

# Alberta Doctors' Digest

## AMA Member Emeritus Award



L to R: Michael A. Gormley, AMA Executive Director, Dr. Steven M. Edworthy, Dr. Rowland T. Nichol, Dr. Brent T. Friesen, Dr. Peter M. Venner, Dr. Roger C. Rampling, Dr. Michel D. Sauve, Dr. Neil D.J. Cooper, AMA President. Missing: Dr. Richard G. Bergstrom. (Photo credit: Curtis Comeau)

### **Dr. Richard G. Bergstrom, Cardiac Anesthesia, Edmonton**

My time with the AMA has taught me how to focus first on the people I work with and then on the work that I do. Everyone is important, from the people on the front desk to the cleaning staff, as well as the doctors who work tirelessly with some pretty challenging people.

I worked on the Relative Value Guide, and Dr. Warren Bean and I worked with AMA staff to show the value that anesthesiologists provide in delivering care to Albertans. Our first concern was not with money, or billing codes, or dollars and cents. It was about the value of what we do when we serve the patients who put their lives in our hands.

Why should you be involved with the AMA? Because we practice as individuals but we work as a community, for a community. Get involved. Understand compensation and rules. Understand what an organization can do for you. Understand what the greater community of physicians is and what they do for Albertans.

### **Dr. Steven M. Edworthy, Rheumatology, Calgary**

The Physician Office System Program was an incredible effort by the AMA that needed courage and fortitude to push forward, ahead of other provinces. It took vision and

diplomacy to work with vendors, government, other medical groups, provinces, and even the federal agency Infoway. It was an honour to be part of that work. Now the AMA is helping to establish approaches to information governance, to ensure that physicians remain central to the care of patients within the circle of trust that is essential for the best medical care. Many challenges lie ahead, but the AMA can meet them successfully.

The AMA has provided leadership at critical times by negotiating with government, explaining to members, pushing ahead with technology, and offering support to decision makers. It gives physicians a voice that articulates their need for functional records that interface with provincial repositories, and provide business capability to run their clinics. There is still a great need for physicians with a passion for IT to get involved.

The AMA is a fantastic organization to be involved with. I find great satisfaction in working with colleagues who have common interests. Even when the “system” seems to conspire against you, the AMA can provide support and advice.

**Dr. Brent T. Friesen, Public Health and Preventive Medicine, Calgary**

I have been fortunate to be involved in a number of ways with the AMA. I was a member of the Health Issues Council, where I worked to promote wellness and develop collaborative partnerships through initiatives such as Finding Balance and the Youth Run Club. My initial experience as a member of the Representative Forum was as president of the Section of Public Health and Preventive Medicine and, more recently, as an elected representative for the Calgary Zone.

I am particularly proud of how the AMA and the CMA have adopted a broad perspective on health and wellbeing in their advocacy and community outreach activities, working to advance the other determinants of health besides health care. The professionalism and skill of the AMA staff in supporting committee work and the functioning of the Representative Forum have been key to the success of its work.

Working with the AMA has enabled me to interact with colleagues across Alberta and enriched my understanding of our health system by sharing the perspectives of colleagues from all specialties and urban, rural, and remote communities. I want to thank the AMA leadership and members, both past and present, for your support over the years. The “Association” in the AMA’s name has been very important to me professionally and personally.

**Dr. Rowland T. Nichol, Family Medicine, Calgary**

The reality of non-stop perpetual systemic change in Alberta’s health care is generally accepted now, but in the mid-1990s when I became president of the AMA, that reality was just dawning. Working with the AMA to assist the physician leaders in our province to transition to becoming more resilient to that new reality was an incredible opportunity. I want to acknowledge the dedication and service of both the elected leadership and the staff both then and over the past 20 years.

Three initiatives were started at that time: the inception of a strategic vision of our relationship with government (collaboration from a position of strength); outreach to partner with our health organizations to create strategic networks; and work on the Relative Value Guide. The first two initiatives are clearly continuing to have effects, and the latter can be linked to the current initiative on Income Equity.

We are well-trained to act in service to our patients using solid evidence and solid values. This is the foundation and the model for our actions in service to our profession. Some translation and reframing is required as we participate on committees and teams, but our curiosity, our critical thinking, and our interest in service contribute to our success. Humility is a cornerstone of our professionalism, and it permeates all of our activities – with the AMA, the health system, and direct patient care.

**Dr. Roger C. Rampling, Psychiatry, Lethbridge**

I have been fortunate to act as section representative to Relative Value Guide I and Relative Value Guide II, and I served on the AMA Fees Advisory Committee. I've been lucky enough to watch the Representative Forum evolve and grow into a remarkably effective and collegial organization.

We were able in Alberta to modernize fee items to provide collaborative and conference services to psychiatric patients and their families, and to work to reduce the isolation that can accompany psychiatric illness. I have worked for incentives to provide consultations to a much broader population than has been possible in the past.

My time with the AMA has been like taking a strange sort of anatomy course: I've learned that two heads are better than one; there are several sides to most issues; and my colleagues have my back, as I have theirs.

**Dr. Michel D. Sauve, Internal Medicine, Gastroenterology, Critical Care, Cardiac Stress Testing, Fort McMurray**

It is an honour and a privilege to serve patients and our profession. For my first decade in the Representative Forum, I attended as Fort McMurray area delegate. It was a great learning opportunity, and a most collegial platform for rural and remote medicine advocacy. With the wise advice of Mike Gormley and too many others to name here, Dr. Milo Bozdech and I initiated what grew to become the Rural Remote Northern Program, the Communities in Crisis program, and the Business Costs program.

My second decade of service has been as Internal Medicine section representative, and then as president. As a section, we helped clinicians and patients have conversations about unnecessary tests and treatments, and make smart and effective care choices. Serving the section in the Physician Compensation Committee review was a time-intensive but important first step in the right direction. Much remains to be done. My section's focus now is on improving access to accurate hypertension diagnosis with ambulatory blood pressure monitoring, and introducing a fee code to support this.

With the support of colleagues in the AMA, I have enjoyed the opportunity to grow and share my love of service to patients and the profession.

**Dr. Peter M. Venner, Medical Oncology, Edmonton**

I served on the committee Toward Optimized Practice in Screening for Prostate Cancer for nine years, during which time we came up with evidence-based guidelines for screening. I was on the Board of Directors from 1989 to 1990, and worked on the Relative Value Guide for remuneration of physicians. I also served on the Committee on Ethics, a bio-ethics committee that discussed Medical Assistance in Dying.

Involvement with the AMA early on in my career taught me that my seniors were tremendous mentors, and gave me the courage to take on more demanding leadership roles. There will always be criticism, but if it's offered in an attempt to improve outcomes (especially in patient care), then it should be gratefully received and built upon. We must learn from "reviews" and recognize our peers' wisdom and experience.

At the end of your career you want to be able to say that you were involved. Look for ways to participate in the activities of the AMA. Working with the organization will help you develop skills and build confidence that will allow you to take on leadership roles in many areas related to your practice and professional development.