UBC school gets 1 new dean, 2 new campuses

The University of British Columbia has reached across the Rockies for its new dean of medicine.

After an 18-month search, Dr. Gavin Stuart, a specialist in gynecologic oncology at the University of Calgary, was named to succeed Dr. John Cairns. The UBC medical school, which will expand to 3 campuses in 2004, will also be doubling the number of medical students to 256 by 2010, making it the largest in the country. The 2004 intake will be 200 students, compared with 128 in 2003. The new campuses will be at the University of Northern British Columbia (UNBC) and the University of Victoria.

Stuart, who assumes his position this fall, is vice-president of the Alberta Cancer Board and head of oncology at the University of Calgary. Although he's looking forward to the new job — "I enjoy building" — Stuart, 49, is well aware of the challenge he faces.

"The biggest challenge will be to have the various components buy into what they are doing," he says. "One would be very hesitant to create a fractured model with a 'we–they' approach. Yet to the same extent, no one wants to forget their own worth and feel they are just part of a broader picture." For instance, students at UNBC will have to be assured that the quality of their undergraduate education is as good as at the main campus in Vancouver.

Stuart is hearing "a lot of concern [among faculty] about workload expectations, the rate of expansion, change and preservation of research during a period of significant focus on education." He admits that the planned pace of expansion, with 24 students entering the UNBC and Victoria campuses in 2004, is "fairly ambitious."

The medical school was a very different place when Cairns arrived 7 years ago.

Gavin Stuart photo

Dr. Gavin Stuart: a new dean for country's soon-to-be-biggest medical school

"There was an extreme distance between the government and any vision for medical education," he says, "so we had a medical school with half as many students per capita as every other province, and expenditures of half the Canadian average."

Substantial funding increases for new facilities have been provided recently, especially since the province's Liberal government came to power 2 years ago. — *Heather Kent*, Vancouver

Right to refuse work becomes another SARS issue

Should a hospital be allowed to force professional staff to work with SARS patients? Lucy Smith says no. St. Michael's Hospital says yes.

Smith, a nurse with 17 years' experience who works in the Toronto hospital's dialysis unit, rebelled when she was "drafted" into St. Mike's special SARS team. She refused, claiming measures to protect her, and by extension her 3 children and immunocompromised mother, who is recovering after a kidney transplant, were inadequate.

"Maybe I could pass something to her," says Smith. "If it was just myself, I would [join the team]. But can the hospital guarantee that I [won't] get sick, or my kids and mother?"

She says the offer of increased pay — $67 an hour for a nurse with her experience — supports her argument. "If this is within the scope of my practice, why are they offering double time?"

About 100 staff volunteered to be part of the hospital's SARS team, but another 65 were needed. Smith was selected, and says her director implied that her refusal to join the team might lead to dismissal; her union advised her to obey the order.

While attending the June 9 orientation meeting, however, Smith announced that she would not join the team. The head nurse told her not to come in for her regular shift the next day.

Although the case involved only 1 nurse, it holds implications for a system under siege by SARS. Under Ontario's Occupational Health and Safety Act, Smith can refuse to work when the "physical condition of the workplace…is likely to endanger." The Ontario Nurses Association (ONA) says members have a "right to refuse to work only where unsafe conditions exist and they cannot be adequately protected through infection control procedures."

"Many nurses in Toronto could theoretically refuse to work because they haven't got masks that fit," said ONA president Barb Wahl. This would qualify as a health and safety concern. Smith says new safety protocols that have been introduced are not enough. "We're making this up as we go along."

If an assignment is refused, Wahl acknowledges that "nurses are at risk of being disciplined by employers."

Did Smith have an ethical duty to accept the assignment? "The hospital and public seemed to be saying, 'I'm a nurse, so ethically I have to,' " says Smith. "But what about my responsibility to my kids and mother?"

Dr. Peter Singer, director of the University of Toronto Joint Centre for Bioethics, says there is a "threshold beyond which health care workers aren't obliged to take personal risks. We don't expect firefighters to jump into a burning pit, or police officers to throw themselves in front of a bullet."

How health care workers define this threshold "is an intensely personal decision … but obviously, it has serious implications for our collective response to a problem like SARS."

Dr. John Williams, the CMA's director of ethics, says physicians have traditionally put the well-being of patients ahead of their own. "However, not all physicians are required to be heroes, especially if they could do more good for patients by staying away from dangerous front-line situations. Hopefully, there will always be enough volunteers to do the front-line work." — *Barbara Sibbald*, CMAJ