes to the Hospitals Act following which recommendations were forwarded to the Society and subsequently the Minister of Health. The Section also worked in support of the Task Force on Tariff Distribution Formula, as well as giving continuing consideration of the Physician Manpower problem. Also during the year support was given to the Commission on Drug Dependency in searching for ways to improve training of psychiatrists in this area and to improve co-operative patient care.

**RADIOLOGY**

Dr. J. Aquino reported on difficulties encountered during the past year with I.V.P. fees. Fee items dominated the work of the Committee during the year.

**VASCULAR SURGERY**

Dr. J.A.P. Sullivan reported that this new Section of the Society had been established during the past year. It is the plan of this new Section to proceed with the development of a Fee Schedule for Vascular Surgery.

**Reports by Representatives of Other Organizations**

**ABILITIES FOUNDATION OF NOVA SCOTIA (MSNS REP.) REPORT**

Dr. R.L. Kirby reported that this organization was once the Canadian Rehabilitation Council of the Disabled, the new President of which is Dr. Wayne Sullivan of the Department of Health. He stated that the Foundation is evaluating its existing programs and considering new directions.

***MOTIONS:***

1. *"THAT The Medical Society of Nova Scotia extend greetings to the new officers of the Abilities Foundation of Nova Scotia and congratulations on another productive year." REFERRED TO THE EXECUTIVE COMMITTEE.*
2. *"THAT The Medical Society of Nova Scotia offer to assist the Abilities Foundation in its review of role and programs by assisting in the design and distribution of a brief questionnaire surveying members of The Medical Society of Nova Scotia." REFERRED TO EXECUTIVE COMMITTEE.*

**CANADIAN CANCER SOCIETY (MSNS REP.) REPORT**

See Cancer Committee Report.

**COMMUNICABLE DISEASE CONTROL ADVISORY COMMITTEE (MSNS REP.) REPORT**

Dr. T.J. Marrie's report expressed regret that the publication "Understanding Aids" was received in insufficient quantities to distribute to the entire Society membership.

**DIAGNOSTIC IMAGING ADVISORY COMMITTEE (MSNS REPS.) REPORT**

Drs. H.R. Roby and J.A. Chadwick reported that the Department of Health held one meeting at which a wide variety of topics were discussed, including the potential placement of CAT scanners in the Province and matching the provincial reporting system with the new Federal Workload Measurement System recently introduced. It was also noted that training for technicians in the smaller hospitals throughout the Province was given some attention. Discussion of this problem area will be continued.

**DRIVER LICENSING — MEDICAL ADVISORY COMMITTEE (MSNS REPS.) REPORT**

Once again, Drs. C.C. Giffin and L.P.N. Heffernan reported a very busy year for this Committee. Detailed statistics were provided to Council which showed the number of cases dealth with continues high.

**DRUGS AND THERAPEUTICS (MSNS REPS.) REPORT**

Drs. C.R.T. Dean and G.C. Jollymore represent the Medical Society on this Committee. They report the number of new product submissions to this Committee increases annually as the new generic drug producers move into high gear production. The Committee is meeting more frequently to cope with the added workload.

**HEALTH PROFESSIONALS FOR SOCIAL RESPONSIBILITY (MSNS REP.) REPORT**

Dr. D.F. Fay reported that this organization continues to be active with its objective being to help reduce the probability of a nuclear war. He noted that the organization is apolitical and its emphasis is on education and improving understanding of the part of all sides of the nuclear issue.

**KELLOGG HEALTH SCIENCES LIBRARY (MSNS REPS.) REPORT**

Dr. Michael Bergin reported on one meeting of the Committee at which time a variety of topics relating to the services provided by the Library were discussed.

**LABORATORY SERVICES (JOINT) COMMITTEE (MSNS REPS.) REPORT**

Drs. G.K. Kini and S.F. York reported that the Committee is active having met six times during the year when principal items discussed were decentralized laboratory services, funding of clinical laboratories in Nova Scotia, and pathology manpower.

**LUNG ASSOCIATION (NOVA SCOTIA) MSNS REP. REPORT**

Dr. R.T. Michael's report informed Council that the Asthma Society and the Nova Scotia Lung Association had amalgamated. This is expected to result in an expansion of the programs and an improvement in services. His report referred to various seminars conducted by the Association during the year, and its continuing interest in smoking cessation.

**CERTIFIED NURSING ASSISTANTS (BOARD OF REGISTRATION) MSNS REP. REPORT**

Dr. G. Brian Ferguson reported that the C.N.A. Board has ruled that due to limitations of time and facilities relating to the C.N.A. program, it is not possible to train students in the administration of medications. His report added that there has been a reallocation of training hours in the program to permit C.N.A. students to receive more emphasis on geriatric nursing.

**MARITIME MEDICAL CARE INC. — PRESIDENT'S REPORT**

Dr. Peter Jackson, President, of M.M.C. provided in his report a brief resume of highlights of the past year of operation. He noted the retirement of Mr. Sam Brannan and the assumption of his position as General Manager by Mr. Dave McAvoy. Dr. Jackson expressed appreciation to the physicians who serve on the Board of Directors of M.M.C. as well as other committees of the Corporation, noting the valuable essential functions they perform.

**NURSING LIAISON COMMITTEE (MSNS REP.) REPORT**

Dr. Margaret Churchill representing the Society of this Conjoint Committee of the Nursing Association, the Provincial Medical Board, the Association of Health Organizations of Nova Scotia, and the Medical Society reported on discussions held relating to transfer of functions of medical procedures to nurses. A major topic discussed during the year were the Society Guidelines for Induction of Labour.

**PHARMACY REVIEW COMMITTEE (MSNS REPS.) REPORT**

Dr. A.S. Dill reported that there were no meetings of this Committee held during the past year.

## PHYSICIAN REHABILITATION

Dr. B.J. Steele's report on this most important subject follows:

"During the past year there have been meetings, conversations, and exchanges of correspondence relative to development of an appropriate structure for better managing the problems relating to Physician Rehabilitation associated with drug and alcohol abuse.

"The following is a statement generated by representatives of the Medical Society, the Drug Dependency Commission, the Provincial Medical Board, and the Dental Society. It is presented to Council for consideration and decision.

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## STATEMENT
## RE PHYSICIAN REHABILITATION

### *Preamble*

The Medical Society of Nova Scotia recognizes there is an extensive problem relating to drug addiction amongst its members. The problem is common to the dental profession as well. Indications are that as many as ten percent of physicians are affected and require assistance. The role of stress in relation to drug addition is recognized as a major basic element of the problem.

