THE VOICE FOR PHYSICIANS IN ALBERTA

VITAL SIGNS

FEBRUARY 2020

Kids on the *move*

Alberta Medical Association

YOUTH RUN CLUB

With 16 YRC fun runs hosted by schools across the province last spring, we wrapped up the school year in busy style!

Two adaptive fun runs – featuring the Paralympic Sports Association's Trail Rider – 36 Go! (Girls Only) Run Clubs and 32 Indigenous School Community clubs demonstrated the YRC's commitment to health equity and inclusion.

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VITAL SIGNS

FEBRUARY 2020

CAMSS
CALGARY AND AREA MEDICAL STAFF SOCIETY

ADVOCATING FOR PHYSICIANS, CARING FOR PATIENTS

A CALGARY & AREA MEDICAL STAFF SOCIETY PUBLICATION

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SUBMISSIONS:
Vital Signs welcomes submissions from physicians in Alberta. Please limit articles to 1,500 words or less.

Please send contributions to: Shauna McGinn, Staff Editor/Writer, mcginnshauna@gmail.com and cc Dr. Scott Beach, Medical Editor, zmsaadmin@albertadoctors.org

Vital Signs reserves the right to edit article submissions and letters to the editor.

The deadline for article submissions for the next issue of Vital Signs is Friday, February 21st.

CONTRIBUTORS:
The opinions expressed in Vital Signs do not necessarily reflect the opinions or positions of CAMSS or CAMSS executive.

ADVERTISING:
Please visit http://albertazmsa.com/vital-signs/ to view media kit or contact Hellmut Regehr at hregehr@studiospindrift.com.

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SAVE THE DATES!

CAMSS

Council Meeting: March 11, 2020 | FMC Admin Boardroom 152, 5:30-7:30 pm

Zone Advisory Forum: April 8, 2020 | Meredith Block, Boardroom 347, 5:30-7:30 pm

CZMSA

Executive Meeting: February 20, 2020 | WebEx, 7:00-8:30 pm

Executive Meeting: March 19, 2020 | WebEx, 7:00-8:30 pm

Executive Meeting: April 16, 2020 | WebEx, 7:00-8:30 pm

EZMSA

Council Meeting/AMA Rep Forum: February 20, 2020 | Misericordia 1N-106, 5:30-7:30 pm

Awards: March 19, 2020 | NAIT Ernest Restaurant, 6:00-9:00 pm

Council Meeting: April 16, 2020 | Misericordia 1N-106, 5:30-7:30 pm

Vital Signs is seeking writers! Our magazine is not so much an academic journal as a way to connect with other physicians about important topics. We publish a magazine for physicians by physicians, as a venue for advocacy and a way to stimulate conversation about health care issues, with a voice independent of AHS and AMA. We ask that articles be 800 to 1,500 words and we welcome accompanying photos.

You'll be compensated for your writing — all authors whose articles of 800 words and over are published will receive a $50 Good Earth or Chapters gift card as a thank you for contributing! The deadline for our March issue Friday, February 21st. Please visit http://albertazmsa.com/vital-signs/ to view past issues.

View from the Beach

Message from Vital Signs Medical Editor Dr. Scott F. Beach

Dr. Scott F. Beach

Imagine if you will a Tyrolian vale, with a quiet village nestled within.

Menacing this peaceful state are two foreboding peaks that loom over the village below.

The first is 'Mount Consultation,' its eleven precarious cornices ready to fall and bury the scene below..

The second is 'Mount E-Y-E-Y-OhNO' with its icy crown hiding unknown depths and containing as of yet undefined threats. Picture then the end point for the vale below if both peaks were in tandem to drop upon the village an Olympian rage, the surviving inhabitants lost and adrift in what remains of a familiar state now forever changed. Indeed, the scene would be one of devastation and despair.

The eleven consultation items released by the government in November struck at the heart of the medical home, at least in principle. If evoked in form, they would have greatly challenged the stability of the dyad of patient and practitioner, removing support for time investment into complex and comprehensive care. Fortunately, the zero-barrier of February first was avoided when robust feedback from community stakeholders reached the ears of the Minister. The conflicted items have been integrated into the AH-AMA negotiations where cooler heads and sage minds may quench the conflict these items would bring.

However, if they were to resurrect as components of government's desire for cost control, they could couple with the expectations of the 'eagerly' awaited Ernst & Young report, combining to irrevocably change the culture of care within the medical neighborhood, crushing the medical home of primary care and imposing martial law within the walls of the bastions of AHS.

Unfortunately, the engines of change are already in motion. The arbitrary and punitive take away of the on-call stipends have struck many docs hard, though none have fallen despite the blow. However, even the strong can only stand for so long while receiving cumulative blows during a sacrificial journey when there is nothing left to sustain them.

In trauma medicine, a machete slash to the gut has only two outcomes. One can survive, scarred and irrevocably changed. Or, one can die.

