

New president brings GP's perspective to CMA's top job

The CMA's new president, Dr. Sunil V. Patel, was born in India, raised in Uganda, received his medical education in the UK and practises in small-town Manitoba. That multinational and multicultural experience has given him a unique take on the challenges facing both immigrants to Canada and physicians who trained in another country.

Medicine is more ethnically diverse than it was, he says, perhaps referring to the wall of photos of past presidents at CMA House — a wall awash in white faces. Patel's visage will change that forever. "I see myself as a role model," he says. "I think I instill a sense of pride that, yes, one of us can get up here."

As for the CMA's own role as it turns



Dr. Sunil Patel: the new face of the CMA

136, Patel thinks health human resources issues will continue to dominate its agenda. He knows the issue well. When he arrived in Gimli, Man., as a newly minted GP in 1973, there were 11 doctors. Today, there are 5.

Patel arrived in Gimli after completing his internship at the St. Boniface Hospital in Winnipeg. "I was a GP and an anesthetist and I operated 3 times a week. It was exciting. I did obstetrics, minor surgery ... there was lots of variety. And that's what kept me here."

In addition to his Gimli clinic, he started a practice in nearby Riverton and slowly introduced new services at the Johnson Memorial Hospital in Gimli. In 1983, he trained in chemotherapy and introduced an outreach unit so patients no longer had to make the hour-long trip to Winnipeg for treatment.

Patel says he came to Canada specifically for the types of opportunities he found in Gimli. In the late '70s, "it wasn't uncommon for a GP in the UK to see 100 patients a day. It wasn't the kind of medicine I wanted to practise."

Instead, he wanted to provide the same type of care as his cardiologist father. "He would meet his patients on the street and he'd talk to them about their medical problems. Doctors complain about being accosted by their patients, but to me it's part of helping patients in a nonthreatening environment."

Patel considers new technology a

good friend of medicine. He has operated a paperless office (save for mail and archival files) since 1995. CMA data indicate how far he was ahead of the learning curve — by 2002, just 3% of Canadian MDs were using only electronic media to store active patient records.

His long-standing participation in CME courses — he drove 45 minutes to Selkirk every month for sessions — also sparked his participation in the Manitoba Medical Association (MMA). After a CME session in 1988, he was named board representative for his region, and by 1995 he was MMA president.

He thinks his experiences during 30 years in Gimli will serve him well as president. His hospital, which serves a region with 11 000 residents, has shrunk from 45 to 28 beds. "Services have disappeared. Anesthesia, surgery, obstetrics are all gone — patients have to go 60 miles to get these services. We're underserved."

He planned to stay in Gimli only briefly and then move to San Francisco, but he had not counted on meeting Theresa Villeneuve, head nurse in the surgical ward at the St. Boniface. They married in 1975, and have 3 children.

As for the presidency, Patel is anticipating one of the busiest years of his life. He notes the irony attached to the day he assumes his post — Aug. 20, the day he turns 55. "Freedom 55," he says with a laugh. — *Barbara Sibbald, CMAJ*

Regulations for natural health products in place by January

New federal regulations governing 50 000 over-the-counter (OTC) natural health products (NHPs) should be in place by January 2004. The regulations, which will cover everything from product labelling to adverse event reporting, have been under development since 1997. NHPs such as herbs, vitamins and probiotics currently fall under Health Canada's food or drug directorates. After January, all OTC NHPs will fall under the Natural Health Products Directorate (NHPD). By 2008, all NHPs will be licensed and assigned either a natural health or homeopathic products number.

"It feels like I wrote the final exam ...

and now we're going into the working world," says Executive Director Phillip Waddington, a doctor of naturopathy. NHP sales totalled \$4.3 billion in 2001.

One of the most controversial aspects of the regulations is the level of evidence required for licensing, which will depend on the manufacturer's claims. "As the claim becomes less defined, so does the risk," Waddington told *CMAJ*.

Three types of claims will be allowed: effect on structure/function, effect on risk reduction, and use as a treatment/cure. A product claiming to treat or cure must undergo a randomized controlled trial (RCT), but Waddington says other claims

can be supported by a range of evidence.

RCTs have long been considered the "gold standard" of medicine, and alternative and complementary products have come under fire for failing to meet the same standard. But Dr. David Moher of the Thomas C. Chalmers Centre for Systematic Reviews in Ottawa says there are already 5000 to 10 000 RCTs on these products worldwide. "To claim there is no hard evidence isn't useful — there is."

The NHPD is compiling 300 "sample" monographs for commonly used products, such as St. John's wort. It will also establish a system for reporting adverse reactions. — *Barbara Sibbald, CMAJ*