Maintenance of quality of care is a responsibility of The Medical Society of Nova Scotia. Public Safety is a related matter of concern to the Society. To meet its responsibilities it is proposed that there be established a "Professionals' Support Program Committee" (Committee) having goals, objectives, membership, staffing, and financing as set out below.

Provision is made for conjoint participation of other professional organizations in this program.

### *Goal*

The role and purpose of the Committee would be to facilitate the recognition and amelioration of addictive disorders affecting those persons who are members of the sponsoring organizations.

### *Objectives*

1. To create an awareness amongst the membership about the problem, its potential impact and available assistance by

   a. dissemination of information packages

   b. organization of regional workshops dealing with specific problems

   c. outreaching to all communities making available sources of assistance

   d. reinforcing all of the above through periodic refresher programs and communications to the memberships of the sponsoring organization

   e. maintaining a public information service which will keep the public aware of the successes of this program.

2. To reach out to the families of professionals making known to them the fact that help and assistance is available by

   a. mailings

   b. special programs

   c. identifying access to the program

   d. ensuring confidentiality

3. Encourgement of self referral by

   a. easy 24-hr/day access to the program by a hotline

   b. broad dissemination of the availability of such a service on a confidential basis outside the aegis of the Licensing Board.

4. To make available a professional support group which would reinforce basic treatment.

5. To foster and facilitate effective rehabilitation as a follow up to successful treatment.

6. To support utilization of self help programs.

### *Participation/Membership*

The Professionals' Support Program would be available to members of sponsoring organizations. At this date the sponsoring organization is The Medical Society of Nova Scotia. In response to official requests from other professional organizations e.g. the Dental Association, such requests would be examined by the Society Executive Committee. Eligibility to sponsor the Program would include financial support by the organization seeking approval to participate.

### *Staffing*

Creation of the Professionals' Support Program would require the establishment of a full time position "Professionals' Support Program Co-ordinator" who shall, under the direction of the Executive Secretary, have the responsibility for providing an assistance program to aid impaired physicians at an early stage of impairment before irreparable harm to the physician or patient occurs.

His duties would be:

1. Design, co-ordinate, and implement policy and procedures in co-operation with the Committee,
2. Assess and counsel troubled physicians,
3. Refer to appropriate helping professionals when necessary,
4. Provide ongoing follow-up and support for those under care,
5. To develop a formal, periodic method of program evaluation for improvement,
6. Maintain complete program reports,
7. Maintain strict confidentiality of all program referrals,
8. Publicize the program to promote awareness of it within the profession,
9. Develop and maintain program visibility,
10. Maintain continuing relationship with members of The Medical Society of Nova Scotia by:

a. working to gain confidence in program and co-ordinator;
b. making "open door" policy a reality by assuring confidentiality, privacy and availability of program;
c. maintaining a firm and fair attitude.

11. Provide educational material through lectures, workshops, articles, and other suitable means throughout the Province to members of Society,
12. Maintain records of expenditures and preparation of a yearly budget.
13. Report, exclusive of confidential client information, as required, to the Committee.

The incumbent would be required to have very specific knowledge, skills, and experience. Degrees in Psychology, social work, Psychiatry, or other human service fields would be valuable. The incumbent must also have training relating to recognition and treatment of alcoholism and other forms of chemical dependency. This would be essential to ensure the effectiveness of the assessment and referral resource. The incumbent, who must be a medical doctor of some experience, must be recognized as an individual with ability to make wise, fair, honest judgment in all matters and be a person possessing a high degree of sensitivity in dealing with individuals and their problems.

***Financing***

| | |
|---|---|
| Salary | $25,000.00 (Based on physician being ½ time for 1st 2 years) |
| Secretarial Services | 3,000.00 |
| Administration (telephone, postage, general services) | 3,000.00 |
| Office Space | Medical Society Premises |

***Conclusion***

The Committee recognizes that the financial outlay for such a program described above is considerable. On the other hand, experience throughout North America has clearly indicated that the urgency of undertaking such a program is great. Of equal importance is the responsibility of a self-governing profession for ensuring the quality and safety of services provided to the public.

***RESOLUTION:***

*"THAT The Medical Society of Nova Scotia approve in principle the establishment of a Professionals' Support Program, AND THAT it be referred to the Officers and Executive Committee for consideration of specific details of such Support Program." CARRIED.*

Dr. Steele reported that the Dental Association desires to participate in the Program and will cost-share appropriately.

**PROVINCIAL MEDICAL BOARD OF NOVA SCOTIA (MSNS REP.) REPORT**

Dr. G. McK. Saunders' report was received and debated with considerable interest particularly in relation to the prescribing of narcotics. Extracts from the report follow:

"The various duties and responsibilities of the Board have continued to become busier and much of the increased workload relates to numerous complaints made against physicians and the disciplinary problems that sometimes follow. For a variety of reasons difficulties in communication between physician and patient continue to be a basis for trouble.

"The Provincial Medical Board joined with the Medical Society and other Health Professions in making a submission to the Minister of National Health regarding the legalization of heroin. It appears at the moment that heroin will only be available for treatment of patients in hospital.

"During 1985, the Provincial Medical Board of Nova Scotia adopted the Code of Ethics (1984) of The Canadian Medical Association as modified from time to time by the Provincial Medical Board of Nova Scotia.

"A computer was installed in the office of the Board and the complete processing of registration statistics will now be done in the Board's office. Previously a provincial government computer was used for this.

"The Board's major concern of the year relates to a Survey forwarded to it by the Halifax Drug Section of the R.C.M.P. Summaries of the Survey and actions taken by the Board to date were circulated to all doctors in the Board's Newsletters of February and June of this year. The Survey Report generated a lot of publicity. The Board was requested by the R.C.M.P. not to take immediate action against three of the alleged prime offenders because of potential charges to be made by the R.C.M.P. After many months the Board was notified that prosecution could not proceed because of the Limitation of Action Act in Nova Scotia. One of the doctors died during the investigative process and the other two are now the subject of Formal Hearings by the Discipline Committee of the Board. In addition three other doctors are still under review by the Provincial Medical Board and the Bureau of Dangerous Drugs. Two other doctors have had their names placed on the Narcotic Restricted List by the Bureau of Dangerous Drugs.

