

Haiti from the ground up



Dr. Vincent Échavé in Haiti, January 2010

The day after the earthquake rocked Haiti, Dr. Vincent Échavé headed up a delegation deployed there by *Université de Sherbrooke's* faculty of medicine and health sciences. Two surgeons, two orthopedists, an anesthetist, a general practitioner and three nurses accompanied Dr. Échavé, a thoracic surgeon from the *Centre hospitalier universitaire de Sherbrooke*, a medical centre that has more than a little experience with humanitarian missions.

"I've been a war surgeon for Doctors without Borders in countries on every continent. I think Haiti was the worst I've seen. When I was last there on a mission in 2007, well before the earthquake, the

country was already in an appalling state." Back then, he worked at a hospital in Port-au-Prince whose sole mission was to treat victims of violence. "In just one year, we counted over 1,500 bullet wounds and 500 stab wounds. Imagine how many people that is per day!"

Dr. Échavé's memories of his mission last January are even more painful. "The living conditions are appalling. Drinking water and food are hard to find. Deforestation has had a devastating effect on arable land. Instability keeps investors away, unemployment is incredibly high, and there's even more violence today, especially in Port-au-Prince." Humanitarian aid is not enough, that much he knows.

In his opinion, the international community needs to mobilize and rebuild the entire country from the ground up.

"I don't mean *rebuild*, I mean *build*. Nothing remains of this country. It's a complete catastrophe, everything from governance and education, to health, sanitation, the economy..."

For the time being, a second team from *Université de Sherbrooke* has taken over. Consisting of psychiatrists, psychologists, doctors specializing in public health, physiotherapists and a social worker, the team is there to attend to the current needs: people suffering from post-traumatic stress disorder after having witnessed scenes of horror, people who cannot sleep or who wake up in a panic, and those who need rehabilitation after limb amputations.

On the horizon, Dr. Échavé also sees the possibility of epidemics. First, there are the squalid conditions people are living in, makeshift shelters only steps away from open latrines. Then there's the rainy season and the hurricane season, both just around the corner.

"All we're missing are cases of cholera..." But what he fears most is that the media lose their interest in Haiti.

Dr. Vincent Échavé's commitment has been recognized a number of times over the course of his career, earning him the QMA's Prestige Prize in 2001, the Collège des médecins du Québec's Grand Prix 2007, and the CMA's Frederick Newton-Gisborne Starr Prize in 2008.

Bill 67 The QMA calls for doctor at the helm of INESSS

Bill 67 seeks to create the *Institut national d'excellence en santé et services sociaux* (INESSS), the result of a merger between the *Conseil du médicament du Québec* (CMQ) and the *Agence d'évaluation des technologies et des modes d'intervention en santé* (AETMIS). The resulting organization will be the equivalent of the UK's National Institute for Health and Clinical Excellence (NICE). On January 20, 2010, the president of the QMA took part in public hearings on the bill. He was accompanied by Dr. Stephen Rosenthal, member of the QMA board of directors, and Dr. Alain Larouche, QMA Medical Director. He asked that a doctor head up INESSS and, on behalf of the QMA, recommended that the bill require a certain number of doctors on the board of directors.

Having been invited to explain his position, Dr. Jean-François Lajoie noted that all the recommendations and practice guidelines to be created by INESSS will deal with medications, diagnostic and therapeutic technologies and medical interventions. As such, they will be relevant to doctors more than anyone. "Any doctor serving as president and executive director would have the wherewithal to pave the way for doctors," says Dr. Lajoie.

Of the dozen or so recommendations for providing greater focus to INESSS's mission, the QMA has insisted on the need to specify in the bill that the organization's mandate is also to evaluate the information technology used for clinical purposes.

The QMA admits to being disappointed that the bill made no reference to a review of the overall basket of services currently offered in Quebec. In the QMA's opinion, INESSS should have the authority to recommend that a specific medical act or procedure not be insured if it does not provide a significant clinical benefit, and conversely, to recommend that any other act, procedure or medication be covered.

Dr. Lajoie also asked for details about article 19, under which an independent administrator found to be in conflict of interest on a one-off basis would not have his or her qualifications called into question. Both minister of health and social services Yves Bolduc and Parti Québécois health critic Bernard Drainville admitted that the wording of the article needed to be changed.

Readers can listen to the QMA president speaking before the *Commission de la santé et des services sociaux* at www.assnat.qc.ca/fr/video-audio/AudioVideo-11139.html.



The president of the QMA carrying the Olympic torch for the Vancouver Games

INESSS's duties

Under Bill 67, INESSS must assess the clinical benefits and costs of technologies, medications, medical procedures and personal social service interventions; develop recommendations and practice guidelines seeking to optimize use of these technologies, medications, procedures and interventions, as well as update, publish and distribute them; establish in its recommendations and guidelines the criteria that must be used to assess service performance; and table recommendations with the minister of health and social services when certain lists of medications are updated.

