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OUR VISION

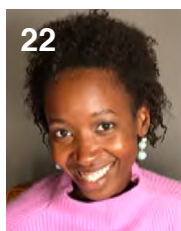
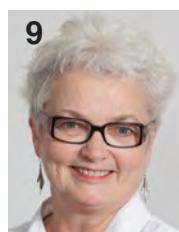
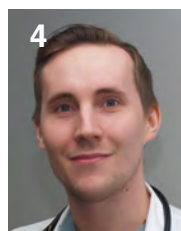
TRUSTED ORGANIZATION,
STRONG VOICE

OUR MISSION

SERVING PHYSICIANS, ADVOCACY
AND PERSONAL WELL-BEING

OUR VALUES

UNITY, INFLUENCE, FORESIGHT,
PROFESSIONALISM



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President's Message

With spring just weeks away, I'm sure you are all hoping that the long cold stretches of this winter fade quickly into the distant past. I want to thank you for working through this winter, whether commuting on the icy roads of Winnipeg or traveling the blustery highways of Manitoba to care for your patients, the toll it takes is real. Your professionalism and compassion continues unabated though and for that you deserve praise.



We have been working hard at Doctors Manitoba to meet your needs in the face of some very challenging circumstances. Advocacy is at the core of all that we do for you - and it takes many forms. Here, I will highlight just a few.

We are focused on our Master Agreement negotiations, knowing that we will need to carefully navigate our way through a host of complicating factors like restructuring.

Another example of our advocacy relates to your safety and security. We asked for your input and advice recently concerning the national opioid and meth crisis and the effects it is having on your workplaces. You offered sage advice. It has helped inform our work with regional health authorities and government to enhance processes and facilities to improve security.

A more recent example is our work with and for the physicians of the Lifelight program. As a result of decisions made by government, the availability of the fully-equipped jets used by Lifelight has been inconsistent. To make things worse, there has also been a shortage of pilots. This has led to an unfortunate over-reliance on private, backup basic aircraft that are not appropriately equipped for the critical care provided by physicians. We have been raising our concerns that physician and patient safety have to be properly taken into account, and that the uncertainty surrounding future organizational operations of Lifelight is harming the ability to retain and recruit physicians and pilots for this crucial program. We will continue to insist that pilots and suitable jets are available, so a safe and clinically sound environment for care is available.

Our reason for being is to advocate for you. Please don't hesitate to contact us so we can figure out how best to help you.

Theresa Oswald

A Message From The CEO

We are grateful to the many physicians with whom we worked to prepare our comprehensive proposal to government for a new Master Agreement. This was gruelling and sometimes tedious work, but your efforts enabled us to put forward a proposal that better advocates for you and to help modernize our system in an effective and efficient manner.



It is striking to me how passionately we heard from physicians that an effective system that values their work and is responsive to the needs of patients is what they desire most. There are some who would claim otherwise but it simply isn't true.

The physicians of Manitoba want to see barriers to care broken down, innovation driven by compassion, and a billing/compensation system that reflects the excellent care they provide in every corner of the province. Physicians have engaged in continuing education to strengthen their skills sets and knowledge-base as the population grows and changes. Medicine continues to advance and our compensation models should too.

We hope to receive a formal proposal from Manitoba Health in the weeks ahead, and while this is slightly behind the historical schedule, we understand that restructuring is consuming every moment of a far-

too-lean team of professionals tasked with doing the important work of negotiating with us. Our strategy will be to work collaboratively and get the best deal possible for you. It is not our intention to negotiate in the media but we will keep you posted of all material developments going forward.

I spent a rather frightening day in the ER a few weeks ago with a loved one in distress. I watched closely as you worked to provide care and comfort to all involved, and I was inspired and so grateful. Your professionalism and expertise is the reason I come to work every day, and I am deeply proud to do so.

Respectfully submitted,
Theresa Oswald
CEO

Dr. Bartlett in his River Heights home



Dr. Bartlett MMA presidential photo (c. 1989-90)



Acknowledgments: Doctors Manitoba dedicates this article to Dr. Lloyd Bartlett and his family.

CADILLAC CAREGIVER: inventor, doctor, health advocate, and family man

From seat belt and helmet laws to anti-smoking legislation centenarian physician Dr. Lloyd Bartlett saved countless lives

Dr. Lloyd Bartlett has a daily ritual.

Every evening before bedtime, he sits on a stool in the corner of his bedroom. He cracks open a well-worn copy of Grant's Atlas of Anatomy, which sits on a special stand by his closet, and he studies at least one of the detailed illustrations, which are drawn from photographic negatives.

Studying is something he's done for decades, and decades, and decades. At 101-years-old, the retired physician, surgeon, and former president of the Manitoba Medical Association (now Doctors Manitoba) certainly doesn't have anything to prove.

"It's important to me to keep up on this," he says.

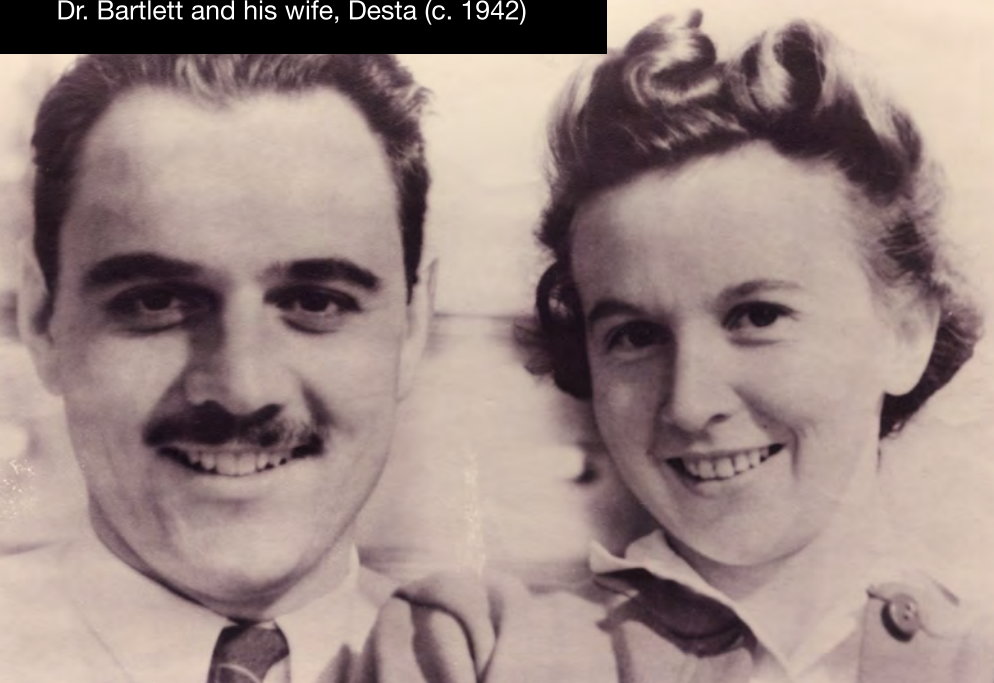
Even though he retired in July 2018, the centenarian hasn't stopped thinking about how he can help people live healthier lives. It has driven him for his entire adult life. His professional life has been devoted to learning, creating, and problem solving.