"From information received from the R.C.M.P. and Pharmacists, there seems to have been a marked reduction in number of prescriptions for narcotics — certainly for those known in the past to be "double-doctoring".

"The Board wishes to emphasize very strongly the need for all physicians and in particular the younger practitioners, to exercise the greatest caution in prescribing narcotics and controlled drugs. There is a need to know your patient and the reason for prescribing the drug. Prescribing at the request of the patient is not adequate medical practice. The physician should also be aware of the legal basics of the Narcotic Control Act and its Regulations. These were circulated in the Board's Newsletters of February and June as were the Prescription Regulations. In addition, the physician should ask himself (or herself) whether it is reasonable to get involved in the treatment of drug addition or whether it is safer and more appropriate to refer addicts tō control and treatment centres or to confreres who have developed a special interest in the problem.

"The Rehabilitation Committee for Drug and/or Alcohol Addicted Physicians in Nova Scotia has met on a number of occasions and several doctors have been interviewed. As a result, appropriate advice has been given and structured rehabilitative programs arranged. It is hoped that the

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## TORTURE

***RESOLUTION:***

*"WHEREAS torture is the intentional infliction of servere physical or mental pain for the purpose of punishment or persuasion, BE IT RESOLVED THAT The Medical Society of Nova Scotia condemns the practice of torture, and declares its support for other physicians who peacefully oppose torture." CARRIED.*

## MEMBERSHIP CATEGORIES

***MOTION:***

*"WHEREAS the increased membership in The Medical Society of Nova Scotia has required the updating of categories of membership to reflect rates of dues applicable to the members (AR 166)*

*"AND WHEREAS members continue to be concerned that manpower needs in laboratory medicine are not being met, by the current level of recruitment of Canadian medical graduates (AR 418)*

*"I MOVED THAT The Medical Society of Nova Scotia update the categories of membership, and reclassification of the members of the Society according to their training, qualifications, and physician services that they are able to provide and make available for patient care. ESPECIALLY to be mentioned here that the Section of Laboratory Medicine include pathologists and laboratory trained physicians WHO ARE NOT CIVIL SERVANTS." DEFEATED.*

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The President's Valedictory address appears subsequent to these Transactions along with the address of the President of The Canadian Medical Association.

## APPOINTMENT OF BRANCH REPRESENTATIVES TO THE 1986 EXECUTIVE COMMITTEE

Antigonish-Guysborough — Dr. D.P. Cudmore; Bedford-Sackville — Dr. G.L. Myatt; Cape Breton — Drs. P.K. Cadegan and P.W. Littlejohn; Colchester East Hants — Dr. F.E. Slipp; Cumberland — Dr. W.G. Gill; Dartmouth — Drs. R.J. Gibson and G.L. Roy; Eastern Shore — Dr. D.P. Sinha; Halifax — Drs. I.A. Cameron, D.A. Gass and J.H. Gold; Inverness-Victoria — Dr. G.W. Thomas; Lunenburg-Queens — Dr. G.H. Nickerson; Pictou — Dr. E.R. Sperker; Shelburne — Dr. W.H. Blair; Sydney — Drs. P.F. Murphy and G.E. Boyd; Valley — Drs. R.R. Kimball and J.R. MacEachern; and Western — Dr. P.L. Loveridge.

## NOMINATIONS OF OFFICERS

The following nominations were confirmed — President-Elect — Dr. W.C. Acker of Halifax; Chairman of Executive Committee — Dr. R. Stokes of Baddeck; Vice-Chairman of Executive Committee — Dr. M.E. Lynk of New Waterford; Treasurer — Dr. V.P. Audain of Halifax; and Honorary Secretary - Dr. J.H. Gold of Halifax.

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The 132nd Annual Meeting of The Medical Society of Nova Scotia adjourned at 3:00 on Saturday, November 23, 1985.

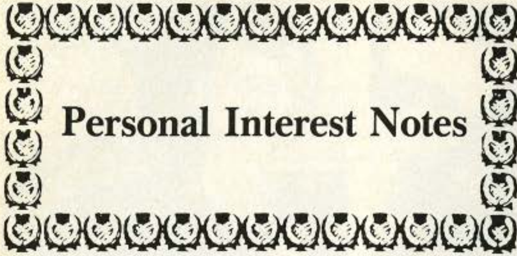
Date, time, and place of the 1986 Annual Meeting is to be November 21 - 22, 1986 in Halifax at a hotel to be named. □

Dr. Florence Walling and her husband look with interest as Doug Watson prepares a Caesar Salad. Watson, the Maitre d' at the Nova Scotian Hotel, pitched in to help his staff attend to the overflow crowd at the opening night reception hosted by Dr. and Mrs. Shaw.

Dr. Charlie MacDonald and his wife watch as hotel staff carve from one of the roasts served at the opening reception for the Annual Meeting. Over 175 people attended the evening which was arranged by Mrs. Maureen Shaw.

Dr. Judy Kazimirski accepted the Chair of Office as President of the Society at the annual banquet. In a warm address, she praised the efforts of past presidents and members of the Executive.

The 132nd Annual Meeting of the Society concluded on Saturday afternoon. This group represents a cross section of those who attended the day and a half session.




**SENIOR MEMBERSHIP CITATIONS**
**THE MEDICAL SOCIETY OF NOVA SCOTIA**

## Dr. Ian M. MacLeod

Ian Murray MacLeod was born in Halifax, Nova Scotia, on June 21, 1919. After early schooling in Halifax, including the Halifax County Academy, Ian entered Dalhousie University for pre-medical and medical training and was a member of the first class to graduate in the accelerated war program, completing his studies in December 1942.

Like most of his classmates, Ian MacLeod enlisted after graduation and saw army service in Canada, England and the U.S.A., before returning to Canada in 1946. Following his return, Ian MacLeod worked at D.V.A. hospitals, specialising in pulmonary tuberculosis, until 1950 when he was selected for training in Radiology at the Toronto General Hospital. After completing the Toronto Diploma course in Medical Radiology and receiving dual certification, in Diagnostic and Therapeutic Radiology, Ian MacLeod returned to Halifax in 1952.

There were few opportunities in full time radiology in Halifax at that time, so Ian combined part time work in pulmonary tuberculosis at Camp Hill Hospital with radiology sessions at the Halifax Infirmary and hospitals in the Valley and South Shore. He later operated a private radiology office in Halifax before becoming a full time radiologist at the Halifax Infirmary.