For the medical home, the outcomes in the urban setting will be akin to the first. Having embraced the principle of providing comprehensive care for complex patients, family physicians have evolved to practice a style of medicine that allows for multiple medical and psychosocial issues to be addressed in a single visit. This is a patient-centered agenda, aimed at encompassing as many of the patient's needs as possible.

The complex care plan and time modifiers allow for this, as they help sustain overhead and highlight the value of these important relationships. If taken, this would disappear, for to sustain the medical home, the practitioner within will have to — to paraphrase Bono — run faster to stand still. Higher volumes comprised of shorter visits addressing a single issue will once again be the norm, creating a noxious ever-greening of consequences to the system as a whole. Complex patients with challenging medical and psychosocial burdens will attend the ER in increasing numbers, and be sicker when they do so. Each would require more intense and expensive care while there.

From these encounters, a greater number will go on to need admission, challenging an already scarce bed supply. As in the ER, those admitted will be sicker upon admission, and be sicker for longer, requiring once again more intense and expensive care.

Primary care in the urban setting will survive, but the core belief of patient centered, comprehensive care delivered in the medical home will have been gutted, and the outcomes for patients and system irrevocably changed. And certainly not for the better.

In the rural setting, the slash will be fatal. The loss of the stipends, complex care plans, time modifiers, and a cap on daily encounters will combine to cause the extinction of that most noble of species: the rural physician, and indeed the ecosystem of health within which they serve. The roles of hospitalist, emergentologist, community gerontologist and family physician embodied in this singular form will dissipate on the winds of necessity. These practitioners will be forced to leave the communities in which they've chosen to build their homes and raise their families, caring for those they worship with, play hockey with, and share their challenges and rewards of rural life with. They will be sorely missed.

According to the UCP, this is not a care issue, it is a numbers issue. For me, it is a numbers issue as well. In their discourse, they tout numbers in the hundreds of millions. For me, the number is one. To tragically highlight the misguided aims of the changes proposed by the Premier, Minister of Finance, and Minister of Health, all it will take is the death of one retired farmer.

Imagine if you will, a hardworking soul who has left the farm to retire closer to his doc and the hospital. As Kenny Care creates the health ghost town of abandoned hospitals and shuttered clinics, our protagonist must drive to the closest urban center to refill his heart medications. After driving for two hours and sitting in the waiting room of a walk-in clinic for three hours, he gets five minutes with the harried doc who fills the script and hurries on.

Unfortunately, our country gentleman had been feeling off for a number of days and didn't get the chance to discuss that he had been feeling unwell. Halfway home his AMI hits, and he rolls into the ditch beside the rural route. Surviving the CV insult, his significant polytrauma cannot be stabilized by the committed rural first responders who have no hospital to take him to, and our rural citizen dies en route back to the urban center he just left. Stephen King couldn't write much better what chillingly could be a very real outcome within the vision of Kenny Care.

As I write this, there are troubled waters at the shore of this Beach, and the horizon appears foreboding and uncertain. What is certain is that for now and for as long as we can, Alberta physicians will continue to provide exemplary and compassionate care to all of our patients throughout the province, and will carry the fight forward to ensure that the future will allow for the same.

Good luck to us all, and Godspeed for the journeys ahead.

Scott F. Beach, MD, CCFP
Medical Editor, Vital Signs

My dinner with Andreas

Dr. Gregory Sawisky

Dr. Gregory Sawisky

The twilight of one's medical career is not typically the time to choose a high-stress, high stakes position with the Canadian Medical Association. But for veteran physician Dr. Andreas Laupacis, he decided to apply for the unenviable position of Editor-in-chief of the Canadian Medical Association Journal (CMAJ).

"I was going to retire in two months," he says with a laugh. "Then I applied for and accepted the position."

Dr. Laupacis was in Alberta this past December visiting the province's two medical schools and meeting with stakeholders as part of a cross-country tour to learn about what CMA members and stakeholders want from the CMAJ. Several members of the Central Zone Medical Staff Association (CZMSA), met with him over dinner to offer their perspectives on the CMAJ.

"As the new editor I think it's important to reach out to people who submit research as well as to people who read the CMAJ. I think it is important to hear from non-academic physicians," he says.

Despite approaching retirement, he decided that now was the time to direct his focus away from his clinical practice towards writing and editing.

"I reached a point where I thought it was time to be done with my clinical career. The CMAJ was a big part of my life. There was the opportunities to make some changes to the journal that I thought would resonate with doctors across the country," he says.

"I love to write and enjoy editing," he adds.

Perhaps most interestingly is his interest in expanding the accessibility of the CMAJ.

"I want the CMAJ to be relevant to non-academic physicians. I also want to increase patient engagement with the journal," he says.

The CMAJ, one of Canada's few medical journals, perpetually strives to strike a balance in its presentation of research, politics, news, humanities and advertisements and classifieds.

While every editor always brings a little different perspective to their publication, whether it is the firmly ambitious Dean Baquet of the New York Times or the equally tenacious, though fictitious, J. Jonah Jameson of The Daily Bugle, an editor-in-chief steers the editorial waters and points direction to the publication.