His home office is filled with medical books and journals, alongside framed congratulations from the Queen, the Prime Minister, and the Governor General to mark his 100th birthday in 2017. A small, decorative water fountain, bubbles away as Dr. Bartlett speaks about his life. His personal life has been rich and full. He and his late wife Desta (she died in 2017 at age 99) raised five children together. Today he has nine grandchildren and six great grandchildren. His professional life spanned more than seven decades and is punctuated with a list of accomplishments, usually tied to inventions or solutions for patient care that he came up with.

Descended from a family of inventors, that passion for problem solving started when he was a small boy in his family's foundry in Stratford, Ontario. He was always building and inventing things including a door bell made using a car horn, button and battery inside a glass jar, and a hand-powered chariot from old tires, wagon wheels and a motorcycle side car. He was going to be a farmer, like his grandfather, but decided to give medical school a try. Med school at the University of Western Ontario was the right fit.

He interned at the Ottawa Civic Hospital where he met his future wife Desta, a paediatric nurse who was an enormous help in his future projects. Early in his medical career, he became the sole family doctor and surgeon in Favourable Lake, Ontario, near Island Lake, Manitoba. In the remote town, Dr. Bartlett learned basic dentistry from the local dentist. When the dentist moved away, Dr. Bartlett stepped in and took over dentistry. Dr. Bartlett also taught himself to do refractions so that patients didn't have to travel to the city for eyeglasses. Tuberculosis was a significant public health problem in Favourable Lake. To that end, Dr. Bartlett was instrumental in having a separate log-cabin hospital built to tend to tuberculous patients in isolation.

Dr. Bartlett and his wife, Desta (c. 1942)



"He was way, way ahead of his time," says Dr. Ian Goldstine, a colleague and former fellow MMA board member.

"He really lead the charge for anti-smoking, anti-meat, and the importance of good diet and exercise," Dr. Goldstine says.

Dr. Bartlett wasn't afraid to buck the system, particularly when it came to patient health and good sense, says Dr. Goldstine, the medical advisor to the pain management unit at the Workers Compensation Board.

For example, Dr. Bartlett got into a tussle with the College of Physicians and Surgeons after telling patients not to get prescriptions filled at pharmacies that sold cigarettes, says Dr. Goldstine.

Telling patients where or where not to fill prescriptions was a no-no but Dr. Bartlett felt it was important to make this stand against pharmacies that were selling harmful tobacco products.

"He was championing anti-smoking in that way too," Dr. Goldstine says.

Dr. Bartlett, along with his late-wife Desta, practised what he preached.

He has been a vegetarian for more than 50 years. Dr. Bartlett gave up meat, except for salmon, after studying cholesterol research, and comparative dental anatomy of the animal kingdom, concluding that humans are not meat eaters. He has also been dedicated to exercise.

As a long-serving physician, Dr. Bartlett has served thousands of patients, and saved countless lives with his diagnostic ability, surgical skill, and solid medical and lifestyle advice.

As an inventor and health advocate Dr. Bartlett has also had made remarkable contributions and had wide-spread influence on how we all live today.

Cases in point: At age 24 he invented and used the first cannulated intravenous needle, now used world-wide. He proved that the cause of wound dehiscence was by sutures tied too tightly. Tight sutures would give way as the patient strained, thereby impairing healing. Dr. Bartlett and his father invented a tension meter instrument that tied the sutures at a measured tension. With the instrument, he performed more than 1,000, consecutive procedures without a single wound dehiscence.

With the late, Dr. D. W. Penner, Dr. Bartlett was also instrumental in getting seat belt and helmet legislation passed in Manitoba. They also campaigned against drinking and driving.

As the chair of the Canadian Medical Association's committee on tobacco legislation, his presentation to a parliamentary committee included a poster with real images of smoking-damaged anatomy. That work helped drive anti-smoking legislation and the use of graphic pictures in the poster, called "The World's Biggest Rip Off," ultimately became the precursor for the modern tobacco packaging with its stark images of cancerous tumours and other smoking related effects and illnesses.



Dr. Bartlett giving a boy in a tent a blood transfusion during his time at Favourable Lake, Ontario (c. 1942-49)

Dr. Bartlett administering immunizations to local community members in front of log cabin hospital ward in Favourable Lake, Ontario (c. 1942-49). He had the log cabin built as a hospital ward for tuberculosis patients who needed to be isolated.



Dr. Bartlett would always listen to medical audio tapes while exercising, thereby giving both body and mind a workout, adds Dr. Goldstine.

When the college suggested elderly physicians get audited to make sure their skills and knowledge were up-to-snuff, Dr. Bartlett stepped right up.

“When the word got out, he was the first in line. It showed how much he valued continuing education and staying current,” Dr. Goldstine says. *“He was always, always staying up to date.”*

“We talk about life-long learning. Well, he exemplified that,” Dr. Goldstine says.

Dr. Bartlett also stepped up in other ways too. As a Board member of the Manitoba Medical Association, and then its president in 1989/90, Dr. Bartlett was also a fierce advocate for physicians.

“He always spoke what he believed to be the truth to power,” says Dr. Ian Sutherland, a former board member and colleague.

Not only was he passionate about what he believed was right, he had always done his homework and his beliefs were solidly rooted in evidence-based reason, says Dr. Sutherland. Dr. Bartlett took this posture long before “evidence based” decision making in medicine was in vogue, adds Dr. Sutherland.

His arguments for the benefit of one investigation, treatment, or surgical technique over another were

presented judiciously to colleagues, and if you were in disagreement with him you had better be equally well informed and prepared, says Dr. Sutherland.

“It was very difficult to have a conversation with him about a surgical procedure. He would say, ‘the evidence is this, or this is what the literature shows,’ and you wouldn’t win if you hadn’t done your homework. He’s just a very determined and competent individual,” says Dr. Sutherland.