Ian MacLeod has had a long relationship with the Dartmouth Medical Community, from the days of the early Dartmouth Medical Centre and Dartmouth Emergency Hospital. In 1980 he was invited to become the first Chief of Radiology at the new Dartmouth General Hospital, a position which he relinquished in April 1985. During this time, Ian MacLeod built up a thriving Department of Radiology serving the Dartmouth Community and one of the busiest emergency departments in the Province. Ian MacLeod is a fellow of the American College of Chest Physicians and of the Royal College of Physicians of Canada, serves as consultant to the Nova Scotia Hospital and is a member of many professional associations. He was a founding member of the early medical group in Dartmouth which eventually became the Dartmouth Medical Society. Ian is married to Marjorie Snide of Shubenacadie and has one son, John, who is an archivist at the Public Archives of Nova Scotia. One daughter, Sandra, who won the Governor General Medal at Halifax Ladies College, died of cystic fibrosis in her first year at Kings College.

Ian has many non-medical interests, including gardening, photography and attending summer sessions of the Atlantic Canada Institute. He is also extremely proud of his Scottish heritage and in the history of the MacLeod clan in Nova Scotia.

Ian Murray MacLeod is regarded with great affection and respect by his professional colleagues for his quiet courtesy and canny diagnostic skills.

The Dartmouth Medical Branch Society takes great pride in recommending him for the honor of senior membership in The Medical Society of Nova Scotia.

W.R. Lee, President,
Dartmouth Medical Society.

## Dr. Wladyslaw Guzdziol

The Antigonish-Guysborough Branch of The Medical Society of Nova Scotia is honored to present Dr. Wladyslaw Guzdziol, for Senior Membership in the Society. Doctor Guzdziol is 72 and was born in Poland near the town of Poznan in 1913. He attended school there and in May 1937, he graduated from the medical school of Poznan. He then took up a resident position in Warsaw and the nearby resort town of Zakopane.

The second World War interrupted his medical career, as he was taken prisoner of war. He spent the next six years in Germany and later in the Soviet Union prisoner-of-war camps.

After his liberation in 1946, he served in the Polish Navy in Britain under the British Command. He then acquired a registration as a Medical Practitioner from the British Medical Council and worked as a House Surgeon in Northampton General Hospital in 1946-47. Following this, he went into general practice in Rounds, near Kettering, in the Midlands. During his stay in England he earned the Diploma in Obstetrics with the Royal College of Obstetrician and Gynaecologists of London in 1950.

During his stay in England, he met his wife Anna and they were married there. The couple have a daughter who is presently involved in a scientific career.

Dr. Guzdziol emigrated to Canada in November 1951. His first practice was in the West Bay Road district near Port Hawkesbury. In 1953, he moved to

Port Hawkesbury and has not moved since. Because of his dedication in seeing patients at all hours in his office, and a firm believer in making home-visits, and his practice of good medicine, he built up a large medical practice very quickly.

He witnessed the growth of the Port Hawkesbury area over the years, beginning with the building of the Canso Causeway; then boom-times when the pulp and paper business started with the arrival of the Swedish firm of Stora Industries, who appointed him immediately as their medical advisor, a post he still holds.

Port Hawkesbury established a Canadian National Railway Center and Dr. Guzdziol was appointed as their District Medical Officer in 1955 until the present time. He also still serves, since 1955, as the Medical Examiner for Inverness and Richmond Counties. He is a member of the Medical Appeal Board for the same counties and Chairman of the Port Hawkesbury Board of Health. He has been a faithful attender at the Dalhousie Medical School Refresher Courses each year from 1952 until he reached the age of 65.

Dr. Guzdziol was made a Life Member of the Port Hawkesbury Branch of the Royal Canadian Legion in 1983. Even back in 1977, the Town of Port Hawkesbury held a Testimonial Dinner in his honor because of his service to the people and Community of Port Hawkesbury.

Dr. Guzdziol also was a very active member in the Antigonish-Guysborough Branch of the Medical Society and is held in great esteem as an exemplary general practitioner in our area. He held various positions in the Branch as Vice-Chairman; one of the Officers of the Branch for a few years, and then as President of the Branch in 1981.

Dr. Guzdziol was picked in 1981 to be featured in a CBC T.V. documentary as a typical country doctor.

In the years from 1962 to 1964, he had a lengthy illness which interfered with his practice temporarily. Since recovering, he has almost gone back to as much practice as he did in his younger days.

Dr. Guzdziol was instrumental in getting the Strait Richmond Hospital established in the community but by the time it opened, he was a "senior citizen" but helped in its' organization of the Medical Staff; setting up of rules, by-laws, and schedules.

His hobbies are gardening and landscaping which, as in his practice of medicine, he does very well.

The Antigonish-Guysborough Branch feels that "Wladek" as he is affectionately known by his confrères in the area, is justly deserving of Senior Membership in the Medical Society because of his activities in the Branch and his excellent medical practice.

P.J. McKenna, President,
Antigonish-Guysborough Medical Society

## Dr. J. Alexander Webster

Dr. John Alexander Webster was born in Yarmouth, N.S. in September 1914, his father being a G.P. surgeon in the town. "Alec", as he is known, was educated at Yarmouth Academy and then at Dalhousie University where he obtained his B.Sc. in 1936, and qualified MDCM in 1938. He interned in Cleveland, Illinois and then returned to practise in Yarmouth until joining the Royal Canadian Air Force in 1942 as a surgeon. On demobilization in December 1945, he went to the town of Shelburne as a G.P. surgeon. He obtained his FRCS(C) in 1946 and his FACS in 1947. In 1950 he returned to Yarmouth as a general surgeon and thus became the fourth generation of Websters to practise surgery in Yarmouth, and the fifth generation to practise in Nova Scotia.

As a general surgeon in the 1950s he was one of the innovators in the field of Orthopedics, doing some of the earliest prosthetic hip surgery. He was also highly skilled in Urology, pioneering local prostatic surgery, and has been a member of the Canadian Urological Society for many years. Like many surgeons of that era he was highly proficient in obstetrics, abdominal surgery and trauma.

In 1947 he introduced "fresh blood" into Yarmouth by marrying a nurse from P.E.I., And he and "Ippy" have produced one daughter and three sons, involved, respectively, in Education, Theology, Biology and Engineering.

Alec Webster's interests outside the medical field are many, including local history, small boats, travel and fascinating general knowledge of things both useful and exotic.

