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Perspectives

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Interview with the Dean



PERSPECTIVE

Abstrait (XVII^e).

Domaine qui s'ouvre à la pensée, à l'activité de quelqu'un. **V. Horizon.**

Aspect souslequel une chose se présente; manière de considérer quelque chose. **V.**

Optique, point de vue.

[Le Petit Robert]

per spec tive *a*) a specific point of view in understanding or judging things or events, esp. one that shows them in their true relations to one another *b*) the ability to see things in a true relationship [Webster's New World Dictionary]

Each year, it is our custom to conduct an interview with the Dean. These far-ranging exchanges allow the reader to get a better perspective on what the Dean thinks are the pressing issues facing the medical school and the profession. This series, in fact, might better go under the subtitle of 'What is the Dean thinking?' but it was pointed out to us by some alert members of faculty that this, actually, was two questions and that the answer to the second of the questions might prove embarrassing, so ...

PSP What is the state of affairs within the Faculty, Mister Dean?

MD I would have to say that the state of affairs is actually pretty good. Today is better than yesterday, but not as good as tomorrow.

PSP Can you tell us what is in store for us tomorrow?

MD It will be a pleasure. You know when I started this job, over three years ago, I really had no idea what was in store for me. For example, I began my term thinking my job really was to plan for the academic development of the Faculty in matters of education and research and that I would play a significant role in strategic planning.

PSP And that has not turned out to be the case?

MD Quite so. The first major task I was given was to participate in hospital restructuring discussions. Now there I thought that I could really have an impact in helping to scope out the future directions of health care delivery and the development of a unique concept of an academic health sciences centre for Ottawa that would be the envy of the country.

PSP But something went wrong?

MD Yes. Almost from the very start, I became aware that no one really cared about the grand design or the vision; all of that cost far too much. You see, we were in the midst of an exceptionally severe crisis of confidence, both in this country and also in this province. We were simply living beyond our means and it was now time to tighten our belts. In short, the exercise was all about money and the fact that we didn't have enough of it.

PSP So what was the lesson learned?

MD The lesson learned was that the job of a Dean has very little to do with academics per se. The job is about the 4 Ms; money, money and more money. But fear not, I have risen to the challenge and I have some exciting ideas to share with you.

PSP I'm all ears.

MD Well, let's start at the beginning ...

PSP Is this really necessary?

MD ... the economy is beginning to pick up and soon people will have more money in their pockets, especially if the provincial government tries to buy their way back into power with a tax cut. So the essential issue that faces us is how do we manage to get access to this 'new' money. Now I am not talking about simply relying on increased government expenditures in health care or the increases in grant support because of the announcement of the Canadian Institutes of Health Research. And I am not talking about increased charitable donations or about increased revenues from selling our souls to corporate interests such as big pharma or the biotech sector. I am not even talking about increased tuition fees. No, I am talking about something revolutionary, something breathtaking, something that will sharply increase our revenues **and** increase the public's awareness of and dependence on our academic enterprise.

PSP ... but ...

MD The concept is simple. We need to educate people about the values of science and medicine and we need to do it in ways that are accessible to the public. We also need to do it in such a way that they want to keep on learning. And the trick is to have them pay for it. The payment, of course, will more than cover our costs. All profits – and they will be considerable – will go to our academic pursuits.

Simply put, we will develop our own medical theme park – le Parc Guindon Park. Its goal will be to entertain and to educate. And, in so doing, we will generate a very tidy profit that we can invest back into the Faculty.

PSP Do you have any examples of how this would work?

MD As a matter of fact, I have a rough drawing of what the concept could look like. Imagine that you get through the gates on the Parc Guindon. The first thing you will see on arriving is a monstrous emergency room along the lines of an impersonal hospital setting. You take a number and wait. The visitor can get a first hand view of the real life crises that our emergency rooms deal with every day. They can get a real feel for the crowded emergency department and for the time it takes for the patient to move through the system.



And here's the brilliant part. The experience is participatory and interactive. The visitor is part of the action. For an additional amount of money, the visitor can adopt one of several roles. The lowest fee would be to act as the emergency room physician who has to try and diagnose and treat the patient to get the patient out of the emergency room. The next step up would be the consultant physician who can just refuse to help. Further up the ladder

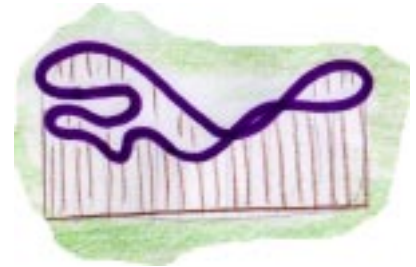
will be the hospital CEO who can, with the appropriate interventions, choose to reorganize the whole approach to the emergency department. Even higher up, the visitor can pay to become the Minister of Health. As Minister, the visitor can revamp the whole system. But the top of the pinnacle will be as a member of the Health Services Restructuring Commission. Here, the visitor will, with a single stroke of a pen, eliminate the emergency department entirely.

PSP Interesting. But what about the student?

MD Oh, the student is the lowest of the low and doesn't even rate an additional fee. In fact, the visitor enters as the student.

PSP I see. What is the next attraction on the ring road? It looks like a roller coaster.

MD Exactly. And here is where the real education begins. One of the most exciting developments in medical science is the ability to literally see into the heart of a protein, to determine its amino acid structure and then its three dimensional structure. With this, the scientist can imagine and then invent entirely new compounds that can be used in treatment.



These are the so-called designer drugs. It is thrilling and invigorating, just like a roller coaster. And the analogy goes even further because the researcher, in finally arriving at the three dimensional structure and the design of new compounds that can change the way we practice medicine, goes through his/her own roller coaster with insensitive department chairs, deans and granting agencies. The roller coaster is, in a very real way, a metaphor for the whole process of discovery.