Dr. Bartlett wasn’t rigid, however, adds Dr. Walter Hoepfner, a former board member and retired physician in Winkler, Manitoba. Dr. Hoepfner sat on the executive committee with Dr. Bartlett in the 1980s. At the time the association was negotiating a contract for physicians with the government. Then, the government fell and negotiations were at risk. Dr. Bartlett was insistent that negotiations halt. The three other committee members wanted to push forward. After a vote of three against one, Dr. Bartlett told his colleagues that he wanted the vote to be unanimous so he switched sides, aligned himself with his colleagues and promised to vigorously defend the committee’s position to the board the following day as a united front.

“He was a team player. And when it came down to the crunch, he supported the team. That’s when I learned what a team player was like in an association,” says Dr. Hoepfner.

"He had a remarkable ability to drop any ego," Dr. Hoepfner says.

Dr. Bartlett, who wore natty bow ties every day for decades, also had and great relationships with his patients. Many years ago, Dr. Sutherland's teenage son stepped on a needle buried in a carpet. With the needle broken off and lodged in the boy's foot, Dr. Bartlett was the doctor for the job.

"He had a good reputation as a well-informed surgeon. He operated on my son and after a lot of searching, he found the fragment. Scott has had no problems since. He earned a tremendous amount of respect from his patients," says Dr. Sutherland.

"He emphasized the importance of doing things well and doing things right. He set a high standard and great example for us all."

That great example was also on full display in the operating room, adds Dr. Les Ullyot, who assisted Dr. Bartlett in surgery a few times.

"I remember his meticulousness and his organizational skills. He was present for the whole process from setting up the OR to laying out the table, to finishing the procedure to ushering the patient to the recovery room," Dr. Ullyot says.

That respect was also earned from the medical students Dr. Bartlett taught. Dr. Hoepfner was one of Dr. Bartlett's medical students back in the day. In a demonstration on pre-surgery hand-washing techniques, Dr. Bartlett gave blindfolded students a special formula that blackened their hands. The students then washed their hands, removed their blind folds and discovered how much of the black remained depending on their technique. Decades later, Dr. Hoepfner, who is now retired, still remembers the impact of that simple lesson.

Dr. Bartlett's patients also speak highly of him.

Up until Dr. Bartlett's retirement in summer 2018, Wanda and Ted Lismer were his patients for sixty years. Their five children were Dr. Bartlett's patients too. She says they were *"honoured, grateful, and thankful,"* to be under his care for so many years.

"He gave us Cadillac care. And honesty, that's almost an understatement," says Wanda, who is in her mid 80s.



He was *"a good and most kind friend, counsellor and exemplar,"* Wanda says.

He was there for us any time, available day or night, she adds.

When her son was a toddler, he went limp like a rag doll. So she called Dr. Bartlett, who then called the emergency room and lined up a doctor to meet them, thereby clearing a path for the family to be helped more efficiently.

"There are infinite number of incidents where you could call, and just a calm word from him would make such a difference," Wanda says.

"He would always have time for you, but he also didn't waste time," adds Wanda. His advice would also be based on the most current medical and research information, she says.

Dr. Bartlett would do house calls too.

Decades ago, when the young son of patient Marcel Bonneau came down with a bad fever and other concerning symptoms that pointed to meningitis, Dr. Bartlett showed up at their doorstep to care for the boy.

But more than urgent care and house calls, Dr. Bartlett gave much sage advice over the years to Bonneau. The 96-year-old credits his long, healthy life, in part to Dr. Bartlett's wisdom and care.

"He was professional, he was interested in you as a person, and he was up to date," says Bonneau, who had been a patient of Dr. Bartlett's since the mid 1950s.

Dr. Bartlett was a strong advocate for vegetarianism, exercise, and non-smoking. Bonneau, a retired university professor, followed much of Dr. Bartlett's advice.

"He was a font of knowledge," Bonneau says.

"He's a very caring man," adds Terry Clark, who had been a patient of Dr. Bartlett's for about 50 years.

"I miss his candor. I miss his curiosity. He provided firm, consistent care for me for 50 years. He listened. He questioned and he was interested in his patients," says Clark, a business owner. *"He was interested in the whole patient,"* says Clark.

Clark personally credits Dr. Bartlett for recognizing the health implications of high cholesterol levels and then treating him with statins before the practice was widely regarded.

"He's sharp as a tack," Clark adds.

Professionally, Dr. Bartlett was a standout. His personal life was also rich and rewarding. He and his wife Desta were devoted parents to their five children. The family's cottage was a hub of fun and family time during the summer months. The couple loved nature and shared that with their children.

"They were just wonderful days, outside all day, swimming, rowing, building forts, playing games, singing around the camp fire," says daughter Ellen Tye. **"Time alone with my Dad that I enjoyed was when he took me on trips to go rock hunting or when I got to ride in the Sunbeam car with him on Saturday mornings to the hospitals to 'do rounds,'"** Ellen says.

Daughter Lorna Kopelow says her father's devotion and dedication to his career was matched by his devotion and dedication to his family and wife. While his career was serious business, Dr. Bartlett loved and still loves telling jokes and riddles. He carved wooden spinning tops for children. As a couple, the Bartlett's hosted many *"fabulous dinners for family and friends,"* and both loved music, says Lorna.

"They always helped us with whatever we were pursuing, throughout our lives. They were both eloquent and entertaining story-tellers," adds Lorna.

Son Rob Bartlett also credits his father and his mother for teaching him strong values that have carried him through life.

"Hard work, organization, respect, appreciation for the good things you have been given. Make the most of what you have. Family. Patience. Take pride in what you do and do the best you can. Make time for the things and the people you love. Between them there was much love and wisdom," Rob says.

Their mom Desta was an invaluable contributor to her husband, Dr. Bartlett's professional successes, the children all agree.

"My Mom was a huge contributor to all his accomplishments, also working in their office, supporting him in all his endeavours, in addition to raising a family and running a household so capably and cheerfully," daughter Ellen says.

"They have worked incredibly hard, doing what they loved and were so good at, they helped many people from all walks of life and left the world a better place," she adds.

Back in Dr. Bartlett's River Heights home, the retired physician remains devoted to his studies, his health, and his family. He has slowed down but still active in mind and body. In anticipation of this profile, he hand-wrote a dozen pages detailing memorable moments in his life. It's quite a feat to remember one's life, particularly a 101-year-long history.