None of this should be taken to imply, however, that Alec is no longer an active, useful and respected physician. He would be the first to protest, but certainly not the last! He maintains a busy general practice, much beloved by his many patients, and is one of the few remaining practitioners who continue to list their home numbers in the phone book! While no longer active in the operating room, his long experience and special skills keep him in demand by surgeons and general practitioners alike for consultation and advice.

Now 71 years old, Alec Webster has been a member of both the Canadian and Nova Scotian Medical Societies since he graduated, over 40 years ago. It is my honour to present this citation on the occasion of our formal recognition of the service he has provided and continues to provide to these societies and, especially, to the people of Southwest Nova Scotia. We hope that it serves as a reminder of the esteem in which he is so fittingly held.

Dr. D.S. Armstrong, President,
Western Branch Medical Society

## Dr. James B. Tompkins

Dr. J.B. Tompkins — James Bennet Joseph known affectionately, locally and provincially as J.B. — was born in Dominion in 1920. The son of a practising physician Dr. M.G. and Ann Tompkins, he was educated in Dominion and Glace Bay and then after graduation attended Saint Francies Xavier University, graduating with a B.A. He returned to do a further year to receive a diploma in education. Volunteering for the army, Dr. Tompkins was rejected on medical grounds and returned to Saint Francis Xavier to take his premedical studies where he graduated with a B.Sc. interning at the General Hospital at St. John graduation in 1951.

Dr. Tompkins is married to the former Mary Mahoney of St. John, and they have seven children.

He returned to Dominion to join his father in practice and has remained there since 1951.

J.B. has spent a lifetime dedicated to the practice of medicine. He has a very large practice covering the town of Dominion and Glace Bay and the outlying townships. Brought up in the on hands school of medicine, Dr. Tompkins has practised family practice, general surgery, obstetrics and gynecology, and is actively practising anesthesia. He is a widely experienced practitioner in all of these fields and a gentle teacher to his colleagues.

His services of the miners of industrial Cape Breton have made him a uniquely respected physician by these men, and his willingness to go underground to help the injured on many occasions with disregard for his own safety have earned him a place in their annals. Dr. Tompkins has been an active participant in Medical Society and local hospital affairs over the years.

He has served as chief of staff in the local hospitals, as President of the Medical Staff in the local hospitals, as President of the Cape Breton Medical Society, and is a past Executive Member of The Medical Society of Nova Scotia. Despite his heavy commitment to his practice, he continues to be a diligent and contributing member of many hospital committees. For his involvement in local affairs in Dominion, he was voted Man of the Year by the people of Dominion in 1984.

It is perhaps his singular dedication to the practice of medicine which marks his individuality. He practises medicine 24 hours a day, putting in long hours in the hospital, his office, and making sick calls to his patient's home. No matter what hour, he is instantly available to help his colleagues, always tending his advice in a positive and non-critical manner. His devotion remains a model role for practitioners. His patients are privileged by his services and his colleagues are honored to be associated with him.

B.J.M. O'Brien, President Cape Breton Medical Society

Four physicians were honoured with Senior Membership in the Medical Society at the 132nd Annual Meeting. The presentations were made at the formal banquet on Friday. Left to right are: Dr. Merv Shaw, Past President; Dr. Wladyslaw Guzdziol, Port Hawkesbury; Dr. J.A. Webster, Yarmouth; Dr. James B. Thompkins, Dominion; Dr. Ian M. MacLeod, Dartmouth and President Judy Kazimirski.

**SENIOR MEMBERSHIP CITATIONS**
**THE CANADIAN MEDICAL ASSOCIATION**

# Dr. Neville Mason-Browne

Dr. Neville Mason-Browne of Louisbourg was honoured as a Senior Member of the Canadian Medical Association. Unable to attend the CMA Annual Meeting, Dr. Mason-Browne received the award at his home. Dr. Merv Shaw, President of the Medical Society made the presentation. Also in attendance were Mrs. Mason-Browne, daughter Anne, Dr. Paul Murphy, President of the Sydney Branch and Bill Martin, the Society's Director of Communications.

It's probably fair to say that Neville Leslie Mason-Browne has a touch of wanderlust. In his 34 years as a physician, he has practised in far flung parts of the world. But in each place that Dr. Mason-Browne has hung up his shingle, he has brought an exceptional ability for organization and administration.

Dr. Mason-Browne was born in 1919 in the United Kingdom. He earned a Master's degree in philosophy and Latin in 1939 at Edinburgh University before joining the British Army. He served until 1945 in the UK, Sicily, North Africa, Burma and the Far East. He left the army after having been awarded the Military Cross and having achieved the rank of Lieutenant Colonel.

Neville Mason-Browne then studied medicine at Edinburgh University and, after graduating in 1951, he obtained a Diploma in Psychological Medicine from London University. In 1955 he emigrated to Canada. Since that time he has practised in Weyburn, Saskatchewan, Thunder Bay, Ontario, Vancouver, British Columbia, Sydney, Nova Scotia, and in the Yukon. He also spent a number of years in British Honduras.

During his years in the Yukon, Dr. Mason-Browne was instrumental in forming the Yukon Medical Association and the Yukon Medical Council. He was also instrumental in drafting and seeing through the legislature the Yukon Health Act. He was chairman of the Yukon Medical Ethics and Discipline Committee and he represented the Yukon at all meetings of the British Columbia Medical Association during this period. For five years he was president of the Yukon Medical Association.

While in Honduras in the late 60s and early 70s, he was Director of Medical Services. He was responsible for all medical services in the country, including seven hospitals, all health clinics, all public health programs, including those concerned with malaria, yellow fever, rabies and other disease, all recruitment and training, all jail services, and the national health budget. He was directly responsible to the national Minister of Health. He also served as president of the British Honduras Medical Association.

Dr. Mason-Browne is an executive and founding member of the Canadian Psychiatric Association, a life member of the Yukon Medical Association and a member of the editorial advisory board of *The Medical Post*. He has published nine papers on psychiatric and neurologic topics in British, Canadian and American journals. For more than five years he wrote a weekly column on lay topics for a Canadian newspaper and he has written a book called "The Crazy House".

Dr. Mason-Browne has been a member of the medical associations of British Columbia, the Yukon, Britain, and British Honduras. He is currently a member of The Medical Society of Nova Scotia as well as the medical societies in Sydney and Cape Breton.

Dr. Mason-Browne is married and has three children. He says his hobbies are medical politics, writing, reading and, as you might guess, travel.

