



## Practising medicine outside medicare isn't for everyone

Doctors should seek professional business advice before they negotiate the complicated terrain surrounding third-party medicine, a St. John's physician warns.

"Too many of our colleagues have been very badly burned and medical training is still very lacking in that regard," says Dr. Ciaran O'Shea. "All sorts of things can cost an arm and a leg, things that most physicians wouldn't think about."

O'Shea should know. His company, Atlantic Offshore Medical Services (AOMS), has been working for the offshore and other industries since the mid-1970s, when it began assessing divers for oil-exploration work. In 1990 O'Shea closed his family practice and said goodbye to fee-for-service life to become a full-time occupational medicine consultant.

AOMS employs 1 other full-time physician and 3 part-time ones, and has designated doctors across Canada. The company's clients include an oil-field consortium, seismic vessels, insurance companies and various levels of government.

But the company's largest project by far was providing medical services during the construction phase of the Hibernia platform at Bull Arm, northwest of St. John's. "That was a colossal project," says O'Shea. "At its peak there were as many as 7000 workers on that site, and that's a major town as far as this province is concerned."

O'Shea and his associates implemented a baseline screening protocol for Hibernia employees and provided routine general and ongoing emergency care, as well as occupational medical services. The project included designing and running a site health centre with 4 acute care beds, nurses and a physician on duty and on call. It provided emergency equipment and ambulance services, and developed procedures, protocols and policy manuals.

"From a business point of view it was a huge challenge," says O'Shea. "It was an extremely difficult [contract] to bid on terms of what the costs were going to be. You had to understand the effects of unionization and where you could lose significantly in terms of salaries, payment burdens and ongoing consumable inventory costs, which were quite extensive. We didn't lose. We sought advice and worked with business professionals."

But Atlantic Offshore Medical Services didn't get to bid on the production phase of the Hibernia project. When the 5-storey platform moved to sea in the spring of 1997, the Offshore Health Sciences Group at the Health Sciences Centre (HSC) in St. John's was providing medical services.

"We were invited to come in to the project by some members of the consortium," says Dr. Carl Robbins, 1 of 5 physicians in the group and the occupational med-

ical adviser on the Hibernia project. "They saw some benefit in us doing it because of our presence in the HSC and our links here."

Robbins, a former ship medical officer, is a professor of family medicine, vice-dean of professional development and chair of telemedicine at the Memorial University medical school. He says the principles of contract negotiations with the Hibernia consortium, led by Mobil Oil Canada, weren't new, although the specifics were.

He and his colleagues have helped recruit the occupational nurses who run the platform infirmary, drafted a policy manual on standards for Hibernia employment and set up treatment protocols. Their responsibilities also include pre-employment assessments, call services and follow-up with treating physicians.

The patient base is sizable. In addition to personnel on support vessels and those who visit Hibernia, 560 employees work 3-week shifts on the platform, 380 km southeast of St. John's. Most of the medical problems seen so far have been routine, but some cases have required evacuation. "We've had a year of experience and the safety record is pretty good," Robbins says. "And frankly, that was the year I was most concerned about because for many workers this is a new experience."

He says nurse-physician consultations, which are typically done by phone, have been augmented by telemedicine. Using examining cameras, the platform nurse can transmit pictures ranging from ear-drum damage to wounds to a monitor at the HSC. "I can look at nurses as they are suturing, so we can go live on video."

Robbins thinks the technology brings employees peace of mind. "It's clearly a point of some reassurance for workers or their families that they're that close to medical resources."

O'Shea, who used telemedicine on an offshore project, acknowledges its public-relations value but questions its benefits during an emergency. He says it's more important to make sure that the nurses stationed on offshore rigs are well trained. Assessing employees is also critical. "The biggest thing people don't understand is the psychological risk of working in a harsh, dangerous, remote environment and closed, confined space. It's not for everybody."

O'Shea was disappointed that medical services for the Hibernia production phase didn't go to tender but he knows that other offshore projects will keep his company busy. "We are diversified. We would never rely on one industry or one corporate entity."

Nor would O'Shea ever consider returning to fee-for-service work. "You don't get paid exceptionally more by doing this, but it's easier dollars."