He is also still firmly planted in problem solving mode. For example, he is interested in the possible role of glycation in causing slowly progressive diseases like dementia. He believes cooking food at high temperature with little water may be the cause of dementia. Dr. Bartlett thinks that high-heat and little water may change the shape and function of protein molecules like it does in diabetes. He also has several inventions and procedures ready for deployment.

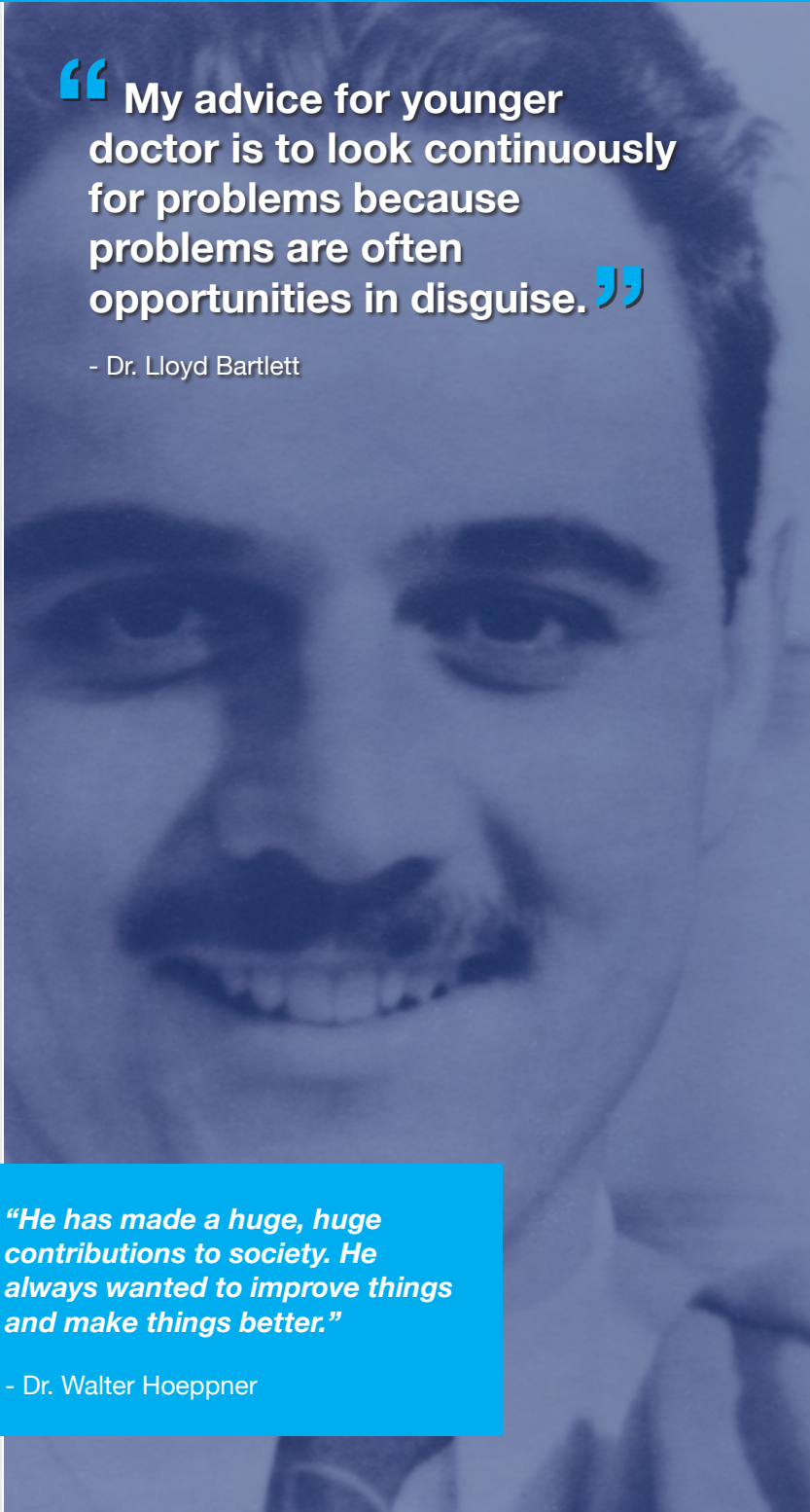
And this, like everything Dr. Bartlett has tackled in his 70-plus years as a physician, inventor, and health advocate, and family man, is all about helping people live better, healthier and happier lives.

"Every time I see something, I think, 'there's got to be a better way of doing it.'"

High Achievements

Milestones in Dr. Bartlett's professional life

- Administered the first BCG in Western Canada
- His greatest invention: Invented and used the first cannulated intravenous needle
- Curated the Pathology Museum in Winnipeg, introducing new methods of display
- Based on air cultures and skin sterilization experiments, he revised the Winnipeg General Hospital's operating rooms and skin preparations, markedly reducing infections
- Invented an operation for the cure of pancreatic fistula, which is still the standard
- Was the first director of post-graduate surgery at the University of Manitoba and developed a training program rated as one of the best in Canada
- Learned surgical skills from master surgeon, Dr. F.A.B. Sheppard
- Developed isotonic tube feeding formulae which became the prototype for commercial products
- Developed the first plan for the systematic treatment of burns in Winnipeg
- Invented a gastric suction device
- Invented the problem-oriented medical record and the impact medical record 'Exam-O-Gram'
- Created the awards committee and a series of annual awards for the Manitoba Medical Association, now a highlight of the annual meeting
- Created a medical office whose unique design won many awards
- Produced many information hand outs for patients before the age of the Internet. Many of these pamphlets are still relevant, including Food Facts for advice on cancer prevention



“ My advice for younger doctor is to look continuously for problems because problems are often opportunities in disguise. ”

- Dr. Lloyd Bartlett

“He has made a huge, huge contributions to society. He always wanted to improve things and make things better.”

- Dr. Walter Hoepfner

“Dr. Bartlett was just a very humble man who loved medicine and the ability to help others. He did this without ego. The length of time, the years, he gave of his own to help people is admirable and likely will never be equaled in Manitoba.”

- Dr. Les Ulyot



Dr. Edin Tunovic

Dr. Edin Tunovic understands the importance of perspective, which should serve him well as the newest member on the Doctors Manitoba Board. His primary goal is to learn as much as possible and to contribute constructively. *"I enjoy working with others and learning from them. I've learned that it is best to be matter of fact, open and honest in your interactions."* He hopes to contribute to positive change through participation and advocacy on the issues facing physicians that he's passionate about.