*

***Editors note:***
*We regret to advise that Dr. Mason-Browne died in late December just as this issue was prepared for press. We will have more on this respected physician in the next issue.*

## Dr. Crossman Harley Young

Crossman Harley Young was born in 1919 in Blandford, Nova Scotia, and received his early education there. He studied medicine at Dalhousie University and graduated at the age of 22 in 1941. Following a year on staff at the Nova Scotia Sanatorium at Kentville, he began family practice in Dartmouth. In 1956, after 14 years of practice first as an employee of Drs. Hebb and Brennan and later as founding partner in the Dartmouth Medical Centre, he began postgraduate training in internal medicine at the Victoria General Hospital in Halifax and at Sunnybrook Hospital in Toronto. He earned fellowship in the Royal College of Physicians and Surgeons of Canada in 1959 and returned to Halifax to join the part-time teaching staff at Dalhousie University and the active staff at the Halifax Infirmary and Camp Hill Hospital. He is currently an associate professor at Dalhousie and in addition to his active hospital staff appointments, he is a consultant to the Nova Scotia Hospital and Dartmouth General Hospital.

Dr. Young is a fellow of the American College of Physicians, the American College of Cardiology, the American Geriatric Society as well as the Royal College in Canada. He is a founding member of the Canadian Society of Geriatric Medicine. He was the founding treasurer of the College of Family Practice of Nova Scotia, president of the Nova Scotia Cardiovascular Society and the Nova Scotia Society of Internal Medicine. He has also served as vice-president of the Nova Scotia division of the Canadian Heart Foundation and was on the national board and medical advisory committee of the National Foundation.

Dr. Young has been a member of the Medical Society of Nova Scotia since 1942 and has served both as treasurer and, for a ten-year period, as divisional representative to the trustee committee of the Canadian Medical Retirement Savings Plan. He has also been a member of the Halifax Medical Society since 1942 and of the Dartmouth Medical Society since 1960. He served on the Board of Maritime Medical Care for 5 years, first as president, then as commissioner of the Trans-Canada Medical Plan. His community service includes efforts on behalf of the United Appeal and the Heart Foundation. He has been awarded the 25-year perfect attendance pin by the Kiwanis Club and the Legion of Honour by the Kiwanis International. He is currently president of the the Dartmouth Club.

Dr. Young's hobbies include trout and salmon fishing, hunting, golf, travel, photography and gardening. He and his wife, Pauline, have two daughters and four grandchildren.

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**THE CANADIAN MEDICAL ASSOCIATION**

## F.N.G. Starr Award

## Dr. Gordon Waddell Thomas

*of Mabou, Nova Scotia*

*This medal represents the highest award which lies within the power of The Canadian Medical Association to bestow upon one of its members. Achievement shall be the prime requisite in determining the recipient of the Award.*

*Medalists may have achieved distinction in one of the following ways:*

*By making an outstanding contribution to Science, the Fine Arts, or Literature (non-medical).*

*By achievement — in serving humanity under conditions calling for courage or the endurance of hardship in the promotion of health or the saving of life; in advancing the humanitarian or cultural life of his or her community; in improving medical service in Canada. Such achievement should be so outstanding as to serve as an inspiration and a challenge to the medical profession of Canada.*

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Gordon Waddell Thomas is the man from Grenfell. He is a physician who has devoted 13 years to the people of northern Newfoundland and Labrador and helped eradicate tuberculosis in that area. He is a medical administrator whose persuasiveness brought funding for hospital construction in St. Anthony, Newfoundland, and for an air ambulance system to ensure better care for the people of the area than every before.

Dr. Thomas was born in Ottawa in 1919. He attended secondary school in Montreal and then at McGill University earned first a degree in Arts in 1940 and then a degree in medicine in 1943. He completed an internship at Royal Victoria Hospital and then did graduate study in neurosurgery under Dr. Wilder Penfield at the Montreal Neurological Institute. Dr. Penfield had hoped Dr. Thomas would complete his training in neurosurgery and go to China as a professor of neurosurgery at the Peking Medical College. Instead, Dr. Thomas heard about an opening at the Grenfell Mission in northern Newfoundland and, in 1946, he went to St. Anthony before completing specialty training.

The Grenfell Mission was providing medical services for the people of northern Newfoundland and Labrador in the tradition of its founder, Sir Wilfred Grenfell. In the 1940s, the community of St. Anthony was isolated for most of the year. Transportation was

by water during the short summers and by dogsled during the long winters. In fact, when Dr. Thomas arrived at St. Anthony in 1946, many of the children of the region had never had boots; they wore moccasins or mukluks most of the year and went barefoot for the rest. Beriberi, rickets and malnutrition were everywhere and tuberculosis was epidemic. There was no sanitation. Treatment of tuberculosis by antibiotics was unheard of, and rest and surgical treatment by thoracoplasty or pneumonectomy were the treatments of the day.

A donation for the Grenfell Mission in 1947 allowed Dr. Thomas to purchase streptomycin and to become the first physician in eastern Canada to use the antibiotic for the treatment of tuberculosis. Despite the rapid development of resistence to streptomycin, the introduction of his antibiotic allowed Dr. Thomas to improve the condition of patients with advanced disease to a point where he could carry out the required thoracic surgery on them. During the 1950s and 1960s, Dr. Thomas performed more than 1200 surgical procedures for the treatment of tuberculosis, performing surgery three days a week and ten procedures a day for almost 10 years.

Following Newfoundland's entry into the Dominion of Canada in 1949, Dr. Thomas, with the cooperation of Premier Joey Smallwood, introduced air ambulances to northern Newfoundland and Labrador. As surgeon-in-chief and executive director of the International Grenfell Association, Gordon Thomas oversaw the building of a large tertiary care hospital in St. Anthony. He played an instrumental role in the founding of Memorial University of Newfoundland's School of Medicine, in which he was a clinical professor of surgery, and the Dalhousie School of Outpost Nurses.

Under Gordon Thomas's direction, the Grenfell Mission expanded from a staff of 50 employees and a budget of $180,000 to a $17 million health care facility with a staff of 800. His policy of whenever possible training Newfoundlanders for all jobs associated with running the tertiary care facilities was a tremendous contribution to all the communities served by the hospital.

In 1970, Dr. Thomas's work was recognized by the Canadian government when he was invested as a member of the Order of Canada. In 1977 he was corecipient, with Dr. Tony Padden, of the prestigious Royal Bank Award. He has received honorary degrees from Dalhousie, Acadia and Memorial Universities. He is an officer of the Order of St. John's. And he has been a guest lecturer at many institutions nationally and internationally.

