

Canada home to world's first association for disabled doctors

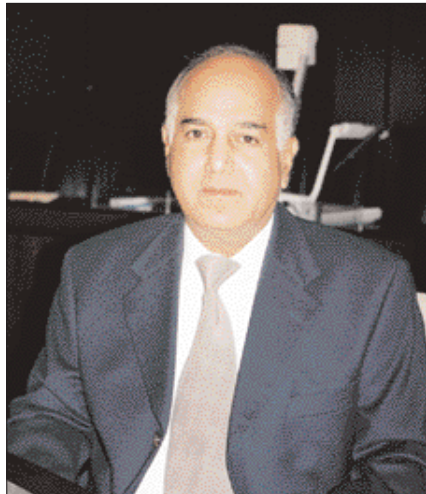
"If you stick your tongue out at me, you're wasting your time," says Dr. Ashok Muzumdar, a visually impaired Charlottetown physiatrist. With that joke, he tosses aside the cloak of awkwardness that usually blocks all discussion of physical disabilities. He's trying to do the same thing nationally as founder and president of the world's first association of disabled physicians.

The inaugural meeting of the 30-member Canadian Association of Physicians with Disabilities (CAPD) was held Aug. 13 in Saskatoon during the CMA annual meeting. CAPD was the culmination of 4 years' work by Muzumdar, director of the Department of Physical Medicine and Rehabilitation at the Queen Elizabeth Hospital. He developed diffuse retinal degeneration 15 years ago.

Muzumdar thought it would be useful for disabled physicians to compare notes on how they manage clinical practice and legal issues, and to share technology, offer emotional support and lobby for changes to improve their treatment and well-being. When he discovered that no organization existed, he got CMA help to form one.

Members' disabilities range from visual and hearing impairment to handicaps related to multiple sclerosis,

arthritis and spinal cord injury. "Sometimes people are quite imprisoned by their disabilities," says Muzumdar, who was elected president at the inaugural meeting. "But we all have abilities and that's where our emphasis is."



Dr. Ashok Muzumdar: employment a serious issue

He says one of the most serious problems for disabled doctors is the issue of employability. Some members can't find work, while others are underemployed. A case in point is Dr. Lise Couturier, who was diagnosed with multiple sclerosis just as her internship

ended in 1987. She now works in human resources with Quebec's provincial police, although the work has little to do with her medical degree. And that hurts. "This wasn't my career plan."

Couturier worked as a family physician for only 3 years before she had to quit in 1992 for health reasons. Two years later, b-interferon treatment gave her a new lease on life; she hasn't had a flare-up since. Still, the Collège des médecins du Québec wouldn't allow her to start practising again. "They didn't think I was ready."

She spent her time volunteering and earning diplomas in social administration and occupational health. Finally, in 1999, she tried to do a preceptorship, but the college stopped her after only 10 days, saying her skills were too rusty. "They should have given me a chance to restart earlier," Couturier says. "They didn't give me much support."

She has a restricted license that allows her to work under supervision, but physicians are too busy to supervise her. "They should make time for physicians with disabilities who need help. And not all of us do."

For information on CAPD, email asmuzumdar@ihis.org; or call 902 894-2061. A Web site is under construction. — *Barbara Sibbald, CMAJ*

NB family doctors say enough is enough

Family physicians in New Brunswick say they're not going to take it any more. About 450 FPs are delivering that message to the provincial government as contract negotiations stall and a serious physician shortage continues.

"We can't recruit and we can't retain," says Saint John FP Michael Simon, secretary of the GP section within the New Brunswick Medical Society. "We can't fill vacancies and patients are becoming orphaned."

Poor pay and long hours are at the heart of the problem. Currently, the government pays only \$20 for an office visit. This is 33% less than the \$26.50 Ontario doctors are paid for an intermediate visit, the most common type of office visit in that province. Last year, as contract negotiations reopened, the FPs asked for a 30% fee increase; the government offered 1%.

Earlier this year, more than half of the province's FPs met to discuss the "deteriorating situation" and then launched an awareness campaign to garner public support. In mid-September, over half of the province's FPs shut their offices for a "study day."

"We finally said 'enough is enough,'" says Simon. "Not one patient expressed dissatisfaction [over the study day]. I got faxes congratulating me."

Then, in early October, FPs staged a "paperwork protest," refusing to fill out lengthy government-issue drug-authorization forms — a procedure that can take up to 2 hours daily. Just 3 days after the "paperwork protest" began, New Brunswick's health and wellness minister told the media that negotiations had started again and he was confident the dispute could be settled. — *Donalee Moulton, Halifax*