His main concerns are systemic changes in healthcare and how physician involvement can result in positive changes for all. *"I often think about how the current broad changes affect our models of practice as well as our interactions with each other and our patients. Physician involvement can result in more positive changes for all."* Dr. Tunovic has experienced this in his own practice, specifically at Concordia Hospital, and the profound impact felt due to changes in models of care. *"The physicians involved in the process have been phenomenal during times of adversity and adapting to*

demands placed on them. They continue to provide exceptional care. I've learned from them the importance of evolving and adapting through challenging times. They truly deserve recognition."

He enjoys tackling problems from all angles and acknowledges that there are many facing physicians today. *"Never has there been so much expected from physicians, while many face increased financial concerns with the costs of running a practice, proposed tax changes and looming future negotiations. I would like to focus on improving quality of life for physicians and advocating for systemic improvements so that they can continue to use their exceptional talents to care for our fellow Manitobans."*

Dr. Tunovic grew up in Winnipeg, where he completed his undergraduate studies and medical training at the University of Manitoba. He is a family physician and has worked at the Concordia Community Clinic for the past four and a half years. He also works as a hospitalist at the Concordia Hospital and as a consultant at the Bethania and Pembina Place Personal Care homes.

He finds daily motivation in being able to make a positive impact in peoples' lives. He enjoys the varied interactions he has as a generalist with patients and their families, as well as with other colleagues in the healthcare system including physicians, pharmacists, nurses and allied health professionals.

He ensures he makes time for himself and family, stays active, and is aware of what he needs in order to remain successful during stressful times. *"A burnt-out physician is not a helpful resource to anyone. A process of self-reflection is important, as is being open to constructive criticism from people around you."*

He counts his parents, who immigrated to Canada from Bosnia, among his heroes. *"They are truly the hardest working people I have ever known. They moved our family after the war in Yugoslavia and faced challenges few can imagine. They gave their children the best example of what can be achieved with hard work and dedication."*

When he's not practicing as a hospitalist, clinician, consultant at personal care homes or representing members as the Concordia Representative on the Doctors Manitoba Board, Dr. Tunovic enjoys traveling and exploring new places. *"It puts the world and our own problems into perspective," he says.*



“There are few physicians living who have actually seen cases of smallpox. A friend of mine is an Infectious Diseases specialist who saw cases back in the sixties in Pakistan,” he says. “As very few people on the planet are currently immune, and with vaccinations only lasting five years or so, we are all susceptible to an epidemic if it should ever occur.”

The ongoing effects of climate change also impacted Dr. Ross’s writing. *“Bodies buried long ago in the permafrost have the potential to resurface, as we have seen with anthrax in Siberia.”* It’s certainly a terrifying notion. He also nursed a nagging question that inspired this novel: could smallpox return as an agent of bioterrorism? *“The possibility of making a smallpox-like virus in the lab now exists with the smallpox DNA genome becoming available on the internet for a price. After 9/11, the US government began vaccinating all the soldiers being sent to Afghanistan with fear of bioterrorism raising its fearful head.”*

Aside from chilling realities and apocalyptic possibilities, Dr. Ross is also inspired to write by reading authors whom he admires. He finds writing can be both energizing and frustrating at times. *“I found days where I couldn’t write enough, totally in the flow. At other times, I would get bogged down with writer’s block. For me, it helps to get away from the project by writing about something entirely different or going for a hike in the countryside or going fishing.”*

He also found sharing ideas with friends and family to be very helpful. *“My main mentor in writing this novel is a friend who is an English teacher. I consider him astute and very helpful although he can be ruthless at times in his critiques, which, of course you need as a writer. As a mentor, he provided objectivity.”*

Dr. Ross found the process of writing a novel to be a great learning opportunity, and his writing style has changed because of it.

Where Art Meets Science

Doctor Frederick Ross, a family physician from Winnipeg, recently published his first novel titled *A Deadly Thaw: The York Factory Connection*. An avid student of history with a fascination with infectious diseases, Dr. Ross set out to capture what he’d read in medical history books about the devastating effects of smallpox.

“The research for this historical fiction was exhaustive. Dozens of books, periodicals and interviews with infectious disease specialists, biologists and historians were necessary to complete this book,” he says.

For Dr. Ross, there is an air of mystery around this deadly disease.

“For one thing, it is absolutely necessary to obtain professional editors in this process. It can be humbling to be advised to change passages that you thought were good; this endeavour was instructional with plot design and fleshing out characters,” he says. **“That being said, there are always some things you wish you did differently after the book is published.”**

In terms of his medical career, he finds meeting with patients to be the most rewarding aspect. *"I can get behind with office discussions that take place that have nothing to do with medicine. I often ask older males the simple question 'What did you do during the war?' Be prepared for some fascinating stories."*

Some of these patients even provided some inspiration for his novel, with stories from when they had been to York Factory.

As a semi-retired family physician, Dr. Ross doesn't struggle to find the time to write. *"Balancing writing with my medical career isn't all that difficult. What was difficult was to put my other passion as an artist aside to write. I haven't painted much in the past two years thanks to the book,"* he says.

Whether a hectic day involves sitting down for hours to write, working as a family physician, or a little bit of both, Dr. Ross makes the time for small pleasures. *"I cool down with a walk with my wife or spend time playing with our dog who gives me great joy. Somewhere in the mix is a glass of wine. Life is good."*

A Deadly Thaw: The York Connection is available at McNally Robinson, Chapters, Coles, the University of Manitoba Medical School bookstore, and e-book available through Amazon and Friesen Press.



Synopsis:

When a team of researchers from Canada's Arctic Institute travel to York Factory to disinter a grave, they unwittingly stumble upon more than they bargained for buried in the permafrost. Their research is focused on the old Hudson Bay Company fort cemetery, where they are attempting to find a definitive cause of the famed "York Factory Complaint" of 1833 – 1836. But alongside the now-opened grave of Joseph Charles, a "company man" who had succumbed to the "complaint" in 1836, they find a Hudson's Bay point blanket, an artifact of particular significance to the archeologist of the team, Rachel Thompson, and an indication that Chipewyan people were likely buried there as well. Upon their return from York Factory, Thompson, another member of her team, and the bush pilot who ferried them to their research site, fall gravely ill. When infectious disease interns have the good fortune to be on hand in the remote north as part of a study, they examine the ailing pilot and are horrified to confirm that he suffers from smallpox, a disease thought eradicated worldwide in 1977. A simultaneous smallpox outbreak occurs in Russia, and suddenly the world must ask the question: how could a disease surviving only within the vault-like security of the world's two level four containment labs have been unleashed to ravage millions? Could the melting permafrost be releasing this deadly contagion?