And Dr. Laupacis brings his own depth and breadth of experience to the position. He graduated from medical school in 1979 and continued his post-graduate training at Dalhousie, Western and McMaster.

"I reached a point where I thought it was time to be done with my clinical career. The CMAJ was a big part of my life. There was the opportunities to make some changes to the journal that I thought would resonate with doctors across the country," he says.

A general internist by training, he has worked as a clinical epidemiologist and most recently worked as a palliative care physician in Toronto. He also served on the board of AHS from 2008 to 2010. Medicine now runs in his family too, as his daughter is currently completing a pediatrics residency.

When asked what he thinks about his daughter entering the practice of medicine at a time when he is hanging up his stethoscope, he replies quickly. "I'm worried my daughter will accept certain realities about our healthcare system that weren't present when I started," he said, like long wait times and the seemingly ubiquitous stretcher-based medicine in overcrowded emergency rooms.

This view may contribute to his belief that the CMAJ has to play a role in medical advocacy as well. "I think the CMAJ needs to help galvanize a national discussion about the realities of our system," he says. From position papers to editorials, he believes the CMAJ should play a role in the evolution of our healthcare system as it faces modern pressures. "I think medicine is so political now we are scared of saying the wrong thing," he says.

Adamant that he wants the CMAJ to be responsive to physicians' needs, he hopes to continue this listening-mindset during his tenure as the Editor-in-Chief. "If there are specific topics people want to see in the CMAJ, please send me an email. I promise I will review all of them," he says.

With that he bids us goodnight as he heads North towards Edmonton to continue meeting physicians and students and listening to what they want from the CMAJ.

Gregory Sawisky, MD CCFP
Ponoka, Alberta

You can follow Dr. Anreas Laupacis on **twitter @AndreasLaupacis** *or reach him via email at* **andreas.laupacis@cmaj.ca**

**This interview has been edited for length and clarity*

The FMC MSA is introducing new awards, and seeking nominations!

Physician of the Year Awards

The FMC Medical Staff Association is keeping its time honoured tradition of awarding the distinction of the Physician of the Year award for outstanding service and contribution to our Foothills community. In order to more accurately acknowledge the incredible work done by physicians at various stages of their career at the FMC, the FMC Medical Staff Association has decided to categorize the Physician of the Year into three separate award categories:

- **Resident: Must not have completed their residency or accredited fellowship**
- **Early Career Physician: Must be within 15 years of their medical school graduation**
- **Established Physician: Be well established in their career with a number of years at the Foothills Medical Center**

Diversity and Inclusion Award

The FMC MSA wishes to recognize outstanding individual faculty contributions to advancing diversity and inclusion in medicine and including at the Foothills Medical Center. The FMC MSA encourages nominations of leaders with significant impact in improving inclusion and diversity of groups that have historically experienced marginalization and underrepresentation including but not limited to the following groups: indigenous populations, women, ethnic or racialized minorities, minoritized faith groups, differently abled, economically disadvantaged, and sexual minorities (LGBTQ2S+).

More information and nomination criteria about all awards can be found on our website: **www.albertazmsa.com/fmc-msa**
The deadline to submit nominations for all awards is February 21, 2020.
Save the date! All awards will be presented at the FMC MSA Spring Awards Event on May 6, 2020.

Airdrie physician Dr. Fozia Alvi reflects on Nobel Peace Prize nomination

Shauna McGinn

Dr. Fozia Alvi received notice of her nomination for the Nobel Peace Prize in October 2019, but was not able to discuss it publicly until the ceremony in Geneva had taken place. The Prize was ultimately given to Ethiopian Prime Minister Abiy Abhmed.

When Dr. Fozia Alvi first received the e-mail about her Nobel Prize nomination back this past fall, she didn't have the expected reaction of surprise and excitement — it was only when she started telling her loved ones that she realized how major the honour was. "I didn't think it was a big deal, but everyone around me was so excited, so eventually I felt like, 'Okay, I get it — but this all started with those poor people'."

For Dr. Alvi, those people are Rohyinga and Syrian refugees, people in need of medical care in Pakistan, and orphaned women and girls throughout the developing world. While the nomination didn't specify what aspect of her humanitarian work drove the nomination, that's not important to Dr. Alvi — continuing to work and raise awareness about her many causes is. "There are a lot of issues that I feel as doctors, we need to be aware of, especially refugee issues and human rights issues, because our voices are important," she says.

Originally from Pakistan, Dr. Alvi has been practicing family medicine in Airdrie, a community just outside of Calgary, for more than a decade. "I grew up in a poor country and have seen lots of pain and misery due to lack of proper healthcare infrastructure. In my growing years, my older brother was very sick, and I think it was the trauma of seeing misdiagnosis after misdiagnosis [for him] that pushed me to want to go into medicine," she says.

This experience, along with her many trips overseas to provide medical care in areas that need it most, is what motivates her to keep going despite an increasingly packed schedule. "When I hear the stories of those people who've been through those situations, they are far worse than mine, and I tend to feel more empathy, and that's what's really pushes me to do the advocacy work," Dr. Alvi says.