Dr. Thomas is a fellow of both the Royal College of Physicians and Surgeons of Canada and the American College of Surgeons. He is also a fellow of the Victoria Institute in Great Britain. He is an honorary member of the American Association for Cardiovascular and Thoracic Surgery and a member of the National Cancer Institute of Canada. For many years, Dr. Thomas was a member of Council of the Royal College of Physicians and Surgeons of Canada and was a Governor of the American College of Surgeons for two terms. Between 1968 and 1975, he was a part-time commissioner for the Canadian Radio and Television Commission and has served as a member of the Board of Broadcast Governors.

Dr. Thomas has retired from the Grenfell Mission and is now a general practitioner in Cape Breton. In addition, he is a staff surgeon at Inverness Consolidated Memorial Hospital and a consulting surgeon at Sacred Heart Hospital in Cheticamp. He and his wife Patricia live in their retirement home at the top of a ridge in the small village of Mabou.

Dr. Gordon Thomas has certainly earned an important place in any account of Sir Wilfred Grenfell's fulfilled dream of bringing complete health service to the people of northern Newfoundland and Labrador. He deserves a distinguished position in our profession as his professional commitment to care and his record of service represent a remarkable contribution to the practice of medicine. It is indeed fitting that he should be asked to accept the highest award that the Canadian Medical Association can bestow on one of its members, the FNG Starr Award.

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## DRUG DEPENDENCY: VOLUNTEER AWARDS

The Award of Merit is a long term service award available to volunteers of the Nova Scotia Commission on Drug Dependency who have completed ten years of unbroken quality service. The following Nova Scotia physicians will receive the Award of Merit during subsequent Drug Awareness Week 1985 Award Presentation Ceremonies for their dedicated service in assisting drug dependent individuals and the community: **Dr. Charles Harlow, Dr. John Savage, Dr. Albert Prossin, Dr. Ken Murray, Dr. Leo MacCormick, Dr. Donald Robb, and Dr. N.F. MacNeil.**

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**Dr. Roger Rittmaster** has recently joined the Division of Endrocrinology and Metabolism, Department of Medicine at Dalhousie University. Dr. Rittmaster is a graduate of Tufts University in Boston and did his post-graduate training at the University of Maine and at the National Institutes of Health. His special clinical and research interests are in androgen metabolism. His research includes treatment of hirsute women. □

# An Appreciation

## DR. WILLIAM STANLEY COLE

Dr. William Stanley Cole passed away on October 29, 1985 at the Victoria General Hospital after a short illness. He was 60 years of age.

Bill was born in Grimsby, England in November 1924 and received his high school education at St. Jame's School for Boys. Upon completion he served as a member of the Royal Air Force from 1941 to 1945 in the position of bombardier. He attended Sheffield University soon after and attained his Medical Degree in 1956. His internship was served at Blackburn Hospital and Scatho General in Grimsby.

Bill immigrated to Canada in 1957 where he worked for one year in Saskatchewan as a general practitioner before moving to Nova Scotia in 1958. He practised in Dartmouth for a period of 27 years, serving the community with integrity and respect.

Although always a very busy and dedicated doctor, Bill spent considerable time practising karate and propagating its philosophical message. At the time of his death Dr. Cole held the rank of 4th degree black belt in Chito-Ryu Karate-Doh.

He is survived by a wife, Kay, a son Tony (Dartmouth) and a daughter, Leslie Pye (British Columbia), a granddaughter and a niece. □

## OBITUARIES

**Dr. Robert Alexander,** (41) of River John, N.S. died on October 26, 1985. Born in Lincoln, Illinois, he graduated in 1969 from the University of Illinois Medical School and has practised medicine in the Bass River and River John area for several years. He is survived by his wife, a daughter and two sons. The Bulletin offers sincere sympathy to his family.

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**Dr. Arthur L. Murphy,** (79) of Tantallon died on November 9, 1985. Born in Dominion, Cape Breton, he received his medical degree from Dalhousie University in 1930. He worked in the Halifax area as a surgeon from 1934 to 1970 and was well known as a playwright. He was past president of The Medical Society of Nova Scotia, the Halifax Medical Society, and the Section for Surgery. He is survived by his wife, a daughter, and two sons to whom we entend sincere sympathy.

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**Dr. Ronald Ritchie,** (68) of Halifax, N.S. died on December 9, 1985. Born in Sydney, he received his medical degree from Dalhousie University in 1943. He served overseas with the Royal Canadian Medical Corps doing a residency in Pediatrics. He had been a pediatrician in the Halifax area since 1951 and was associate professor of pediatrics at Dalhousie. The Bulletin offers sincere sympathy to his family. □


**NOVA SCOTIA LUNG ASSOCIATION**

**Presents**

**THE THIRD ANNUAL SEMINAR IN ACUTE RESPIRATORY CARE**

**Apl. 25-26, 1986**

**Halifax Sheraton Hotel**

**Themes:** New Techniques in Mechanical Ventilation
Weaning from Mechanical Ventilators
Cardioplumonary Interactions

**Target Groups:** THE TEAM
Physicians, Respiratory Technologists
Nurses, Physiotherapists

**PRE-REGISTRATION**

$50.00 Physicians
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Fee includes luncheon on Saturday, April 26th.

Thomas J. Marrie, M.D., F.R.C.P.(C)

**"Acquired Immune Deficiency Syndrome"**

**For information/registration:**
RD SEMINAR
Nova Scotia Lung Association
17 Alma Crescent, Halifax, N.S. B3N 2C4



**PROVINCIAL MEDICAL BOARD OF NOVA SCOTIA**

APPLICATIONS ARE INVITED FOR THE POSITION OF REGISTRAR OF THE PROVINCIAL MEDICAL BOARD OF NOVA SCOTIA.

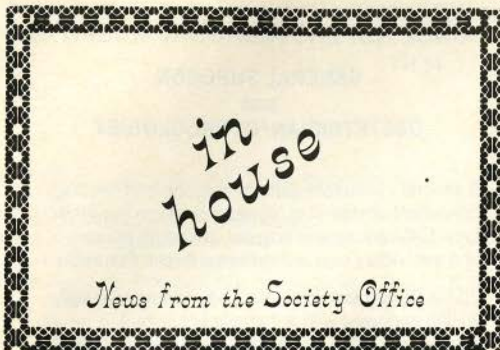
APPLICANT MUST BE REGISTERABLE AND ELIGIBLE FOR LICENSURE IN NOVA SCOTIA.