Family Affair

Li brothers blazing a path together in medicine

It's a Friday evening in early October and the Health Sciences Centre complex is still a bustle of activity. Henry Li arrives first.

The 20-year-old sits down in a campus coffee shop after a full day of classes in nearby Brodie Centre and Basic Medical Sciences Building. The second-year medical student is energetic despite the demands of his course work.

Minutes later, Jun Li, Henry's older brother, joins the table. Jun is in his first year of residency and just coming off a 10-hour-long day. Despite being tired, Jun cracks a joke while tackling the first question: his age.

"With all the stuff I have to cram into my brain, I sometimes forget my own age," says Jun, quickly remembering that he is, indeed, 25-years-old.

The brothers share an easy laugh over their mutual brain fatigue, which is symptomatic after long days at the hospital and on campus. Sharing laughs at the end of long days keeps them closely knit. The brothers, whether they acknowledge it or not, are blazing a trail of sorts. Both are hard-working, ambitious, and whip smart but it's more than that.

At age 19, Henry became Doctors Manitoba's youngest member. By that time, he had already breezed through an undergraduate science degree from the University of Manitoba, and was embarking on his first year of medical school. Jun, meanwhile, was finishing up in med school and at the tender age of 24 was heading into a residency in diagnostic radiology.

Medicine is in their blood line. Their father went to medical school in China. He immigrated to Canada and now runs an acupuncture clinic and traditional Chinese medicine practice in Manitoba. The brothers' great grandfather also practiced Eastern medicine in China. Later, a family friend, also a physician, also helped spark the boys' interest in medicine.

Henry credits these family connections, and later his older brother's career path into medicine with helping him find his calling early.

"He's always been one step ahead of me," says Henry. "Having that exposure naturally made me gravitate to the field."

Given their mutually shared career path, they relate to each other, perhaps a bit more than average brothers do.

"Between the two of us, we understand each other. I have an idea of what he's going through and he's already been what I'm going through," says Henry.

While the family's history played a part in their shared decision to go into medicine, both men credit their parents, and the experience of being children of immigrants, with their early goal setting and ambition.

"I think, for both of us, we've always been really driven to go for the goals that we want," says Jun.

"I always set myself up to do medicine," adds Henry.

"I remember it was probably Grade 12," says Jun speaking to his brother, "when you were deciding what courses to take and you asked me 'which one of these (courses) was relevant for medicine and which ones were not.'"

"You remember it way better than I do," says Henry, sharing a laugh with his brother.

"I think we got a little bit closer starting from that point as well," adds Jun.

Henry took advantage of his brother's advice and his experience but didn't take any short cuts,

particularly when it came to cracking the books. In med school, Jun was a meticulous note taker and offered his synopses of medical texts to his younger brother to help pave the road for his sibling.

"My notes were very nice and I colour coded them as well," says Jun. "I condensed entire text books as well into 20 pages and he didn't read any of them," says Jun, with a smile.

"(Jun) gave me his notes but I was too lazy to look at them," says Henry. "I learned better doing them myself."

It must be stated: Neither brother can be described as lazy, by any definition.

Henry will soon be learning something that his older brother Jun, in his first year of residency, is facing first hand right now. It goes hand in hand with temporarily forgetting your age. And there's no amount of brotherly advice or wisdom that Jun can offer to help blaze this trail for his younger brother. Henry will just have to grind it out like every other physician in training, from the past, present, or in the future.

"It's incredible how you can adjust to not sleeping," says Jun, "and how you can work for 20-something hours without sleep."

**As Jun says with a wry smile:
"That's something no one can understand until they're in it."**





Doctors Manitoba Mentorship Paint Nite!

In late November, the Doctors Manitoba office was transformed. What is normally a beautiful atrium at the epicentre of a bustling office was draped in painter's cloth. Gone were the Physician's Manuals and membership forms. In were the easels and paint brushes!

The Doctors Manitoba Mentorship Program hosted two Paint Nites, allowing mentorship program participants to connect, talk and paint. All of it was to give participants a chance to relax, talk a little shop, and decompress.

Paint Nite is where a trained artist walks aspiring artists with varying degrees of experience (ranging from none to some) through the painting process - from blank canvass to masterpiece. Think of it as paint by numbers for adults.

Over 70 medical students, residents and practicing physicians participated. There was plenty of time to mingle, eat good and have a glass of wine. The budding artists were captivated by our extraordinary teacher who carefully guided everyone through the process and helped them tap into their creative side.

The reviews were overwhelmingly positive and the art was equally impressive!



Managing stress when transitioning to new electronic record systems

At a recent conference your colleagues were discussing their transition from an old electronic medical record (EMR) system to a new system. Despite the initial growing pains, they felt the original transition from paper records to an electronic system had improved their practice, and they were now eager to migrate again to a newer program.

Having read discouraging accounts online about some electronic record systems, you remain unsure about making such a change in your office practice. But feeling pressure to modernize and improve efficiency, you decide to take the plunge.

You select an EMR system recommended by one of your colleagues. The hurried delivery and implementation of the EMR surprise your clinic staff. It is not long before you experience regrets as you work after hours catching up on administrative work related to the new system. Your staff are also struggling with the new processes and morale drops. Overwhelmed and stressed, you contemplate scrapping the whole project.

Benefits and drawbacks

Electronic records can improve both the management of individual patient care and the overall effectiveness of the healthcare system. They allow physicians to access clinical information remotely, review historical data, share information with patients, and more easily collaborate with other healthcare providers.

But as with any change, technological change concerning management of patient records can be stressful, even for the most computer savvy physician. Indeed, implementation and management of electronic records is a recognized significant source of stress for physicians and is linked to burnout.¹ Challenges for physicians and healthcare teams include the usability and interoperability of EMR systems, technical abilities of the physician and the team, lack of time for effective implementation, and fear that the technology will negatively affect doctor-patient interactions.²

The situation can be exacerbated by a difficult-to-use interface and inflexible functionality of an EMR system. For example, users may need to sort through an overload of on-screen information and may be challenged with confusing navigation. Data entry can be cumbersome when converting existing patient records into electronic files, and data integrity may be problematic when upgrading from an old EMR system to a new one. These and other factors have the potential to negatively affect workflow and ultimately patient care if not addressed. Physicians sometimes report working longer hours to complete data entry and related clerical tasks.

