Please contact your representative with any concerns or issues.

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PRESIDENT’S CORNER

Dr. Robert Broad

Going forward, we can hope to improve on communication and build stronger relationships. With only this in place will physicians want to be engaged; for our ethical and moral duty to serve those who seek our care and compassion.

Continue to serve your patients and continue to be collegial; for when we work together our patients get better care. Let’s continue to make our patient care our priority. Let us address what works.

Take time to enjoy some of the summer, however short the summer seems to be in Edmonton.

RWB

Mark your Calendars – EZMSA Dinner at the Art Gallery & AGM Meeting: THURSDAY October 10, 2013 6:00- 9:00 p.m. more details TBA.

Have a wonderful summer and watch for the annual EZMSA Waitlist Access Survey – we need your input.

Letter from the Editor

Dr. Richard Bergstrom

Summer...
It is a long weekend in August. I sit down and think about the newsletter. That means that I sit down and think about “you” the members of the Zone. These strange ramblings that come from my brain should, actually, must not be focused on me, they need to be focused on you and your work. Not the work of AHS, the University, AHW. Your work. I know that there are contracts and relationships between physicians and AHS, the University and AHW. Yet, as physicians, we have a true focus and purpose, that is, provision of care. It is about the “health” of our patients.
We work in a system that has influence by many organizations; we must be heedful of our agreements with these agreements but we do not need to let their difficulties distract us from providing and advancing the health and wellbeing of our patients.

Now, I just forgot one of the very important, if not the most important part of our work, decreasing suffering. This last aspect is separate and apart from delivering a healthy baby, removing an inflamed appendix, helping those with mental health problems see more clearly and manage better, setting broken bones, mending broken hearts and the such. We also advance care and that is both innovation and invention. We also need to look at those in their last stages of living. To bring dignity, care, compassion and comfort to those who are dying; I truly believe that is integral to what we do as physicians.

Peter Drucker (the management consultant guru from the last century) helped me understand the essence of business and therefore helped me see health care from a different perspective. We provide a service to someone, or should I say for someone (one of my frequent comments is that it is not important what we do “to” someone, it is much more important what we do “for” them) and that service is of “value” to the patient. We do not diagnose a “cold” more than we provide reassurance that this is not serious, it will be gone in five days and all you need is analgesic and to stay away from infecting people (a note that says you can stay away from work is not about “you and how you poorly you feel” it is about “you not infecting the office”...some social responsibility). When someone needs a knee replacement it is more about the improvement of mobility and activity than it is about the operation. The value of a new knee is twofold. You have decreased pain (a very good thing) and you also have the ability to maintain independence, activity and overall health. What we do is provide “value” for patients.

I am an old dog. I graduated in 1981 and have been in active full-time private practice for over 25 years (I do work in a University Department and the University Hospital but have no signed contract with the former and have “Privileges” to practice in the latter). This does not make me any smarter than the young docs coming off the assembly line (yes, it is an assembly line). It does make me wiser. By that I mean I have experienced the influence of health care administration and the University opinions over the last quarter century. Not all of these changes have been congruent with my focus on providing valuable care for patients. I have learned to listen to these agencies and then contrast and compare that with my own views and beliefs.

As physician advocates, I think we need to maintain a voice for the patient. The Government wails about the ever increasing cost of health care; I suggest they speak up and tell the Albertans what you are not going to cover and meld that with the Canada Health Act. AHS speaks about costs, too; have them speak to the patients who could benefit from care and are sitting in the queue, suffering all the while. We have people sitting in hospital with broken bones because there are no funds for definitive care today. We have people who need primary care in the most basic sense; that is, changing the social determinants of health. We need to continue to provide a voice for each and every patient; not to squabble within our ranks and dismiss our colleagues ability to provide care (Why fund them and not me?). I believe we need to ask the question “Yes, Mr. Minister ‘Why them and not me?’” as to ask about disparity and appropriate support. It is the Government and AHS executives to speak with the people, the weary the worried and those who seek the care we can provide.

I would speak in favor of continuing a series of letters and conversations with our MLA’s, AHS executives, managers, and others. Both to make sure our patients know that we are advocating for them and secondarily to provide input for what is needed. Targets and goals have been a disaster in parts of the NHS; the tick box on the “out of ER within four hours” is more valuable than the care received.
Metrics are important but only if they deliver care to each and every patient that needs care. Metrics can show effective care, yet, for me they really identify areas where we are not serving enough, not creating the change that is needed, not being the true advocates we need to be.

I hope that we all continue to see our relationship with patients paramount to the value we bring to all who seek our service. Trust is so very important and it is not (as some in positions of leadership seem to think) an entitlement, it is an earned commodity. So, in ending, do enjoy the summer (no one moves to Edmonton for the weather) and have a rest then continue to provide care, value and the important part of advocacy for our patients. For they do matter, as much as what you do matters.

We hope you are all enjoying a lovely summer. The Edmonton Medical Women’s Club’s regular interest groups will reconvene starting in September and October. We also have the following upcoming events.

**EMWC Welcome Evening:** Wednesday September 11th, 7 p.m. Interested in learning more about the Edmonton Medical Women’s Club, or would like to introduce a friend? Join us for a casual evening, meet members and enjoy some great food. To RSVP please contact Deann at edmonton.medwomen@gmail.com.

**Save the Date:** Fall Dinner and Biannual Meeting Wednesday October 9th, 6 p.m. at the Edmonton Country Club. Entertainment will be provided by musician Keri Zwicker, a popular harpist and singer who specializes in Celtic and Latin music with a modern slant that has broad appeal. For more information please contact Deann at edmonton.medwomen@gmail.com.

**SUBMISSIONS:** EZMSA monthly newsletter welcomes submissions (articles, notices, letters to the editors), announcements, photos, ec.) from practitioners and healthcare providers in Alberta. Please limit articles to 600 words or less.

**Deadline:**
The deadline for article submission to EZMSA is the 20th day of the month for distribution.

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**Dr. Richard Bergstrom,** Editor