Societal debates



Since the beginning of the year, the QMA has spoken before a parliamentary committee on two occasions. On January 20, we voiced our opinions on the bill to create the *Institut national d'excellence en santé et services sociaux* (INESSS). On February 16, I took part in a debate on euthanasia and the right to die with dignity. I was joined by three colleagues: Dr. Manon Chevalier, internist and geriatrician at the *Centre hospitalier universitaire de Québec*; Dr. Michelle Dallaire, general practitioner at the *Centre hospitalier de l'Université de Montréal*; and Dr. François Gobeil, anesthesiologist at the *CSSS Pierre-Boucher* and member of the QMA board of directors. My goal here is not to rehash the topic, which I discussed at length in my editorial in the previous issue of QMA Info. I simply wish to reiterate that our involvement was intended to highlight the need for a clear definition of the term "euthanasia."

When speaking before the parliamentary committee, I pointed out that doctors claiming to be in favour of euthanasia often do so because they interpret the concept as referring to palliative sedation, which is used in our hospitals exclusively to prevent suffering in those who are dying. The main goal of euthanasia is to end the life of a patient who is not necessarily terminally ill. If this kind of confusion reigns in the medical community, it's not surprising that the general public's understanding of the differences between the two practices is even shakier than our own.

A few times during the hearings of the *Commission spéciale sur la question de mourir dans la dignité* (the

special commission on dying with dignity), government representatives alluded to the QMA's position. I believe our voice was heard and am confident that they will move forward on this matter with due diligence.

An article in this newsletter tackles the issue of INESSS. However, I would like to add that the extent to which the medical profession is represented within the office of the chairman and executive director and on the board of directors is dictated by the relative importance of the request and of the availability of medical services in the overall basket of health services.

The rapid changes in medical, pharmaceutical and information technology that we are witnessing, as well as the rise in the number of increasingly complex procedures, require that healthcare actions be redefined. In order to change the way we do things and do them effectively, we first need convincing data and a sound scientific and ethical framework. These two drivers are already well implemented at the *Agence d'évaluation des technologies et des modes d'intervention en santé* (AETMIS) and the *Conseil du médicament du Québec* (CMQ), which are about to be merged into one organization, the *Institut national d'excellence en santé et services sociaux* (INESSS). As such, we are not worried about how the rest will pan out.

In closing, I would like to say that I am looking forward to meeting you at the QMA's 13th annual convention to be held April 22, 23 and 24. The staff has put together an innovative program that will surely live up to this year's theme, *Innovate to Transform*. Mark your calendar and register today for what is bound to be an unforgettable event!

Dr. Jean-François Lajoie
President
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THE TOYOTA METHOD, CUBA, HARVARD, BOOM BUST & ECHO...



What do the five things in the above title have in common? They will all be covered at the next Quebec Medical Association convention, which takes place April 22 to 24. This year's theme: *Innovate to Transform*.

The QMA is of the opinion that, in Quebec's healthcare system, innovation is a powerful driver of change that can improve conditions for both medical practitioners and the general public in Quebec. And to demonstrate how we could bring innovation to every facet of medical practice, the QMA consulted the top minds both here and abroad.

The day of April 22 will be dedicated to Lean Healthcare, aka the Toyota Approach. It's public knowledge that Quebec's minister of health and social services is a big fan of this approach, to the extent that he even suggests that every medical establishment have its own Lean project. Hence, the day will be dedicated to asking and finding answers to the following questions: What exactly is Lean Healthcare? How can an approach developed for the automotive industry be applied to the healthcare sector? What role do doctors play in the Lean approach, and what influence can they have on it? For answers to these questions, the QMA called on renowned management experts and on physicians who have been dealing with Lean Healthcare in their daily practice. Our goal is a simple one. By 5 p.m. on April 22, everyone in attendance will be better prepared to play an active and constructive role should Lean Healthcare come to our establishments.

On Friday, April 23, the QMA will look to far-away lands and call on experts from Great Britain, Cuba and the United States. The day will begin with a compelling speech by Dr. Jorge Hadad, director of public health for the Republic of Cuba. He will explain the concept of the Cuban polyclinic, a type of science-based establishment that not only provides medical care, but also engages in active prevention, transfers knowledge and mo-

bilizes the community. Alongside the presentation, a panel of experts who will contribute throughout the convention will react to the content by highlighting the approaches that could inspire us, as well as the pitfalls to be avoided.

After Cuba, the limelight will shine on Great Britain, where innovation is looked at from the standpoint of compensation. Speaking on the topic will be Dr. Tim Doran, a British expert known for his expertise on the pay for performance concept. Dr. Doran combines medical practice and research on compensation as a motivating factor for increasing the quality of clinical services. He is currently dedicating all of 2010 to a research position at Harvard University, where he is conducting a comparative study of the effects of compensation on performance in the US and Great Britain.

"In a QMA exclusive presentation, David K. Foot will paint a captivating portrait of the impact of Quebec's demographics on health services supply and demand."

