A basic rule of secrecy says: if you want to keep information secret, you must not share it with more than one individual - since only then will you know who leaked. This basic rule is unfortunately all too often ignored. Another rule states that information that was shared with more than two people will eventually and inevitably come out piece-meal. Mandating to keep it a secret will - for some strange facet of human nature - only accelerate leakage. Dropping somewhere “I know about X, but am not allowed to talk about it” will then trigger wild speculations that spread rapidly, often in distorted form, i.e. as rumors - or alternative facts, to use a more modern term. That’s exactly what happens currently with what is going on at 650 Main Street. Whatever you may have heard, following are the facts:

a) WRHA projects to incur a multi-million Dollar operating deficit in the fiscal year 2016/17;
b) WRHA has been unmistakably mandated by Government to balance its operating budget in the 2017/18 fiscal year (starting Apr 1, 2017);
c) The so called “Peachey Report”, commissioned by the previous government and entitled “Provincial and Preventive Services Planning for Manitoba” was made public last week and is accessible at: http://news.gov.mb.ca/news/index.html?archive=&item=40671;
d) KPMG, commissioned by the current government, is currently reviewing the Health Care System in Manitoba. The final report is pending.

What does this mean? Our health care system will not be sustainable without substantial changes in how we do business. From a taxpayer’s perspective, it seems
understandable that WRHA has been mandated by Government to strictly adhere to the allotted budget in the next fiscal year. The “Peachey Report” recommends profound changes to the Health Care System. It is therefore the responsibility of the WRHA leadership to explore all options; to understand from all angles, which measures might best serve to restore sustainability to the Health Care system without affecting quality of patient care. Several such planning exercises are currently ongoing aiming at a) finding the right measures to balance the budget in the next fiscal year and b) to find answers for the recommendations made in the aforementioned report (which may take longer to implement).

But: at this point, nothing has been decided. Thus, I strongly recommend to all of you to not get distracted by rumors you may hear. Continue to do the great job you do for the benefit of our patients. Do not fear for your job. Be assured that good people are always needed.

I know that this cannot completely remove uncertainty, but let uncertainty not develop into insecurity and fear that paralyzes and impedes rational actions. We are in this together. Try to look at whatever may come as an opportunity for all of us. Continue the good work, and contribute your share to make things better!

Of Secrets and Rumors (continued)

“...at this point nothing has been decided...let uncertainty not develop into insecurity and fear that impedes rational actions.”

RESIDENT RESEARCH DAY

The Department of Internal Medicine Resident Research Day will be held Tuesday, April 25th, 2017. Podium presentations will take place in the Frederic Gaspard Theatre (Theatre A) of the Basic Medical Sciences Building. Posters will be displayed throughout the day in the Brodie Centre Atrium (directly in front of the bookstore).

Our Keynote Speaker, Dr. Christopher J. Ryerson, from the Department of Respirology at the University of British Columbia will be presenting at Grand Rounds from 8:00 to 9:00 a.m.

To show your support and encouragement for the next generation of emerging clinician-scientists, please take some time to attend.
Upstream/Downstream – A Contemporary Fable

(by Donald Ardell - http://www.seekwellness.com/wellness/upstream-downstream.htm)

It was many years ago that villagers in Downstream recall spotting the first body in the river. Some old timers remember how Spartan were the facilities and procedures for managing that sort (sic) of thing. Sometimes, they say, it would take hours to pull 10 people from the river, and even then only a few would survive.

Though the number of victims in the river has increased greatly in recent years, the good folks of Downstream have responded admirably to the challenge. Their rescue system is clearly second to none: most people discovered in the swirling waters are reached within twenty minutes, many in less than ten. Only a small number drown each day before help arrives -- a big improvement from the way it used to be.

Talk to the people of Downstream and they'll speak with pride about the new hospital by the edge of the waters, the flotilla of rescue boats ready for service at a moment's notice, the comprehensive health plans for coordinating all the manpower involved, and the large number of highly trained and dedicated swimmers always ready to risk their lives to save victims from the raging currents. Sure it costs a lot but, say the Downstreamers, what else can decent people do except to provide whatever is necessary when human lives are at stake? (sic)

Oh, a few people in Downstream have raised the question now and again, but most folks show little interest in what's happening Upstream. It seems there's so much to do to help those in the river that nobody's got time to check how all those bodies are getting there in the first place. That's the way things are, sometimes.

PORTABLE ELECTRONIC DEVICE POLICY (INCLUDING LAPTOPS)

The new Portable Electronic Device Policy for the Department is now online. It covers all portable electronic devices including USB drives, hard drives, laptops, and phones. It is recommended you view the policy online. Here is one highlight from the policy:

“On a case-by-case basis, consideration of portable personal computers (laptops) may be made. Approval is by the Managing Director and the Department Head. This consultation must be made regardless of the source of funding, including privately purchased laptops.”

