things," Beaudet says. "So when CIHR partners, it's 'we partner, so we decide. We decide on the program. We organize everything and you guys come in and part with your money.'"

Instead, Beaudet would like CIHR partnership programs to be more responsive to local needs. "I'd like to see individual provinces come up with a health problem specific to that province and this is how they would like to tackle it and how could CIHR help to tackle that problem in that their province. ... Let some of the research questions come up from the clinical observations and the clinical results."

Beaudet declined comment on many of the contentious issues that have bedeviled the council in recent years, including whether the current division of the pie between the the 4 so-called pillars (biomedical, clinical, population health, and health services and systems research) is suitable; whether there's an excessive amount of strategic, multidisciplinary, interdisciplinary and collaborative programming; and whether the CIHR's 13 so-called "virtual" institutes have appropriate roles and functions (*CMAJ* 2006;175[8]:857-8).

"I want to be very prudent now to really understand what's going on before I start making any statements that could be seen or perceived as being incendiary," Beaudet said.

"It's clear that we have to bring the individual institutes into the fray. They have a critical role to play. They've got boards that are full of really creative energy, very bright people. Let's use these people more than perhaps they've been used so far. But I really want to be prudent here. Let me first get acquainted with the beast and then I'll tell you how to tame it," Beaudet later added.

Asked point-blank whether he's concerned that the recent devolution of financial decision-making authority from the CIHR's governing council to a Research and Knowledge Translation Committee comprised primarily of the scientific directors of the 13 institutes might severely limit the ability to affect change, Beaudet replied, "No, I don't think so. If there's good will, it's going to work and when there's a will, there's a way. What you have with the institutions, is a federation and what you want is a federation that works. We're familiar with that problem in this country, aren't we?"

Provincial counterparts describe Beaudet as extremely collegial and receptive to argument but a "bit of a bulldog" once he decides upon a course of action. — Wayne Kondro, *CMAJ*

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Dispatch from the medical front

Eye contact

He was my first patient in East Timor: 12 years old, with a 5-day history of delirium and fever.

I'd just finished my first year of medical school, but what I lacked in clinical experience, I hoped to make up for in enthusiasm, supplemented by frequent consultations of the *Oxford Handbook of Clinical Medicine*. I had never seen or managed a delirious patient before, but, in well-trained medical student fashion, I started by taking a history from his mother.

I followed all the communication "rules." Introduce yourself. Set an agenda. Signpost. Summarize. Make eye contact.

They never prepared me for what I saw. I'd expected fear, pleading, maybe even desperation in his mother's eyes. I was shocked to see only emptiness and resignation.

He was the first patient to die in my care. When I arrived for morning rounds, the nurses had drawn a black cross next to his name in the register. His mother had taken his body to the church and I waited all day for her return. I never found out what had killed him, whether it had been cerebral malaria, typhoid or any of a host of diseases, which we didn't have the means to diagnose. We treated him as well as we could given that we had run out of most of the commonly used antibiotics and painkillers. (When I asked for ibuprofen, the pharmacist wryly offered me ketamine.)

Liana Hwang

Parents are often reluctant to take children to hospitals in East Timor.

I never saw his mother again, but I have seen that look many times in the years since. Sometimes I think about how easy it would be to close my eyes.

And yet, in East Timor, I saw why some villagers are reluctant to bring their children into the hospital: a lifetime of suffering has taught them to expect the worst. For a poor villager, the death of a child is an emotional and financial catastrophe since the grieving family is often unable to afford the expense of bringing the body home for traditional funeral arrangements. Eventually, our mobile clinics agreed to cover that cost. A small difference, to be sure, but one that has saved lives.

It's been 3 years since I travelled to East Timor. Outwardly, I'm just another family medicine resident and yet when I look at my reflection in the mirror, I see how I've been changed by the simple act of having made eye contact. — Liana Hwang MD, Calgary, Alta.

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CMAJ invites contributions to Dispatches from the medical front, in which physicians and other health care providers offer eyewitness glimpses of medical frontiers, whether defined by location or intervention. Submissions, which must run a maximum 400 words, should be forwarded to: wayne.kondro@cma.ca