Dr. Alvi encourages all doctors to go abroad and use their skills to do humanitarian work — and if not, there's always a need for volunteers here at home. Ultimately, it's about getting more doctors to speak up. "Don't be afraid to come out of your comfort zone to work for humanity… I think it makes us better doctors,"…

While her experiences working in refugee camps and other intense environments around the world continually motivate her, Dr. Alvi says it can also lead to frustration and mental health challenges, particularly when she has to transition back into practice in Airdrie. "It takes me a fair bit amount of time to adjust my head and my heart," she says.

After returning from a trip last year focused on providing care to Rohingya refugees, Dr. Alvi says she experienced what she called an unofficial diagnosis of PTSD. "I was so depressed and I was struggling and having a hard time with sleep," she says, "But I try to channel my frustration and anger about the lack of response from the international community in a more productive way."

To help cope, she's found a support system in online forums with doctors who are familiar with her cause, or have done similar work. "They are always listening to me and are always so supportive," she says, adding that people will regularly offer to donate, or connect her to members of the media to help spread awareness. "All of these small things… it makes me stronger, and it keeps my faith in humanity."

Dr. Alvi encourages all doctors to go abroad and use their skills to do humanitarian work — and if not, there's always a need for volunteers here at home. Ultimately, it's about getting more doctors to speak up. "Don't be afraid to come out of your comfort zone to work for humanity… I think it makes us better doctors," she tells her colleagues, adding that, "Sometimes we can discover our own strengths by going through that process, and sometimes it's a painful journey… I still have a hard time, but that's what makes us better and more compassionate human beings."

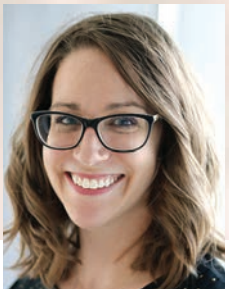
While Dr. Alvi was honoured by the nomination, she still has a lot of work to do — and the people she helps are always on her mind. "I always want people to remember, that this all started with those people — we must not forget that they're still living there in those bad, inhumane conditions. It's not about me, it's about those poor people, and that's what we should write and talk about."

If you are interested in getting involved with Dr. Alvi's work and the causes she supports, please visit: **www.humanityauxilium.com**

Shauna McGinn
Vital Signs Staff Editor/Writer

The true value of a nurse

Dr. Shannon Ruzycki



Dr. Shannon Ruzycki

Years ago, I was on call overnight during a holiday period as a senior resident. I was paged by the floor nurses about a woman who had become unexpectedly unstable. I immediately went to the floor to assess the patient, but it was clear that she was imminently dying.

The patient had been completely well that day, and had actually been electively admitted to start a medication which she had not yet received. She was a medical code patient (meaning that she was not for ICU or other types of life support), and though we started medical treatments, it was clear that she was going to pass away. The unit clerk and floor nurses informed me that they could not reach the patient's family members after calling every phone number in the chart.

I watched the patient enter an unstable heart rhythm that suggested she was going to die within minutes. Her assigned bedside nurse, realizing that the patient was dying, climbed onto the patient's bed, wrapped her arms around the patient, and began repeating the patient's name and saying "You are not alone, you are safe" over and over as the patient passed away.

This is one of many stories that I — and I'm sure all physicians — have about the immeasurable value of nurses.

The recent actions by the Albertan government to freeze healthcare spending in the face of growing individual patient needs and an increasing population have necessitated cutting overall expenditures. Our Minister of Health has announced plans to reduce the number of nurses practicing in Alberta, as well as freeze their wages and limit overtime, to which union leaders have expressed concerns about safety and patient care.

Other avenues can (and should) analyze the evidence used to justify these policies, including data on the economics of healthcare, or what outcomes are important and whether they can even be measured accurately — or about how pipelines may or may not be involved.

Instead of these political parameters, I want to focus on the value of Albertan nurses; not how much they are or should be paid, not the number of nursing full-time equivalents in the workforce, and not the hours of overtime pay — but the actual value of a nurse.

The intangible, uncompensated, immeasurable acts of compassion and care that I have witnessed from Albertan nurses over nearly a decade as a medical student, resident, physician, patient, and family member in the Alberta healthcare system are truly invaluable.

Nursing medical students

On my first 24-hour call shift as a medical student on internal medicine, I was sent by the overnight senior resident to declare a patient who had passed away on the wards. The death was expected, and the residents were busy. It was thought to be a low stakes task, appropriate for the most junior person on the team.

I wasn't worried until I entered the patient's room and saw that their entire family was present. There may have been ten or so people in the room, waiting for me. I realized that I had no idea what to say or do to declare a person dead in front of a grieving family, and I completely froze.

This was the first time I was rescued by a nurse.