The afternoon of April 23, one of Dr. Doran's colleagues at the Harvard School of Public Health, Dr. Ronald Dixon, will take to the microphone to demonstrate how important it is for technological innovation to be integrated into medical practice today. Dr. Dixon is also a specialist in internal medicine at Massachusetts General Hospital and director of the Center for Integration of Medicine and Innovative Technology, and his premise is simple: readily available and relatively inexpensive technologies can make all the difference in modern medical practice. To round out the day of April 23, professor Guy Lachapelle, an expert in US politics, will explain how Obama's US healthcare system reform will have immediate spinoffs in Quebec.

On April 24, the QMA will let you glimpse the future, first through a technological sneak peak at simulations by CAE, a company that has adapted its flight simulator technology for the healthcare sector, and second through a talk by a top manager from polling firm Ipsos-Descarie, who will unveil and provide some insight into the findings of an exclusive survey it conducted on Quebecers' expectations of their healthcare system. Next, the spotlight will go to internationally renowned demographer David K. Foot. The author of the bestseller "Boom Bust & Echo" will use exclusive data on Quebec to explain how the province's demographics will profoundly affect supply and demand in health services in the years to come. Alongside, leaders from Quebec's medical community will discuss and voice opinions on the survey's findings and David K. Foot's analysis.

The program will also include major speeches by the Honourable Lucie Pépin, Deputy Chair of the Senate Subcommittee on Population Health, Canadian Medical Association President Dr. Anne Doig, and Quebec's Minister of Health and Social Services, Yves Bolduc.

If you are interested in integrating innovation into your day-to-day medical practice, I urge you to read the entire program on our Web site (www.qma.ca) and register for our annual convention.

Mark your calendar for April 22 to 24. See you there!

Dr. Jean-François Lajoie, President
Quebec Medical Association

An astronaut in our ranks



Ever since he was a child, David Saint-Jacques has dreamed of becoming an astronaut. Today, he's 40 and in Houston training to do just that. When the Canadian Space Agency gave him the news that he had been chosen from among 5,351 candidates, he was a practicing medical doctor, Co-chief of Medicine at Inuulitsivik Health Centre in Puvirnituq, Quebec, and a QMA member.

After taking a Bachelor of Engineering degree in Engineering Physics in 1993 and a PhD in Astrophysics in 1998, he earned his MD from Université Laval in 2005. He then completed his family medicine residency at McGill University, where his training focused on first-line, isolated medical practice. This exceptional path definitely helped him qualify for his new job.

Throughout the media tour that followed his appointment, he claimed not to know exactly which selection criteria had won him the position.

However, many of the psychological and physical tests he underwent focused on the ability to work in a team, and it was clear that his Northern Quebec experience had prepared him well.

Whether as an engineer, astrophysicist or medical doctor, he has always been driven by a need to understand human nature and the great mysteries of the universe. Convinced that space missions have brought a great deal to humanity, he says that he is approaching his new career with humility.

David Saint-Jacques has become a source of great pride for the people of Quebec, and he is living proof that even our wildest dreams can come true. He is also the embodiment of determination for an entire generation of young doctors who spiritedly embrace their profession!

E-mail: just like a postcard, but worse!

Once upon a time, nothing was considered less confidential than a postcard. But those days are gone. Today, the ubiquitous e-mail message has claimed the dubious distinction. When we receive a postcard, keeping the message safe from prying eyes is a simple matter of destroying the card. But with e-mail messages, indiscretions are much easier to come by: countless people blind-carbon-copied in a single click, a message forwarded after its content is tweaked, or another message accidentally sent to the wrong recipient.

Despite all the risks, countless millions of e-mails rocket through cyberspace every day. Admittedly, most do not require the strict confidentiality that the doctor-patient relationship calls for. So should doctors scratch e-mail off their list of ways to communicate with patients? In response to the debate, the Canadian Medical Association tackled the issue and published a set of guidelines last January.

In a lengthy document, the CMA states that, even though electronic communication does have certain advantages, doctors must take measures to provide the same kind of privacy as they do with paper files. The CMA therefore proposes a sample protocol designed to explain to both medical personnel and patients the limits and rules applicable to the use of information sent over the Internet. Patients often expect an immediate

response, while doctors need realistic deadlines, hence the need to set parameters from the outset.

In its guidelines, the CMA also deals with the exchanges of information involved in booking appointments, renewing prescriptions and notifying patients of test results, all of which should be treated differently. However, as the CMA points out, before massively adopting e-mail as a means to communicate with patients, doctors should first check the regulatory requirements dictated by their provincial authorities, such as the document published by the *Collège des médecins du Québec* on managing a doctor's office. An article published by the Canadian Medical Protective Association also contains valuable information on the legal risks associated with the use of e-mail in patient communications. Before launching into the great cyberspace adventure, you must absolutely read these three documents.

Highly recommended reading

The best and fastest way to consult the three documents below is to search for them using your favourite search engine.

Physician guidelines for online communication with patients.
Canadian Medical Association, January 2010.

L'organisation du cabinet et la gestion des dossiers médicaux.
Collège des médecins du Québec, May 2007.

Using email communication with your patients: legal risks.
The Canadian Medical Protective Association, March 2005/ revised June 2009.

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