Among the main concerns for the optimization of EMRs stems from difficulties in the interoperability between systems, that is, how well the different technologies that comprise an EMR system interact and function. Compatibility issues may arise when, for example, there are multiple vendors offering products with different software formats.

Physicians may also be concerned about the effect that an EMR can have on the physician-patient interaction. If the transition means introducing computers for the first time in the examination room, less connection with patients and fewer discussions with colleagues may be an unintended consequence that needs to be taken into account.

Managing change, reducing stress

Many of the challenges and stressors associated with implementing a new EMR can be mitigated if physicians and their staff regard the transition as a project, devoting the time and resources—and doing thoughtful planning—to help ensure success. The transition may also be a good opportunity to assess, and where necessary, make improvements to existing work processes.

Selecting a system and vendor

There may be many EMR systems and vendors from which to choose, but not all will be suitable. Research and due diligence can minimize the risk of problems developing down the road.

When selecting an EMR system and vendor, consider issues such as how well the system fits the needs of your practice, the changes it will require to your existing office workflow, the transfer of existing files and data, the level of training and support the vendor can provide, security features, laboratory data management, and interoperability potential.

Once potential systems have been demonstrated and eligible vendors have been short-listed, it's a good idea to begin using a new system on a trial or pilot basis, if possible. This may be an opportunity to request customizations to the system to fully meet the needs of the practice. Before entering into any long-term commitments, asking for references and following-up with the vendor's past clients might reveal possible difficulties or provide reassurance.

Creating a transition team

A common strategy used in private offices and clinics when transitioning EMR systems is creating a transition team to oversee the implementation and liaise with the chosen vendor.

Implementation of an EMR system will impact each member of the healthcare team differently. It is important for the transition team to determine the needs of each of these individuals. Having the entire healthcare team buy in from the beginning is essential for successful implementation and transition, and generally reducing the stress level in the office.

Assessing ergonomics

Reviewing and assessing the ergonomics of the office and examination room will be important in minimizing any negative impact the new system may have on patient engagement.

One way to achieve this is by using an open configuration in which the computer does not obstruct eye contact between the physician and patient, and does not disrupt conversation. When the computer is used as an interactive educational tool during an appointment, patients are less likely to view the physician as being distracted by the computer.

Getting training

Regular and extensive training is essential to successful EMR implementation, and training should be part of the chosen vendor's service offering.

The learning curve can be steep, and there will likely be a reduction in productivity initially after implementation of a new system. Physicians should anticipate a temporary

productivity loss by carefully choosing when and how to implement a new system, such as during a quieter time of year or by temporarily assigning additional office resources. This permits more time to be spent on adapting to the new electronic record system and helps reduce stress.

Support from medical associations

Many provincial and territorial medical associations offer resources and support services for physicians who are considering implementing an EMR system, either for the first time or upgrading to a newer system, or who are experiencing challenges with their existing electronic system. These resources include information about available funding options, vendor selection, advice on data management agreements, and help in resolving issues if difficulties arise with a vendor.

Practicing in other settings

While physicians working in a hospital or a larger clinic might have no ownership and feel a lack of control over decisions relating to an EMR system, taking an active role in the planning and implementation of a new system might help ensure their needs and preferences are more effectively taken into account. It may also help alleviate the stress associated with the transition. Once the implementation is underway, working collaboratively with hospital administration and the IT department can go a long way in rolling out a system that functions as intended.

The bottom line

Planning and change management increase the likelihood of a successful transition from paper to electronic records or between electronic systems, and reduce the stress of those affected.

Providing clinicians and support staff with proper training in new workflow processes and the use of a new EMR system can help minimize the stress associated with implementing significant change in a medical practice.

Additional reading

"Using electronic record systems with care"
"10 tips for using electronic records"
Electronic Records Handbook [PDF]

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Manitoba youth gain appreciation for medical sciences through Canadian Medical Hall of Fame's Discovery Day

More than 300 youth and teachers from across Manitoba now have a better understanding of health science careers options thanks to a national youth initiative of the Canadian Medical Hall of Fame – Discovery Days in Health Sciences presented by MD Financial Management. Students from 86 schools of which 25% were from northern communities, participated in this full-day forum co-hosted by the Rady Faculty of Health Sciences at the University of Manitoba on November 9, 2018.

Supported by donors and funders including Doctors Manitoba, the recent Discovery Day connected high school students with physicians, researchers and other health professionals through keynote lectures, interactive workshops and a career panel discussion moderated by Doctors Manitoba President Dr. Shannon Prud'homme.

"It was an amazing opportunity to be able to talk with people who have gone through the things that we hope to pursue (MCAT, medical school, careers)," reported one young participant. Said another aspiring health professional, "I am overwhelmingly grateful to have been part of such an informative day. It contributed greatly to what I plan on doing in the future and helped me learn about all of the different opportunities that are ahead."





277

students

29

teachers

86

schools

(from various communities including Flin Flon, Thompson, The Pas, Gilbert Plains and Russell MB)

29

workshops

(including cultural teachings and Indigenous health, family medicine, neuroscience and cardiovascular research and psychiatry)

121

workshop presenters and career panelists

The Discovery Day event held in Winnipeg, now in its eighteenth year, has a strong focus on engaging young people from rural, northern and Indigenous communities, with nearly half the participants attending from rural communities.

“This day is a fantastic opportunity for the students to learn about medicine and health care opportunities,” said one teacher, having now attended her 15th Discovery Day. “I love coming here with the students and now some of the students I brought here years ago are doctors presenting at sessions. This is so highly motivating and helps students with goal setting and the importance of education. Thank you.”

The Canadian Medical Hall of Fame hosts 14 Discovery Day events annually with research and academic partners from coast to coast.





Connecting with members on key issues affecting the medical profession

The Canadian Medical Association (CMA) is committed to putting its members at the centre of our work. And we know the work many of our members do is making a big difference to health care. So, in 2019, we launched a redesign of cma.ca that allows us to showcase our members and their ground-breaking work as well as provide new ways for them to connect with the CMA and each other.

As part of the redesign, we've created a new community engagement platform that allows our members and stakeholders – including provincial and territorial medical associations – to provide input on our work and join discussions on key issues affecting the medical profession.

The following discussions are taking place on the platform until Apr. 1:

- **Equity and diversity in medicine** a members-only discussion hosted by CMA President Dr. Gigi Osler

- **Physician workforce and physician health and wellness** held in conjunction with our CMA Regional Member Forums.