The bedside nurse, who had entered the room behind me, took over. She introduced me to the family and the patient. She announced that she would be leaving to get a flashlight for checking the pupils while I listened to the patient's chest, prompting me while also allowing me to save face in front of the patient's family. She did this for the patient's family, but she also did it for me, and I have never forgotten this kindness.

When I was in my second year of clerkship on a general surgery rotation, I scrubbed into a lysis of adhesions OR at 10 p.m. while on call. Five hours later, we were still scrubbed due to difficulties in the procedure. I had been retracting this entire time, and the surgeon had not looked up or said a word to anyone.

I began to feel light-headed and hot. I must have swayed or closed my eyes, because from behind me, the float nurse placed her hand on my back to steady me, reached under my surgical mask, and put a candy in my mouth. After the surgery was complete, there was a fresh chocolate milk with my name on it outside the OR.

Nursing residents

I was a second-year internal medicine resident on my intensive care rotation and was on call overnight. At handover, my attending physician asked me to watch for the results of an MR brain for a man in his mid-twenties who had a severe hypoxic brain injury. The physician had already told the patient's family to anticipate bad news, and that the results would likely confirm that the patient had an unsurvivable brain injury, and we would be recommending to turn off the patient's ventilator to allow him to pass away.

The patient's parents had not accepted this assessment earlier, and had questioned the attending's expertise, the reliability of the tests, and had expressed a desire to keep their son alive with support for "as long as it took". When the MR brain results became available later that night and confirmed what we had expected, the staff physician asked me to update the family, as he had already left the hospital.

I dreaded being the one to tell the family this news, especially given how they had responded earlier to the attending by arguing and showing their anger. The charge nurse for the ICU pulled me aside and gave me the best advice I have ever heard about breaking bad news based on her many years of experience and her own emotional intelligence.

The family was devastated and angry about the loss of their son, and she told me to not argue with it or explain it or defend it, but to just allow these feelings and share them. And so I fought my natural reaction to defend and explain our medical decision, and instead just sat with them for hours. When they were ready later that night, we allowed their son to pass away.

As a second year resident, I was seeing a patient overnight who had been sent to emergency by a home visit nurse for concerns of elder abuse. The patient's son was also in the assessment room, and was not allowing the patient to answer questions, cutting off the patient when they tried to talk, and dismissing my questions without truly answering them.

I asked the patient's son to leave so that I could talk to the patient alone, at which point the son became aggressive, blocking my exit from the room. He then grabbed my arm and pinned me against a wall so that I could not leave the patient's room. The emergency nurse, having anticipated a potentially dangerous scenario, had been listening to the assessment through the curtain and immediately called a Code White.

When I was near the end of my residency, my sister passed away after a long illness. At one point, she was admitted to an ICU at the same hospital that I was on call for overnight. I stopped in to check on her multiple times, and every time, even in the middle of the night, someone was fixing her hair, or tucking in her feet, or singing to her. One nurse was even charting in the room with her so that she wouldn't be alone.

Every time I would leave the ICU to see another patient, the charge nurse would hug me and reassure me that they would call me if anything changed at all. She would fix my mascara if I had been crying, give me a cup of tea or water, and tell me I was an excellent sister and doctor. Every single time.

When my sister eventually passed away on another unit, each nurse on that unit signed a sympathy card for me that I still can't read because I immediately start crying. They put their hands on my shoulder and told me how sorry they were in the weeks and months afterward, and still do, years later.

When I rotated at another hospital, a nurse from that site remembered taking care of my sister years before, and asked me how she was doing. When I told her that she had passed away, she cried and told me a funny story about her time with my sister that I hadn't heard before. I was so touched that she not only remembered my sister, but she had also recalled this story over a year after hearing it, among the millions of patient stories she had heard in that time.

What is a nurse worth?

There are changes coming to healthcare in Alberta. Wages will be frozen and possibly cut for many different types of healthcare workers, including nurses. These cuts may be necessary, or they may be avoidable. I really don't know. But if nurses end up being paid less, make no mistake that it is not because they are worth less.

As we all know, it's also a challenging time for physicians in Alberta, meaning it's more important than ever to stand in solidarity with the people who are vital to our healthcare system, the people we could not do our jobs without.

Nurses in Alberta add more value than they can reasonably be compensated for. No discussion of any changes made to the nursing workforce in Alberta can possibly be correct unless that is first acknowledged.

Shannon Ruzycki, MD, FRCPC
General internist & Clinical lecturer,
Cumming School of Medicine
Calgary, Alberta

Dr. Lloyd Maybaum

The following article does not reflect the views of any of the Zone Medical Staff Associations.

It has been awhile since I last wrote an article for Vital Signs. This, a far cry from when I was president of CAMMS from 2010 to 2013 when I would occasionally write 3 articles an issue. I realize I penned some controversial articles over the years but sometimes we must speak our truth and think outside of the box (past issues of Vital Signs are available on the AMA website). One such article related to the virtual strike concept which I would like to resurrect again yet present it alongside an entirely new initiative – a democratic initiative.

