members. “He's dreaming,” scoffed Bonavista, Nfld., family physician Chris Randell following comments by John Peddle, executive director of the Newfoundland and Labrador Health Care Association. “Here in Bonavista we’ve been living on locums for a year and without them there is no way we would be able to survive.”

Randell says that of the 10 full-time family physicians who used to serve the approximately 12 000 people in Bonavista and surrounding area last year, only 3 remain. He adds that the situation is putting severe strains on both physician and patient. “It’s a very difficult situation for me because I grew up in this community and I have to turn people away because I just can’t handle any more patients.”

Dr. Karl Misik, president of the Newfoundland and Labrador Medical Association, also spoke out. He said Peddle’s comments don’t acknowledge that doctors and other health care professionals have been working extremely hard to make up for the system’s shortcomings. “If we pretend this problem does not exist, we will only face a larger and more severe crisis in the near future. Those working in the system cannot fill these gaps indefinitely; and concerted, system-wide action is required immediately.”

Back in Bonavista, Randell is more blunt. “We need more doctors. Right now we’re just not competitive [in remunerating physicians], but new funds will have to be found for health if people are going to be able to get the level of care they expect.”

Cost of workplace injuries soars

A new American study has found that occupational injuries and illnesses exact a heavy toll in terms of health care spending, costing more than AIDS or Alzheimer disease. The study, conducted by researchers in the Department of Economics at California's

Search-and-rescue team attracts BC physician

“The best thing I’ve done in years,” said Dr. Mike Flesher after completing a 1-week training session with Canada’s first Heavy Urban Search and Rescue Team (HUSAR) in Vancouver this summer. Flesher, a 35-year-old emergency physician, is the only doctor on the 62-member team, which includes fire and police personnel, paramedics and engineers.

Funded by the City of Vancouver and the federal government, HUSAR, which is modelled on similar units in the US, is designed to deal with earthquakes, terrorist activity and other disasters. The recent training exercise took place in a simulated earthquake zone. The team learned to lift heavy objects, design ladder and rope systems, identify structural instability and handle hazardous materials.

Flesher, who has a background in construction and climbing, decided to join the team because he is interested in “so many other things outside the medical aspect” of rescue work, and enjoys teamwork.

“Everyone brings some knowledge that is useful,” he says.

Flesher brings to HUSAR the expertise he gained in 1996 during a “confined-space” medical course. A doctor may only have access to a trapped person’s elbow, he explained, and crush injuries may be complicated by hazardous materials, choking caused by dust, starvation, dehydration and the amount of time lapsed since the injury. Anticipating the health problems of someone who is still trapped and reassessing the situation as rubble is removed are key parts of Flesher’s role. To round out his skills, he plans to spend time in operating rooms learning more about amputation and airway management. His responsibilities also include caring for the HUSAR team and its police dogs; the latter task means he has to spend time with the police dog squad and its veterinarian.

Two other emergency physicians have expressed interest in joining the team, and Flesher would welcome them. The team is designed to function in 2 groups of 31 members for 12-hour shifts, with 2 physicians available per shift. The group will continue to practise monthly and hopes to be operational by next January. This month HUSAR will be meeting with federal officials to discuss the possibility of creating units in other provinces. — © Heather Kent