

Ex-nurse becomes first woman to head MMA

The first female president of the Manitoba Medical Association (MMA) has worked both sides of the hospital hallway, first as a nurse at the Grace General Hospital in Winnipeg and now as a general practitioner at University of Manitoba Health Services. "I decided to become a doctor because I wanted to know more about medicine," says Dr. Lorraine Hilderman, who returned to Winnipeg to attend medical school in 1980, leaving a nursing job in Omaha, Nebraska.

"As a former nurse, I had a slight advantage over some of my fellow students in that I knew the medical lingo," says Hilderman. "Med students really have a tough time deciphering it."

Now, as the new MMA president, Hilderman will have to unravel a tangled web of problems that besiege Manitoba's doctors. One of her priorities is to address the problem of physician retention in a province where 66% of family practice residents and at least as many specialists leave upon finishing their residencies.



Hilderman: Manitoba has to become more competitive to attract doctors

"It costs taxpayers \$100 000 to train a family practitioner and many times that to train a specialist," says Hilderman. "We have to become competitive with other provinces if we are going to keep doctors in Manitoba."

Although the MMA recently negotiated 2 arbitration awards with the government, negotiations with Manitoba Health continue concerning at least 26 separate disputes. Hilderman says these range from the funding of department heads to providing medical services such as dialysis in rural and northern Manitoba.

Hilderman is known at Manitoba Health for her tough negotiating skills when a contract is on the table. "I'm not a pushover,"

she says, "but I'm more comfortable fighting for a contract in a boardroom than I am speaking to the media or to a large group of people."

"I don't think of myself as someone special," she adds. "I'm just a doctor doing my job." — *David Square, Winnipeg*

British health care system ailing, survey finds

The public health care system is not doing well and new treatments may be needed to revive it, according to more than 600 residents interviewed in a recent Gallup poll. However, the system in question is not Canada's, but the UK's National Health Service (NHS).

Eighty-five percent of respondents interviewed in the poll, conducted for the *Daily Telegraph*, said Britain's health care system was "in somewhat failing health" or doing "very poorly indeed." Only 2% said it was in "peak condition."

About 1 in 8 respondents felt that the British system can carry on nicely as it currently exists, but 85% felt that

the system is unlikely to survive without a large infusion of cash. There was less agreement about where that money should come from. Surprisingly, a significant majority (67%) said they would be prepared to pay a hefty tax increase — \$375 a year — if they could be assured the money was going solely to the NHS.

When asked if money from the national lottery should go to health care, respondents were more divided, although 62% said some or all of the money should go to the NHS.

There was a noticeable split over the question of collaboration with the private sector. Although 58% of respondents thought there should be "a

fair amount" or "a great deal" of collaboration between the public and private sectors, 36% did not look upon such a relationship favourably.

When asked where the money should come from to fund the NHS, 83% of respondents said the funds should come "almost entirely" from tax revenue. Sound familiar? — *Donalee Moulton, Halifax*