PSP That's very interesting but how will the visitor understand the analogy?

MD Quite simply because the roller coaster will be built in the shape of a three dimensional protein. Imagine the exhilaration of moving across a beta sheet and then barreling down an alpha helix. I estimate that we will be able to attain speeds of up to 160 km/h and unbelievable g forces. Hmm, maybe we should refer to the g forces as van der Waal forces. Or maybe better yet, use the acronym vdw elsewhere as 'very deep wallets'.



PSP And the boat? Is this, dare I ask, Pirates of the Carribean?

MD Close, but not quite. Although you are onto something. This excursion on board an authentic replica pirate ship will introduce the visitor to the financing systems involved in the delivery of our academic and health care activities. On the poop deck, the visitor can get hands on experience trying to move the ship forward with insufficient resources. In the galley, the visitor can see how difficult it is to concoct new schemes to outsmart the funders. And in the brig, the visitor can gain valuable insights into how the system can extract money out of every participant. For additional fees, the visitor can adopt



any character they want, from Dean, to CEO to taxman.

PSP Moving around the ring road we seem to come next to what either looks like a condom or a test tube. Or both ...

MD Exactly. Welcome to the world of genetics and cloning. This experience literally plunges the visitor into the world of restriction enzymes and transcriptional machinery, some of the essential building blocks of DNA. The visitor will enter the life experience as a nucleic acid – of course, each nucleic acid will be colour coded and will be the same cost, so as to ensure viable and legitimate reactions in the test tube. Think of the extensions and inferences one can draw from this vital experience: group dynamics, entrepreneurship, team building, partnership. The possibilities are endless.

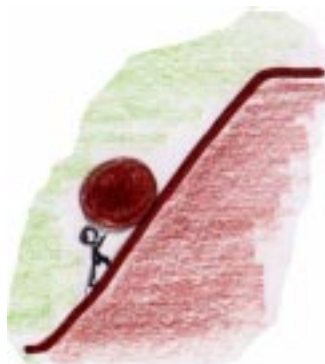


PSP And are there cost differentials in this experience?

MD Of course. We will, as much as possible, mimic real life in a thermal cycler. And so, cost will vary according to reaction time and the length of the primer. In fact, we will call this particular attraction The Life Cycle. As I mentioned earlier, it will have enormous implications and indeed applications elsewhere. E might even franchise the notion as a consultancy tool.

PSP I shudder to think of what the next attraction is.

MD This attraction is deceptively simple but is intricately related to the reality of the academic medical system. It is rooted in classical Greek mythology and relates to the universal theme in academic medicine of rolling a huge and heavy rock single handedly up a steep and unforgiving incline. Clearly, this is not an attraction that will appeal to the faint hearted but it is my hope that it will appeal to those individuals who enjoy a challenge and who think they can beat the system. Some, of course, will manage to move the rock up the incline but most won't. And the message to all will be that this is what the academic in medicine does every day. Perhaps, the visitor will be motivated to make a significant donation to the cause of academic medicine on realizing the magnitude of the challenges that face everyone in academic medicine.



PSP And if they don't?

MD Well, we will already have recouped a sizable amount of their discretionary income because the whole exercise will be set up as a wager in the first place. We will allow the visitor – and indeed all onlookers – to bet on the success or failure of the visitor in moving a graded series of balls, chosen at random, up the incline. The betting will get steeper and steeper as the degree of difficulty increases. It will be irresistible and a big money maker.

PSP Which brings us to the last attraction.

MD Of course, the ultimate in participation and involvement. We have created, as the piece de resistance, a real life (or close approximation of real life), interactive cinema verite of the life of a medical resident, a medical student or a graduate student – take your pick (at a price of course). We call it The Longest Day. Think of it! The visitor,



after participating in a detailed and draining session that outlines the objectives of the engagement, begins his/her day with morning report. At the beginning, the visitor thinks that s/he is part of a group but as the 'day' unfold, s/he realizes that s/he is totally alone to fend off all of the dangers and frustrations. The events and challenges of the day become increasingly difficult and complex. And, in fact, most are insoluble

to really mimic reality. Coping becomes the dominant strategy as the visitor realizes that there is only one way out of this dilemma – they have to finish it, they can't go back. Artificial lighting will move the visitor from morning to noon (there won't be enough time to eat) through the afternoon and into the evening and on through the night. There are no right or wrong answers to any of the dilemmas that the visitor will face; there are only guesses and nothing is ever resolved to completion.

As the visitor moves into the night portion of The Longest Day, s/he is completely alone with almost no visible support. Communication is hampered because the paging and telephone devices that they will be given will periodically black out. People with whom they will interact will be curt, surly and preoccupied with getting through their own day. The patients will take forever and forever to move out of the Emergency Department and the visitor will have to deal with increasingly inept people who think they know how to manage things.

I speak specifically of the emergency room physician who has to try and diagnose and treat the patient to get the patient out of the emergency room, the consultant physician who can just refuse to help, the hospital CEO who can, with the appropriate interventions, choose to reorganize the whole approach to the emergency department, the Minister of Health who tries to revamp the whole system and finally the member of the Health Services Restructuring Commission who, with a single stroke of a pen, tries to eliminate the emergency department entirely.

PSP Hold it, isn't this the first attraction, the Emergency Room?

MD Yes. Ingenious, isn't it?

PSP Thank you, Mister Dean. I think you have too much free time on your hands.

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To subscribe please contact Pascal at 562.5800.8117

Please send your comments to:
pwalker@uottawa.ca