



Features

Chroniques

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## “I won’t do surgery if you don’t try to do my job,” head of new blood agency tells MDs

Anne Mullens

In brief

KEN FYKE IS KNOWN AS A TOUGH ADMINISTRATOR, and he is going to need all of his administrative tricks as first chair of Canadian Blood Services, the new national organization that is taking over responsibility for the nation’s blood supply from the Red Cross come September. Fyke says he hopes to work closely with physicians, but they will have to realize where their responsibilities end and his begin.

En bref

KEN FYKE S’EST TAILLÉ UNE RÉPUTATION DE DUR DANS LE MONDE DE LA GESTION, et il lui faudra certainement puiser dans toutes ses astuces administratives lorsqu’il deviendra le premier président du Service canadien du sang, nouvel organisme qui remplacera en septembre la Croix-Rouge comme responsable de l’approvisionnement en sang du Canada. M. Fyke souhaite collaborer étroitement avec les médecins, mais ajoute que ces derniers devront comprendre où leurs responsabilités finissent et où la sienne commence.

Canada cannot have a good health care system without a good blood system, says Ken Fyke. And now, as the newly named chair of Canadian Blood Services (CBS), it will be his job to ensure that a good blood system emerges.

Both fans and foes say that Fyke, a veteran health care administrator, is well suited to oversee the creation of the new blood agency. “He will do an excellent job,” says Dr. Jane Wright, president of the medical staff of the Capital Health Region, which represents some 800 doctors working in Victoria and surrounding communities. “He is a tough administrator with vision and ability. What he sets out to do, he will do.”

“He is a hard-nosed, detached administrator who will achieve his goal, or the goal of his employer, no matter what,” adds another medical observer, who admitted to having had “run-ins” with Fyke. “You’ve got to hand it to him for agreeing to take on the mess of the blood system — that in itself says something about the guy. He is committed and dedicated, and he will get the job done no matter whom [he] alienates.”

Born and raised on a farm in Moosomin, Sask., the 57-year-old Fyke says his devotion to Canada’s medicare system arose in part from his experience as a teenager, when he saw his mother put off crucial surgery because of concerns over medical bills. The delay meant she required emergency treatment, and he then watched his family struggle to pay the hospital and doctor in instalments after harvests. “I saw the shame in not being able to pay your doctors’ bills and it had a profound impact on me,” he says. “It has made me an advocate for the health care system.”

Ironically, after graduating with a pharmacy degree from the University of Saskatchewan, his first day of work in the pharmacy of Regina’s Grey Nuns Hos-



Ken Fyke to MDs: you do your job, I’ll do mine



pital was July 1, 1962 — the first day of the historic Saskatchewan doctors' strike.

"At the time I was more sympathetic to the doctors. In the year leading up to it, it was really framed by people in the university as though communism were taking over. But since that time I have changed my mind considerably and believe that what was brought in then was very progressive."

Over the years, being sympathetic to doctors has not always been possible for Fyke. After earning a master's degree in health services administration from the University of Alberta in 1971, he moved into a series of increasingly responsible positions. After first managing smaller Prairie hospitals he moved to roles in government, serving as deputy minister of health in both Saskatchewan and British Columbia. He was then chosen to manage the Capital Health Region and its collection of hospitals and long-term-care homes.

"I think doctors and I have had a love-hate relation-

ship over the years," he says. "I like working with physicians, I enjoy debating them, but we have had our disputes, our battles. Sometimes I win, sometimes they win. Obviously I don't have the support of everyone, but I do have the support of a lot of them. And I believe we have kept our respect for each other."

Fyke is known for saying to physicians: "I won't come into the OR and do your surgery for you if you don't do my job." He says he will take the same approach at the new blood agency.

"I am not an expert in blood and blood products," he says. "I would be a fool to expound on technical and scientific issues of blood — I will be looking to physicians for that. On the other hand, I do have some skills in dealing with organizational issues and in operating a large organization within the realities of this country. Those are the skills that I will bring to the table. I would consider my opinion on the structure of organizations to have more bearing than perhaps the opinion of a

## Can the Red Cross survive its bloodless future?

The blood tragedy has been devastating for the Canadian Red Cross Society and the people who work for it, but its new head says the 102-year-old charity still has a bright future.