In addition to these two discussions, we're also interested in hearing members' big, bold and innovative ideas. Your ideas will be critical in shaping the CMA's future actions, particularly as we enter a federal election year, and will help us deliver on our vision of a vibrant profession and a healthy population.

This new platform is also home to our communities of interest — groups of physicians, medical students, patients and health care professionals who are connecting on an area of common interest.

As a CMA member you can use the platform to find out more about the communities we've sponsored through our grant program.

The Equity In Medicine community of interest, focused on addressing gender equity in the medical profession, is live and currently recruiting physician members. In the future, you'll be able to start your own communities on issues you're passionate about.

Many of your peers have already joined the conversation and shared their ideas. To access the platform, visit community.cma.ca

If it's your first time using the community engagement platform, you'll be asked to log in using your cma.ca account. If you don't have an account, select "Don't have an account" for instructions on how to create one.

Please weigh in! Your perspective will help ensure our work reflects the needs of physicians, medical students and patients.

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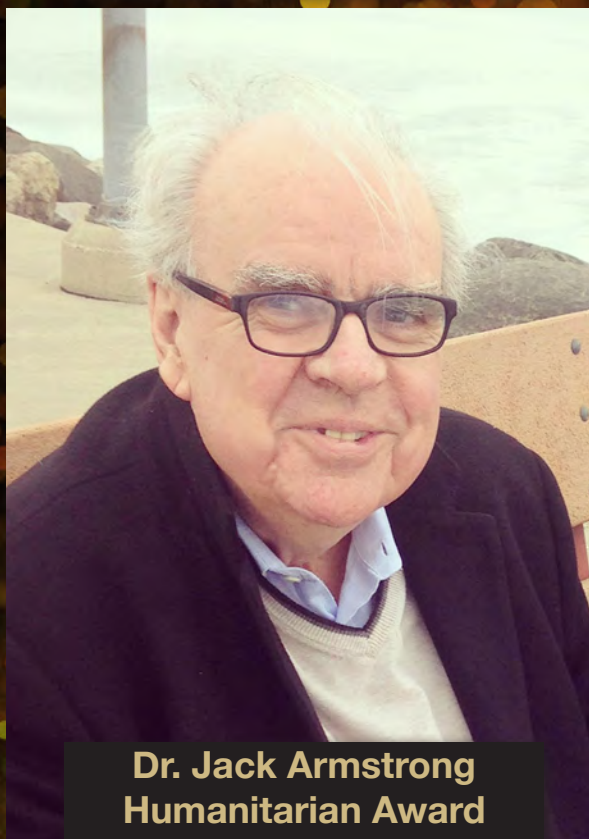
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**Distinguished
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Dr. Wes Palatnick



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Humanitarian Award**
Dr. Gerard McCarthy
(Posthumously)



Resident of the year
Dr. Terry Colbourne

AWARD WINNERS



**Health or Safety
Promotion Award**
Dr Kenneth Kasper



**Health or Safety
Promotion Award**
Dr. Laurie Ireland



**Health
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Dr. Don Klassen



Scholastic Award
Dr. Debra Wirtzfeld

Passages

Dr. Ihor Mayba

October 25, 2018

Dr. Desmond Ireland

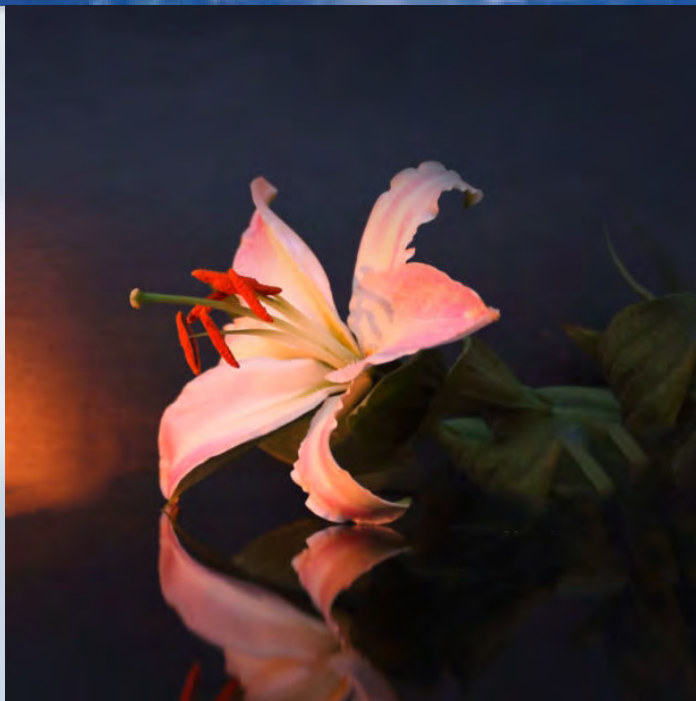
September 15, 2018

Dr. Harold Olu Peters

January 2, 2019

Dr. Alan Rich

January 21, 2019



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¹ MD's voluntary departure rate for 2018 was 5.3%. This is lower than MD's voluntary departure rate for 2017, which was 6.4%. The industry average voluntary departure rate for 2017, according to the 2017 Gartner Turnover Survey, was 13.2%. Industry average voluntary turnover has remained consistent with a rate of 14.3% in 2015, a rate of 14.8% in 2016 and 13.2% in 2017.

Year	Industry Average Voluntary Turnover (Gartner Turnover Survey)	MD's Voluntary Turnover
2015	14.3%	3.1%
2016	14.8%	5.2%
2017	13.2%	6.4%

² MD compared the management expense ratio (MER) for MD mutual funds and MD Precision Portfolios™ (applies to Series A fees only) with the average mutual fund MERs for comparable funds, using data from Investor Economics as of December 31, 2017.

³ Banking and credit products and services are offered by The Bank of Nova Scotia ("Scotiabank"). Credit and lending products are subject to credit approval by Scotiabank.

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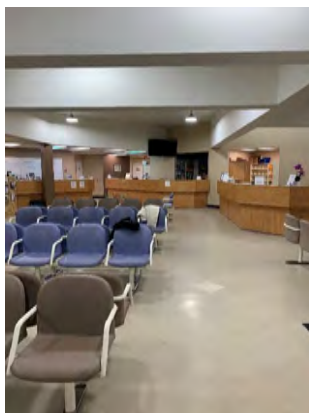
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Edmonton Self Park	\$11.99	\$8.75	\$59.95	\$44.95
Vancouver Valet	\$25.95	\$16.95	\$119.95	\$65.95
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If you are interested, please contact Dr. Rob Kippen at

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