APPLICATION SHOULD BE ACCOMPANIED BY A CURRICULUM VITAE — APPLICATIONS ARE DUE MARCH 1, 1986.

FURTHER INFORMATION REGARDING TERMS OF EMPLOYMENT, SALARY, ETC., WILL BE PROVIDED TO APPLICANTS.

ALL APPLICATIONS SHOULD BE ADDRESSED TO:

THE REGISTAR
PROVINCIAL MEDICAL BOARD OF
NOVA SCOTIA
SUITE 3050, LORD NELSON HOTEL
1515 SOUTH PARK STREET
HALIFAX, NOVA SCOTIA
B3J 2L2




Information is at your fingertips. Call 1-453-0206 the TOLL FREE line to The Medical Society. You can call to get info or to give info. We appreciate hearing from you.

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We will be honouring a pharmacist in Arichat, Richmond County. George Dooley has banned all tobacco products from his drug store. The Society has an awards program for pharmacies that do away with the weed. If you know a pharmacy that qualifies, let us know.

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The recent CMA Membership Survey indicates that Nova Scotian physicians feel strongly about taking political action. Our interest in lobbying and physician activity in politics is higher than the national average.

You will be pleased to know, therefore, that we have been very active. Our pursuit of a smoke free Canada has been relentless. We have lobbied federal and provincial officials for specific action in weaning Canadians from tobacco and recent parliamentary debate suggests all party support for our views is growing. We have identified concerns from the use of leaded gas and gained support in our pitch from the N.S.. Retail Gasoline Dealers Assoc. We have triggered discussion about the dangers of all terrain vehicles and we have launched an appeal for the more safe shoulder style seat belts in the rear seats of all cars. In short, we are working hard on the first object in the Society's By-laws, "The promotion of health and the prevention of disease".

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The Dept. of Health, Faculty of Medicine, Health Services and Insurance Commission and the Provincial Medical Board all co-operate with the Society in maintaining lists of practice opportunities (including locums) and physicians available for such opportunities. To use either list, contact Mrs. Shirley Miller at the Society office (TOLL FREE 1-453-0206).

Now is a good time to contact your accountant or tax lawyer. John Klaas of MD Management says it's more important than ever to get timely, professional, financial advice because of all that is going on with the Alternative Minimum Tax, the capital gains tax exemption and various RRSP changes. MD Management may also be helpful to CMA members through investment opportunities and financial planning services. Call Mr. Klaas in Halifax at 453-6111. Out of town members may call collect.

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## YOUTHFUL WINNERS IN TENNIS TOURNEY

All areas of the province were represented on December 14 and 15, 1985 in the Society's Annual Tennis Tournament at the Park Athletic Club in Dartmouth.

A pair of young people emerged with honours. Karen Fraser won her third straight ladies' singles event with a 6-2, 6-3 win over Judy Kazimirski of Windsor. Karen, daughter of David Fraser who heads the Radiology Department at the Victoria General, is quite an athlete. She was a member of Canada's Olympic Ladies Volleyball Team.

The other youthful honour went to Mark Kazimirski, Jr. of Windsor. His 6-4, 6-2 win over Bruce Flemming in the men's singles makes him the youngest ever winner at 14. He is the son of Doctors Judy and Mark Sr.

Dave Fraser and Mike Barry of Halifax teamed up to win the men's doubles with a 6-1, 6-2 victory over Bruce Flemming and Jamie Fraser. The ladies' doubles went to Karen Fraser and Beth McLean who ousted Judy Kazimirski and Lynn Flemming, 6-3 and 6-4 in the final. Karen and David Fraser outlasted Beth and Sandy McLean in the mixed doubles 6-3, 3-6, and 7-5. The two Mark Kazimirskis', Senior and Junior, won the parent/child event 6-1, 6-0 over John and Christian Donaldson.

Over 30 players took part in the annual competition. □

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## Correspondence

**To the Editor:**

May I use your columns to comment on the report from the Child Health Committee which was contained in the *Bulletin* of December 1985.

The Chairman of Child Health Committee, Dr. G.H. Nickerson, is reported as saying that his committee had been attempting to "breach the bastions" of medicine to make them more aware of children with learning disabilities. As one of the physicians who have been involved with trying to provide the proper help and support to children with learning disorders since the late '60s, I would like assure Dr. Nickerson that the staff at the I.W.K. Hospital for Children are well aware of learning disorders. There are problems to be resolved particularly with respect to the most effective way of providing help to these children and we recognize that in a majority of instances, this is an educational challenge. As part of our on-going attempts to meet the needs of these children, when a referral is received, as much information as can be obtained before meeting the child and his family is gathered and summarized for our Learning Disabilities group, which consists of representatives from the disciplines of pediatrics, neurology, psychology and psychiatry, so that we can decide if there are "medical" aspects of the case that appear to need attention and if so, they are then assigned to the most appropriate discipline. These children are then seen and contact is made with the school system in order to try to provide the most constructive support as well as continuing to work with the medically based handicaps that the child may have.

Clearly, this type of approach is not what is necessary for every child with a learning disorder and indeed, the services could not and should not be able to support this: however, we do our best to meet the needs of children who have a requirement for medical input. I can assure Dr. Nickerson that there are no "bastions to be breached" in this respect and we welcome the input of the Child Health Committee.

The Committee also cites complaints about lack of knowledge and understanding by physicians about learning disabilities. It is only fair to point out that learning disorders are more peripheral to medical practice than most of the topics for which students are trained and that therefore it receives less attention than, for instance, the management of the unconscious patient. However, the students do receive teaching in relation to learning disorders in their Growth and Development block, may well, depending on the clinical case load, receive instruction and exposure to it in Pediatrics and also in Psychiatry. In addition, the residents in Pediatrics obtain a more prolonged exposure.

It is obviously central to the teaching of medical students that one does not necessarily give them didactic instruction in every topic to which they may possibly be exposed during their career as physicians — such is impossible with the information explosion: rather one attempts to show them how to evaluate problems and to seek out information for themselves. In line with this, there is the implicit expectation that physicians will play their part in community affairs whether this be in the area of learning disorders or other community responsibilities.

It is always good to have opinions on the adequacy or otherwise of what we as a profession are doing in the different areas and the efforts of Dr. Nickerson's committee are both noticed and appreciated.

Yours sincerely,

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