The notion of a virtual strike was born out of necessity. The year was 2012 and we were in the midst of negotiations with then Health Minister Fred Horne who in November suddenly announced a ~$500 million imposition or cut to the physician services budget. CAMMS, arms-length from the AMA, served as a writing shock-force and the idea of a virtual strike was born and first presented in the December 2012 edition of Vital Signs (repeated again in January 2014 and October 2015).

For review, a virtual strike is unlike a traditional strike action because there is no cessation or slow-down of work and everyone earns their regular income/billings. The power of the virtual strike lies in the STRATEGIC donation of earned income. In the case of a hostile, bullying government one could follow the old adage that the adversary of your adversary becomes your friend and donate income from virtual strike days to an opposition political party. For example, on a virtual strike day, physicians from across the province would take their earned income for the day or perhaps an arbitrary set amount, say $400, and personally donate it to the opposition political party of their choice. By doing so, physicians would be taking their fight directly to the governing party preventing patients from becoming caught in the crossfire of negotiations.

This action, at first glance, may seem trivial until we do the math. For example, if all ~10,000 physicians in this province each donate $400 we alone would donate $4 million to opposition parties. The power of this action is realized when we consider that the NDP spent just over $5.3 million to the UCP's $4.5 million during the 2019 provincial election. Income donated during a virtual strike would also arm the opposition parties to pursue FOIP requests and to hold the government accountable until the next provincial election. Naturally, political donations would also arm the opposition parties for the next election. Multiply this action again and again, perhaps quarterly, and virtual strikers gain serious bargaining power!

Importantly, I note a $1000 donation would only cost $450 after the political donation tax deduction. I am certain that any accountant would agree that a virtual strike is a far more economical approach for individuals as opposed to losing all income as would be the case during traditional strike action.

Over the years, lawyers have taken a look at the idea and found that a virtual strike is a perfectly legal and acceptable form of protest. Naturally, the AMA, as our negotiating body would not be in a position to endorse a virtual strike but the medical staff associations are free to do as they wish. In our current environment, however, if we are protesting the UCP party we currently only have one viable or meaningful option to donate funds to – the NDP. Love them or hate them as I know not everyone would be willing to donate to the NDP. The liberals will never make a go of it in Alberta and the Alberta Party was essentially co-opted and neutralized by the Conservatives. The remaining ragtag parties are far from being viable contenders.

I was born, bred and raised Albertan. Historically, in my opinion, the majority of Albertans have trended fiscally conservative and socially more liberal which perhaps explains the long-standing success of the former Progressive-Conservative dynasty. The more conservative members however hived themselves off to form the Wildrose party essentially splitting the conservative ranks. During this time, we had two centrist parties, the Progressive Conservatives and the Alberta Liberal party, with the Wildrose covering the right wing and the NDP on the left. This split conservative vote ultimately allowed the NDP to score a landmark win in the 2015 provincial election. Realizing that an ongoing split vote would prevent them from forming government, the conservatives engaged in a reunification program. The rest is history, but we are now facing negotiations with another hostile conservative government in the form of the United Conservative Party.

In the aftermath of the most recent election we seem to have fallen into a US style right/left bipolar trap, adversarial system in which our remaining choices are down to the right wing UCP or the left wing NDP with no other party holding a seat in the legislature.

This right/left polarizing effect can readily be appreciated on social media such as Twitter where the rants and bipolar attacks have been downright nasty. Also sacrificed, during and after the most recent election, seems to have been notions of respect, dignity and truth. The UCP process has included non-disclosure agreements, a willingness to retreat on election promises or even common business practice as well as disrespect for contract law. In the 2015 election I voted NDP in an effort to boot the corrupt Progressive Conservative party from power. More recently, I voted for fiscal conservatism and chose the UCP but what has been unfolding since their win is certainly not what I voted for.

In more recent discussions regarding the concept of a virtual strike the obvious question came up, "Who would we even donate the money to?" Someone jokingly said, "Why doesn't someone start a new centrist party?"

The joking quickly became more serious. On December 20th, I received word from Elections Alberta that they had approved the name of the new party that I had submitted – The Justice Engaged Democratic Initiative – or the JEDI party. The beauty of starting a political party is that one gets to name it! Justice refers not only to social justice but environmental and economic justice. The latter not only for the individual but for small businesses and larger corporations. This party will be engaged in democratic ideals such as equity, diversity, respect, dignity and truth telling. It embraces science while welcoming all religions. It embraces fiscal and environmental responsibility. It embraces a provincial sales tax. Our whinging and whining about the unfairness of interprovincial transfers is a lost cause with every other province when they note our lack of a provincial tax. This party embraces a form of Klein cuts where everyone paid by the taxpayer takes an equal shave. No one loses a job. We embrace and incentivise economic diversity and with our abundance of wind and sunshine in this province we work on our environmental druthers to become the renewable energy centre of Canada. Such environmental credentials are required if we are to have any legitimacy advocating for our oil and gas industry on the national stage. Our renewable energy initiatives essentially become our carbon offsets for O&G.

