



Chiropractic and medicine blended at clinic

Dr. David Quirke's career took an unexpected turn when he met Dr. Gordon Taylor at the gym where the football player and world-class wrestler worked out. Taylor was a chiropractor in his final year at medical school when Quirke invited him to observe at his

North Vancouver family practice. Soon Taylor was bringing new treatment options to Quirke's patients who had musculoskeletal problems. Quirke, who has a background in emergency medicine, recalls: "I was very interested in sticking needles into joints; that was my training. [Taylor] was able to do a lot more for these patients."

The doctors shared a dramatic success with an elderly man who had been immobilized for years and unable to walk. The man travelled by water taxi from his island home and was carried into Quirke's office. Following cortisone injections and selective manipulations, the patient walked from the office as the astonished doctor and student watched.

After several months of collaborating with Taylor, who is 1 of about 5 Canadian-trained chiropractor/physicians, Quirke decided to join him at the Pacific Coast Rehabilitation Centre. He underwent 200 hours of training there, while still running his family practice and working in emergency

medicine. At the beginning, Quirke was "totally lost." He started from the basics, and gradually acquired the specialized manual-therapy skills to supplement medical interventions.

Three years ago, Quirke left his emergency room work and began dividing his time between the rehabilitation centre and his family practice. Besides Taylor, the centre's professional staff include Jane Burns, a physiotherapist and owner of the clinic, and Chista Shahrokh, a recently graduated chiropractor.

Quirke says the collaboration works. "We have easy access to each other and progress is monitored closely," he says. The group sees many "problem" patients who have already experienced several medical, chiropractic or physiotherapy interventions. "I essentially do manipulations and injections," says Quirke. Taylor, who calls the group "a terrific interdisciplinary concept," says many patients "present with a blend of injuries. They should receive a blend of treatments." — © Heather Kent



Rehabilitation centre staff (from left) are Dr. Gordon Taylor, Jane Burns, Chista Shahrokh and Dr. David Quirke

Manitoba's nurses say they're through singing in the rain

Manitoba's nurses say they're mad and they're not going to take it anymore. They have demanded a 26% pay increase over 2 years, as well as increased overtime rates, a boost in transportation allowance and improved employee benefits.

"We've accepted rollbacks, layoffs and cutbacks to hospitals for most of this decade and now we want something back," says Manitoba Nurses' Union (MNU) president Maureen Hancharyk. She said sacrifices made by Manitoba's 11 000 nurses have contributed substantially to a \$380-million rainy-day contingency fund created by the government of Premier Gary Filmon.

"I've got a message for Mr. Filmon. It's pouring and it's time to open the rainy-day fund because the MNU's

contract with the government expires Mar. 31, 1999," says Hancharyk. Most Manitoba nurses earn \$21.65 per hour, placing them eighth in Canada. Nurses in British Columbia and Ontario earn \$25.98 and \$28.39 per hour, respectively, Hancharyk said.

In an interview, Filmon said nurses rejected a government offer of a 6% wage increase over 3 years, along with binding arbitration to resolve other differences. With a provincial election about to be called, Filmon says he would like to see the present disagreement settled as soon as possible. "But it is unrealistic to pay the nurses from the rainy-day fund because it can only be accessed once. We'll pay the nurses at a level our provincial economy, ranked about fifth in Canada, can reasonably support on a long-term basis,"

he said, adding that annual increases of 2% for 3 years is reasonable.

But a spokesman for the MNU said the government is kidding itself if it thinks nurses will settle for anything less than their current demands. These include a 15% salary increase effective Apr. 1, 1999, and a further 11% increase Apr. 1, 2000; maximum pay levels would increase from \$50 173 to \$53 256 after a 15% increase. The total annual cost to the government to Apr. 1, 2000, would be \$150 million, according to the MNU.

John Laplume, executive director of the Manitoba Medical Association, was reluctant to comment on the dispute. "However," he said, "a strike by the MNU would make it extremely difficult for doctors in Manitoba to work at an optimum level." — © David Square