Policy available here:
http://umanitoba.ca/faculties/health_sciences/medicine/units/intmed/admin/policiessec10.html

See Section 10-07; also please review the Computer Software and Hardware Policy Section 10-01.
The Section of Geriatric Medicine is the first academic Section of Geriatrics in Canada and Manitoba. The section has been a national leader in the design of coordinated, comprehensive services for older persons. The Winnipeg Municipal Hospital (now Riverview Health Centre) opened the first Geriatric Day Hospital in the country, along with an inpatient Geriatric Assessment Unit. When Deer Lodge, Health Sciences Centre and St Boniface Hospital all opened Geriatric Assessment Units, they were also amongst the first in the country. The Geriatric Program Assessment Teams (GPATs) are also recognized nationally for the home based comprehensive geriatric assessment that they provide. More recently, the PRIME program has been started which aims to keep frail older persons at home. These services have been supported and renewed since then, and there is a strong evidence base for them. There are currently more than 200 inpatient beds in the Winnipeg Regional Health Authority at four sites, five geriatric day hospitals where 1200 frail older adults are seen per a year, and inpatient consultation services at all the acute care sites.

Currently, there are four Geriatricians in the Section of Geriatrics. There has also been a geriatrician recently recruited to the Prairie Mountain Health Region (which has one of the highest proportions of older adults in Canada). There are also family physicians with additional Care of the Elderly training, and Geriatric Psychiatrists who have cross-appointments with the Section of Geriatrics. Two retired Geriatricians – Dr Elizabeth Boustcha and Dr Pat Montgomery - have recently received the Ronald Cape Service Award of the Canadian Geriatrics Society. Fittingly, this was jointly awarded, recognizing their long collaboration and shared contributions to the care of older people in Canada.

Members of the section are actively involved in teaching a wide variety of medical and non-medical trainees – from Health Care aides to Geriatric Subspecialty trainees to the general public. They teach in small group sessions, home visits, at the bedside, and in lectures. They are active in administration – Dr Boustcha was the CMO of Riverview Health Centre for decades, and Dr Strang was the CMO of Deer Lodge. Recently, Dr Dixon has taken on this role. Dr Strang is also the Medical Director of the Geriatrics Subprogram of the WRHA and has been the Director of...
the Long-term Care Program. Drs Montgomery, van Ineveld, and St. John have all been members of the Geriatric Inquest Review Committee of Manitoba Justice.

The Section has been actively involved in research, collaborating with researchers in the Centre on Aging, the Manitoba Centre for Health Policy, and the Manitoba Palliative Care Research Centre. They have played key roles in the Manitoba Study of Health and Aging, and the Manitoba sites of the Canadian Study of Health and Aging, and Canadian Longitudinal Study on Aging. Some papers which may be of interest to general internists include:


Dr. Clifford Rogers Gilmour was born in 1879, at Brockville, Ontario. He received his MD in 1903 from McGill University. His academic career moved quickly. In 1919, he held the position of Lecturer at the Manitoba Medical School; in 1920 he was appointed Assistant Professor; in 1921 he became an Associate Professor and from 1928-1939 he was Professor and Head of the Department of Internal Medicine.

One of the things that stood out about Dr. Gilmour was his brilliant diagnostic skills. Dr. Joe Doupe was particularly taken by Gilmour’s “method of diagnosis by logical deduction.”¹ Dr. L. G. Bell wrote “very early in his medical career Clifford Gilmour displayed those rare and sometimes startling gifts as a diagnostician...”²

Carr and Beamish wrote that Dr. Gilmour had no bedside manner, did not tolerate fools gladly, and was known to be extremely blunt.³ Perhaps though we should turn to one of his students (and later colleague), Dr. L. G. Bell who stated that “he had a seeming gruffness of manner... (that) had no taint of irascibility.”⁴ Dr. Bell posited that his manner was “…in fact his armour against sentimentiality, which he abhorred in others and feared in himself.”⁵

His students were quite fond of Dr. Gilmour. The Medicine class of 1938 established the Cameron-Gilmour Memorial Lectureship to perpetuate the memories of their two Professors, Dr. A. T. Cameron and Dr. Gilmour.

On February 28th, 2017, the annual Cameron-Gilmour Memorial Lectureship will be presented at Grand Rounds. The speaker will be Dr. Denice Feig, and the topic will be “Gestational Diabetes and the Risk of Type 2 Diabetes.”

Dr. Gilmour was made Professor Emeritus of Medicine in 1939 after he retired. He worked at the Winnipeg Clinic as a senior consultant from 1942 until his death in 1952.⁶

⁵: Ibid.
⁶: Medical Archives, Max Rady Faculty of Medicine, University of Manitoba.