Dr. Pierre Duplessis says that even though that future won't include the collection and distribution of blood and blood products — these duties are being turned over to the new Canadian Blood Services (CBS) come September — the Red Cross's long history of work in humanitarian aid, social services and water safety will continue.

"Aside from the blood system, we have enthusiastic support for many of our programs," says Duplessis, who took over the agency's top job of secretary general in September 1997. "People saw how relevant we were during the ice storm in Eastern Canada. In 3 to 4 weeks we collected and distributed more than \$11 million."

Besides its disaster relief, the Red Cross runs programs in water safety, youth services, abuse prevention, food banks, lunch programs and help for seniors in jeopardy. Its home-care program alone helps 73 000 Canadians a year. "We have more than 130 000 volunteers across the country," says Duplessis, "and I think that is a gauge of our continued support."

Duplessis acknowledges that morale has taken a huge hit because of the tainted-blood affair and the subsequent Krever Inquiry. "The worst impact of all

was for some technicians, who really were trying to do their best, to realize that their work could have somehow harmed some people. It was a terrible mistake, and we are sorry and we apologize. But it was never done deliberately."

Duplessis, a community health expert, has taken on the challenge of leading the Red Cross as it moves away from the blood business and the CBS takes over. Once the transition is complete, the Red Cross will be a shadow of its old self, with activities focused on water-safety programs, community health and emergency response.

Duplessis replaced Doug Lindores, a former senior federal official hired by the Red Cross in 1993 to reorganize its blood operations. Lindores was fired unexpectedly in March 1997. Unlike him, Duplessis has a medical background. He began his career as a general practitioner after graduating from the University of Montreal in 1970. He has served as medical adviser to Quebec's health ministry, worked as an administrator in various hospitals and taught at McGill. His most recent position was deputy secretary general of the Quebec College of Physicians.

His interest in the Red Cross began 4 years ago, when he was asked to participate in a task force on the blood supply. "Although there is still a great deal of struggle ahead of us, I think this is a very exciting time. I feel honoured to have the position."



hematopathologist. But on issues of blood, physiology of blood and blood safety, the professionals will have a major impact. I think what matters is understanding our roles.”

As chair of the 13-member CBS board, Fyke estimates that 65% of his working life in the next year will be wrapped up in overseeing the formation and operation of the new agency. One of the board’s first jobs will be to hire a CEO to run the agency. Also sitting on the board with him are 2 consumer representatives, 6 representatives from the medical, technical, scientific and public-health sectors, and 4 regional representatives.

With the remaining 35% of his time, he will help smooth the transition of a newcomer into his current position as president and CEO of the Capital Health Region, a position he will not formally vacate until Sept. 1, 1999. Fyke intends to continue to live on Vancouver Island and direct the CBS board from here.

When first approached a few months ago, Fyke wasn’t sure he wanted to become chair of the CBS. Already a member of the transitional board of the blood service, he was concerned about the legal liability that comes with collecting and delivering blood products, which by

their nature will always carry an element of risk.

“I thought a lot about this,” he says. “It is the crucial question. First of all, the board and the organization has to have a culture that puts safety first. You must be doing what is of a world standard to minimize risk.”

Among the safeguards Fyke envisions are outside safety audits, early warning systems and a senior vice-president who focuses on safety issues. “You need an information system that runs a flag up the pole as soon as any indication arises that there is something of concern,” he says. Public and physician education about the risks posed by blood use will also be likely areas of focus, Fyke predicts.

Will the new agency simply feel and look like the Red Cross but have a different name? Not according to Fyke. “I think it is going to be very different. I believe that the public has got to see that this is a new start — they have got to see it visually, they have got to see it in terms of organization.

“Let’s face it, we have had a national tragedy. If there is going to be change it is going to be in the next 10 years when we do have the public support and the political support to make these changes.”

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