Seven years ago, Dr. John Collins realized that his prostate cancer patients needed more than just his counsel to deal with the disease, so he helped start a support group. “We’re our own worst enemies,” says the chief urologist at the Ottawa Hospital’s Civic campus. “As men we have this [tendency to be] stoical and we keep it stowed up inside.” Today, the Prostate Cancer Association of Ottawa–Carleton has more than 300 members.

But Collins also realized there were other gaps in service for men with prostate disease, including a lack of expedient diagnosis and support in making decisions about treatment, and a shortage of support after treatment. So Collins went to work again. His next project? A centre where men with prostate cancer can get all the support and services they need under one roof.

With the backing of the Ottawa Hospital’s Medical Advisory Committee and financing pledged by the private sector, the Ottawa Hospital Prostate Centre will open its doors later this year. It will be similar in concept to the Women’s Breast Health Centre that already exists at the Civic campus in that it will offer diagnosis, treatment planning, research, support and information. Supporters say the need exists because prostate cancer is second only to lung cancer as a cause of cancer mortality among men.

“There’s a lot of erroneous information out there and on the Net,” adds Collins. “The guys need help in getting the right information because [this will have] a lot of ramifications and implications for the treatment of prostate cancer. Helping people in this decision-making stage is one of the areas the centre will deal with.”

The multidisciplinary centre will have only a small permanent staff but will be able to draw on the services of local oncologists, radiologists, ultrasound technicians, counselors and nurse practitioners. “This centre will amalgamate the concerns of and focus things for people with prostate cancer,” says Gordon Seabrook, chair of the prostate cancer association. “It will raise awareness not only on the part of potential patients but also in the medical community.”

The new centre is still in its planning stages. It may be located at the hospital’s Riverside campus, and is expected to cost about $2 million. MDS Nordion, a local high-tech company, will be the main financial backer.

Wally Seeley, chair of the Canadian Prostate Cancer Network, says there is a growing trend toward establishing freestanding clinics to treat prostate disease. Similar centres already exist at the Princess Margaret Hospital in Toronto and at the Vancouver Hospital, and there are plans for another one in Calgary. “The more the better,” says Seeley. “Because of the almost epidemic proportions of the disease, things are happening despite of the lack of attention from the government.” — © Janis Hass

**England’s million-dollar needlestick injury**

A British doctor has been awarded £465 000 (almost $1.2 million) as compensation for a needlestick injury that had no medical repercussions. The junior house officer, who was newly qualified and still in her preregistration year, pricked herself on a needle that had been left on a trolley in London’s Charing Cross Hospital.

Although she did not develop an infection, she went on sick leave 2 years later and has not worked since. She says she had to struggle with growing anxieties about HIV infection, sharp instruments and blood before going on sick leave in October 1994. The amount of the payout was reached in an out-of-court settlement last September.

The physician told the British Medical Association’s News Review (See page 470).
Neill Iscoe, a 1975 McGill graduate, is a medical oncologist on the active staff at the Toronto-Sunnybrook Regional Cancer Centre and an assistant professor at the University of Toronto.

Who was your most influential teacher?
John Southen, who was my undergraduate molecular biology teacher at McGill. At the end of the course, the class collectively had an open-book multiple-choice exam. We couldn’t reach consensus on at least 2 of the 9 questions over a 4-hour period. We reached consensus quickly on 2 questions, but to this day I am not sure if we ever reached consensus on any of the others. His course challenged us to use our minds and to think, more so than any other course to which I had been exposed. Moreover, his course demonstrated that thinking could be fun.

What aspect of your work gives you the most pleasure?
Realizing that for some people I have made a major, positive difference in their lives.

What research paper has had the most influence on your career?
During my molecular biology course in undergraduate school there were 2 papers — one by Chargaff demonstrating the molar equivalence of the adenine-thymine and guanine-cytosine pairs in DNA, and the Nobel Prize paper by Watson and Crick. The first was significant because it demonstrated that critical information can be found in strange places. The second paper elegantly showed that the most important thoughts can be expressed very simply.

What are your favourite pastimes?
Canoeing across a calm lake at dusk, listening to a loon.

What book did you last read?
Boom, Bust and Echo, by David Foot and Daniel Stoffman.

What illness do you fear most?
Slowly progressive dementia, where you initially know what will happen but at present can do nothing about it.

What complementary therapies have you tried?
I don’t really use any, not even vitamin C for a cold.

What advice do you have for a young physician?
Make sure you do something you like, because it’s tough out there.

What was your biggest mistake?
As others have already told you, there are too many to select a single one.

What was your biggest achievement?
Without hesitation, my family.

What make and year of car do you drive?
A Dodge Caravan, so we have a place to put the kids’ hockey bags.

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that “after the incident I kept worrying about what I could have caught. I began to avoid high-risk patients. I hid in the loo so that someone else would deal with them. I avoided stitching wounds and pretended blood tests I had never taken had got lost. I could not trust my colleagues to dispose of their sharps properly.”

The doctor’s lawyer, Victoria Allman, commented: “If she had been more appropriately dealt with, she may not have suffered as she has.”

A spokesperson for the BMA, which backed the doctor’s claim, said National Health Service employees “have a right to be protected from hazards at work just like any other employee. The amount reflects the fact that her lifetime earnings have been completely ruled out by this injury. It is a very uncomfortable lesson for the NHS.”

A spokeswoman for the Hammer smith Hospitals NHS Trust said that “all doctors now receive an introduction [to] sharps and there is a strong occupational health presence [here].”

“I don’t think this is defensible at all,” complained novelist and health writer Claire Rayner, who was speaking as head of the Patients’ Association. “When you take up a career in medicine you are, to an extent, taking up a frontline job. It is a bit like the police, and a certain amount of danger goes with the territory.”

The Department of Health refused to comment on the settlement and said it kept no detailed records of payouts made to doctors. Neither side has commented on why the doctor could not have worked in a specialty that was relatively free of needles, such as pathology or psychiatry. — © Caroline Richmond