Some have suggested that I must be crazy to be starting a new political party. I say, "Why not?" With this new UCP government there may be a time where we need to "put down our stethoscopes and pick up our lightsabres". If this government wants to play hard-ball they will be responsible for the formation of a new centrist party – the JEDI party. The first step is to officially register the party. If you want to join the rebellion, if you want to be a part of its foundation, if there is interest in this initiative, then email me at jedi-party@icloud.com. We will need about 10,000 signatures. Email me and I will send you the signature form. If one day the medical staff associations or anyone else embraces a virtual strike, there will be a rational, centrist party to donate to – the JEDI party.

Lloyd Maybaum, MD
Psychiatrist, Former CAMSS President
Calgary, Alberta

Spotlight: the Women's Mental Health Clinic at Foothills Medical Centre

Shauna McGinn

As director of Quality Assurance for the University of Calgary's psychiatry department, Dr. Lisa Gagnon has won awards for her bedside teaching and commitment to outstanding care delivery. More than a decade ago, when there was less awareness and much more stigma around mental health, she founded the Women's Mental Health Clinic at Calgary's Foothills Medical Centre. The outpatient clinic assesses and treats mental health disorders in pregnancy and postpartum — an issue that affects up to 1 in 4 women in the perinatal population.

Before the clinic was founded, Dr. Gagnon says there was an "identified gap" for maternal mental health services. It's grown steadily since the beginning, and now sees up to 600 patients each year; moms are usually referred by an obstetrics team within the hospital, or by their primary healthcare provider. Up to six psychiatrists work with the clinic, along with a nurse and social worker, both of whom are supported by funds from the annual Shopper's Drug Mart Run for Women's Mental Health and the Calgary Health Trust.

"This is a really important area of medicine in general, because poor maternal mental health has a lot of negative outcomes for fetal and childhood development," Dr. Gagnon says. "So the cool thing about doing pregnant and postpartum mental health care is that we can change the trajectory. We're doing frontline care for moms, but we're also doing prevention."

Acknowledgment of the importance of maternal mental health has come a long way, both within medicine and in society in general, but Dr. Gagnon says there are still barriers that can impact treatment and discourage moms from seeking it.

"I think there's a perception that people with mental health conditions can't parent, but really, it's more about whether they're willing to get help. It makes people better parents if they're willing to address their mental health issues, and that's true for all of us," Dr. Gagnon says. "I know that's a huge fear for my patients, but I also feel like the fear comes from a misunderstanding that if you have this, you're doomed — and that's not the case."

Part of what contributes to this is the fact that there's been a discrepancy in the awareness of different maternal mental health conditions. As Dr. Gagnon notes, many people know what postpartum depression is and what it may look like, but things like postpartum anxiety or psychosis are less discussed, even though they pose significant risk to moms and babies.

"Depression is really one diagnosis. It's one way people can present, but there's multiple types of anxiety disorders, and it's harder to study when there's various different types," Dr. Gagnon says. "And then the other piece is postpartum psychosis, which is very rare (1 in 1,000 deliveries), but it's an emergency situation and is very dangerous... it's something where we need more awareness."

The Women's Mental Health Clinic may be a relatively small operation compared to other sections at the FMC, but Dr. Gagnon says it's important that all physicians understand just how vital maternal mental health is to care in all settings. "I have a patient who spoke at one of the runs who said, 'We all have mothers and women in our lives, and we all came from mothers, and that makes this an issue that touches all of us'... This affects up to 20 per cent of the population, and it really needs to be all of our business."

Often, maternal mental health care originates with the mom's primary care provider, and that's an important starting point. Dr. Gagnon advises making mental health a regular part of a routine checkup or appointment with a mom. "Don't assume that if someone looks well put together, that that actually means they are doing well. I have a lot of moms that go to great lengths to put themselves together, but they're really not doing well," she says. "A lot of people are very uncomfortable talking about mental health, but it has to start somewhere, maybe just by asking: 'How are you coping or managing?'"

Shauna McGinn
Vital Signs Staff Editor/Writer

EDMONTON ZONE MEDICAL STAFF ASSOCIATION | HELPING PHYSICIANS HELP PATIENTS

The Edmonton Zone Medical Staff Association is pleased to welcome Bobbie Jo (Roberta) Hawkes

She is joining EZMSA after six years with Alberta Health in various roles including Physician Workforce Initiatives, MyHealth Records and the Office of the Chief Medical Officer of Health.

Previous to her health career, she worked in media in Halifax with the last position at the Globe and Mail. She has a Masters of Health Administration from Dalhousie University and a Bachelor of Business Administration from the University of Brunswick.

In this new role she will provide strategic and operational support for the expansion of the Medical Staff Associations within the Edmonton and North Zones.

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Website: www.albertazmsa.com/ezmsa

The RGH MSA Executives are currently accepting nominations from departments and RGH physicians for the

RGH Physician Recognition Awards!

Any RGH Physician can submit a nomination for a physician from any department.

