



First female FP dean shatters another glass ceiling

Dr. Carol Herbert believes that the “flexibility and breadth of a generalist” is an advantage in her position as the first female family practitioner to be appointed dean of medicine in Canada.

“I thrive on uncertainty and a dean lives in an uncertain world and needs to be flexible,” says Herbert, who will soon be moving from UBC to her new job as dean of the combined faculty of

medicine and dentistry at the University of Western Ontario in London.

Herbert’s appointment is the third in a year of firsts for women and FPs, a year of “breaking glass ceilings,” as she puts it. The first female physician to become a dean of medicine in Canada was Dr. Noni MacDonald, a specialist in infectious diseases (see *CMAJ* 1999;160:1042), while Dr. Brian Hennen was the first Canadian family physician to be named a dean of medicine (see *CMAJ* 1999;160:1865).

Herbert is accustomed to firsts. She is a pioneer in providing services for sexually abused children, she helped found the Sexual Assault Service of Vancouver and she is a leader nationally and internationally in developing primary care research.

Herbert, 53, balances editing, research, writing, clinical practice, teaching and administration. She’s editor of an international journal and a member of *CMAJ*’s Editorial Board, and has published 60 papers; she has also coauthored 5 books. She has expertise in participatory research and her research interests include clinical health promotion, communication and influencing family physician behaviour and deci-

sion-making. She’s taught at UBC for 27 years and was head of its Department of Family Practice from 1988 to 1998. Meanwhile, she’s managed to keep her clinical practice going at least a couple of afternoons a week, and raised 6 children. “I like keeping all those balls in the air,” she says with a laugh. “It’s a personality quirk.”



Dr. Herbert: thrives on uncertainty

Agenda for CMA’s annual and business meeting set

The CMA’s annual business session, which is designed to allow members to ask questions of the Board of Directors, will be held in Ottawa Aug. 25, 1999, at the conclusion of the CMA’s 132nd annual meeting. Items on the agenda are the president’s report to the General Council meeting, the report of the board chair, the honorary treasurer’s report, approval of any bylaws passed by General Council and new business.

Cool sites

www.cc.gatech.edu/gvu/virtual/Phobia/

Just the thought of stepping onto a plane or an elevator sends some people into fits of apoplectic fear. These phobias can be debilitating and present a serious problem in our modern society. In exposure therapy, the standard treatment, the patient is gradually exposed to an increasing level of contact with the fear-inducing environment. Although effective, this treatment is costly and time consuming. Now, thanks to the Graphics, Visualization and Usability Center at the College of Computing, Georgia Tech University, there is an alternative. Using virtual-reality systems, researchers place patients in a world that looks and feels real but is completely computer generated. The first controlled study of virtual-reality exposure therapy was shown to be effective in treating acrophobic subjects, and current work involves phobias surrounding flying. This virtual treatment is much cheaper, since exposures can take place in the office, and it is also easier to control, avoiding unexpected and debilitating surprises. — *Dr. Robert Patterson, robertpatterson@attcanada.net*

Million dollar MD loses Ontario licence

The Ontario GP who lost \$1 million in billings after an investigation by Ontario’s Medical Review Committee has now lost his licence to practise in that province.

Due to confidentiality provisions in the Health Insurance Act (1994), the 45-year-old physician can’t be identified. However, the case did raise the ire of many Ontario physicians. The urban GP was reportedly seeing between 150 and 300 patients per day (see *CMAJ* 1999;160:1617). He is also alleged to have billed for services he didn’t provide, to have kept scanty patient records and to have seen patients when it wasn’t medically necessary.