



Victoria physicians sponsor Chinese students

A decades-old interest in China has prompted 2 Canadian physicians to “adopt” 7 high school students from Suzhou, China. Each year since 1992, Drs. Fleming and Aileen McConnell have financially sponsored 1 new Chinese student attending L.B. Pearson United World College of the Pacific in Victoria. For them, sponsorship involves more than financial assistance. They have become surrogate Canadian parents for the visitors, welcoming the students into their home during Christmas and other holidays and meeting their families in China. “They’ve become very much family,” says Dr. Aileen McConnell.

Like any parents, the McConnells, who have no biological children, are proud of their students’ accomplishments. One is completing a PhD in finance at the Wharton School of Business in Pennsylvania, a second is studying economics at Harvard University and a third is studying computer science and mathematics at the Massachusetts Institute of Technol-

ogy (MIT). Another is taking premedicine courses at BC’s Simon Fraser University. “It’s satisfying to see young people seize an opportunity to do things and do them well,” she says.

The sponsorships are a natural fit with the couple’s longtime interest in China. Fleming McConnell, a retired radiologist, is passionate about Chinese history, philosophy and culture. Over the past 20 years he has made about a dozen visits to China, while his wife has visited 7 times. Both have studied in China and speak Mandarin. When the McConnells moved from the Edmonton area to Victoria in 1990, they noted that the local United World College had no students from China. Since Victoria and Suzhou are sister cities, it was decided to select students from there.

The BC college is 1 of 12 around the world that recruits pupils in their second-last year of high school in 80 different countries. The students finish their high school at the college, which is renowned for its high academic standards and commitment to responsibility in social services, and graduate with an international baccalaureate.

“The college has an outstanding reputation,” says Aileen McConnell, a semi-retired internist who also raises sheep and trains border collies. “Stanford, Harvard, MIT, Cambridge, Penn State . . . they all send scouts, and many students go on full or partial scholarships to leading universities in North America and the United Kingdom.”

Although it seemed appropriate for students to come from Suzhou to Victoria, it was difficult to arrange the trips because the Chinese government is reluctant to let high school students travel abroad. After much negotiation through the Canadian and Chinese consulates, 2 prestigious Suzhou high schools were selected to provide students for the Victoria college.

“The students have all responded well to the challenge of Pearson,” Fleming McConnell said this fall, as he prepared to welcome yet another student. — *Barbara Sibbald, CMAJ*



Drs. Aileen and Fleming McConnell with 2 of their clan, Fang Hua (right) and Xian Xiang, during a visit to Boston, where the women attend university

Why are physicians avoiding New Brunswick?

New Brunswick needs about 300 additional physicians to bring its physician:patient ratio in line with the national average. The province now has a ratio of about 1:748, compared with the national ratio of 1:541 (*CMAJ* 1999;161[6]:679). For now, however, the New Brunswick Medical Society (NBMS) is concentrating on filling 28

positions, including 13 funded vacancies and 15 new positions proposed in the last provincial budget.

Remuneration is the underlying problem. Salaried NB physicians now earn less than their counterparts in other Atlantic provinces, while their fee-for-service colleagues, who face global and individual caps, are the

second lowest-paid in the country. Only Newfoundland doctors rank behind them. The NBMS says this longstanding inequity has led to higher patient volumes and problems with recruitment and retention that affect the province’s 1146 physicians.

(Continued on page 1230)



“Success by 6” the catchphrase for Ottawa’s MoH

Ottawa’s medical officer of health is a driving force behind a \$10-million fund-raising effort aimed at improving services for children under age 6. Dr. Robert Cushman, a public health physician who has spent many years working with families in Canada and Africa, believes that we “aren’t doing a good job looking after our children.” In Africa, he witnessed “entire villages” caring for a child; in Canada, he says, the entire community should be raising children. “These are our future customers and workers,” he says, “and our caregivers. It doesn’t cost much and this is the time to invest.”

Cushman, a father of 2 and chair of the Success by 6 Funders Working Group, says Ottawa’s Success by 6 program is a grassroots community effort to raise \$10 million over the next 5 years for programs that range from teaching parents the importance of safety to teaching them the importance of reading to children. The aim is to promote healthy early childhood development from birth to age 6 and ensure that all children are ready to learn when they enrol in Grade 1.

After studying current services, Success by 6 identified 5 areas that need improvement: prevention of

abuse and neglect; promotion of healthy birth; support for parents; promotion of early development; and learning activities and support for neighbourhood programs.

The money will go toward expanding existing programs that work and new community-based programs. The working group plans to use proven best practices, including outreach visiting, neighbourhood-based prenatal and postnatal services, respite care, parenting skills development and flexible child care.

Similar programs are already running in 5 other Canadian cities and in more than 200 US communities. In the Ottawa region, 23 groups, including the United Way of Ottawa–Carleton and school boards, plus a range of other individuals and organizations, will make funding decisions. Fund-raising is being led by the United Way.

“We need to make those ages — 0 to 6 — a priority when it comes to funding,” said United Way spokesperson Colleen McKernan. “Not only do these kids flourish, you also save money in the long run. Every dollar spent in the early years saves \$7 down the road.” — *Barbara Sibbald, CMAJ*

Dr. Abbott makes an impression



The work of medical pioneer Maude Abbott (1869–1940) is being commemorated with a special millennium stamp from Canada Post. Abbott, author of *The Atlas of Congenital Cardiac Diseases* and a world authority on heart defects, helped found the Federation of Medical Women of Canada in 1924. The FMWC, which first lobbied for a stamp in 1989, called it a “fantastic tribute.” The stamp, one of 68 commemorating prominent Canadians, will be available Jan. 17, 2000.

Shortage in NB

(Continued from page 1229)

To make matters worse, a provincial physician resource plan that dictates where physicians can practise has medical residents convinced that the province is essentially closed to new doctors.

“That’s not true,” said NBMS Past President Jeanne McNeill of Moncton. “We have to get beyond that perception. If we don’t get this problem solved soon, it’s going to be really bad. Every month more physi-

cians are leaving.” (Six doctors left Fredericton in the spring, and 2 pathologists have since departed.)

Among other things, the medical society is lobbying the new Progressive Conservative government to remove the caps and address fee-schedule issues. The new health minister is Dr. Dennis Furlong, a former rural community physician and past president of the NBMS.

The medical society is heavily involved in the NB rural summer medical student program, through which about 10 first- or second-year medical students from Dalhousie or Sher-

brooke universities work alongside a rural physician–preceptor for up to 10 weeks. The program, now in its second year, aims to encourage the students to practise in New Brunswick. In addition, the society hosts a spring job fair in Moncton to recruit new physicians.

To help ease the workload, a new collaborative practice model — government funded nurses working in physicians’ offices — is now being piloted at 2 sites. “A lot of things could be done with a trained nurse,” said McNeill. “We could see more patients more efficiently, with less burnout.”