The following are categories for which a physician may be nominated:

- Outstanding Leadership
- Outstanding Department Contribution
- Outstanding Longevity and Contribution Outstanding Department Commitment
- Outstanding Commitment to Patient Care
- Outstanding Integrity and Compassion
- Outstanding Department Inspiration
- Outstanding Respect, Caring and Trust
- Outstanding Collaboration
- Outstanding Clinician (great service provider, collaboration, technical skill, and patient advocate)
- Outstanding Team Building

Nominations will close on March 5, 2020. Criteria can be found on our website: http://albertazmsa.com/rgh-msa.

Please send your nominations to **zmsaadmin@albertadoctors.org**

SAVE THE DATE! The RGH Physician Recognition Awards will be presented at the **RGH MSA Annual Dinner & Awards** night being held on **Thursday, May 7, 2020.**

EZMSA Call for nominations

Physician of the Year Award
Researcher of the Year Award
Physician Innovator of the Year
Life Achievement Award – Medal of Service
Champion for Young Leaders Award

ANY and ALL Staff can nominate a Physician

For more information and submission form please visit:
www.albertazmsa.com/ezmsa-awards

Deadline for submissions
Wednesday February 19, 2020, 4:00 pm

Submissions: **Fax: 780-735-9091**
or laurie.wear@covenanthealth.ca

Save the date!
Award Presentation & Dinner March 19th
Ernest Restaurant, N.A.I.T. 6:00 pm

PLC Call for Nominations

PLC Medical Staff Association Awards

The PLC Medical Staff Association is seeking nominations for the following awards for 2019

- **Physician of Merit**
- **Clinical Teaching Award**
- **Resident of the Year Award**

The nomination criteria can also be found on our website: http://albertazmsa.com/plc-msa.

Please submit your nominations along with a brief letter documenting the nominees contributions and the rationale for the nomination via email to zmsaadmin@albertadoctors.org by **February 21, 2020.**

These awards will be presented at an award event in May 2020.

ACH Call for Nominations

The ACH Medical Staff Association is seeking nominations for the 2019 ACH MSA Physician of Excellence Award. Do you know a physician who you feel should be recognized for their exemplary accomplishments, exceptional clinical teaching and/or more? Nominate them!

You can find nomination criteria and previous winners on our website:
www.albertazmsa.com/ach-msa

The deadline to submit nominations is **February 21, 2020.**

Save the date!
This year the award will be presented at the Department of Pediatrics Spring Celebration held on April 18, ALL physicians are welcome

Your Voice Needs to be Heard

Please take the opportunity to share your voice with us. Vital Signs exists to inform, inspire, and advocate for physicians in Alberta by sharing issues and ideas pertinent to the profession. We do this by publishing articles written by physicians that have something to say, and are looking for a place to translate and discuss their ideas. The Vital Signs team can help see your ideas to fruition, so that your story is told in the strongest way possible.

Whether you have contributed countless articles or you merely enjoy reading Vital Signs, thank you for your time and attention.

With that said, we've got big plans for Vital Signs and we hope you'll join us on our journey. Certainly continue to keep reading Vital Signs but we encourage you to do more. Tweet about the things you read and interest you, share links to our online version with friends and colleagues and write for Vital Signs. The doctors who have contributed always find it a rewarding experience.

HERE'S WHY:

Writing makes you a better thinker
In an effort to create content that is succinct, reveals new ways to look at common things, or apply simple solutions to seemingly complex problems, you might think about healthcare differently.

Writing keeps you learning
The discipline required to create interesting content forces you to study and contemplate your subject matter.

Writing allows you to create bigger ideas
Producing content over time affords you the opportunity to create larger editorial ideas that can be reshaped and repurposed for other settings.

EDITORIAL GUIDELINES

CONTENT:
Content submitted to Vital Signs should be of interest to and advocate on matters pertinent physicians in Alberta, such as:

- Patient care: quality, safety, and interdisciplinary aspects
- Service planning and delivery
- Medical and workplace culture, and wellness — Specific issues within your field that other physicians should be aware of
- Medical Staff bylaws and rules

Content submitted should be original and is published at the discretion of the Editorial Committee. Content should reflect the goals of the ZMSAs and be respectful and constructive. It's also important to remember that this is not an academic paper: this is a chance to use a more casual tone — Vital Signs is an ongoing conversation, physician to physician.

FORMATTING:
Articles submitted should be approximately 800-1,000 words in length (sometimes longer depending on the subject matter) and in MS Word format with sources cited and trademarks and copyrights honoured.

Please observe writing conventions:

- Be brief, but engaging. Limit unnecessary words and adopt plain language where possible.
- Use action words and make it clear how this information will directly benefit the reader.

***Note:** *With the addition of a Staff Editor/Writer to the Vital Signs team, there is now the option to have an article produced via interview or a writing framework, should you prefer that. Please get in touch with the Staff Editor/Writer (e-mail given below) for more details.*

Please send your article to Staff Editor/Writer Shauna McGinn, at mcginnshauna@gmail.com, and visit http://albertazmsa.com/vital-signs/ to view past issues.