

HEART AND SOUL

Taking a job away from a man

Never mind that she was female and 36 — Dr. Betty MacRae had it in her head that she wanted to be a neurosurgeon, and nothing was going to stop her. Not even the fact that it was 1977 and there were no other women practising in the specialty in Canada.

Even her father was cautious in his support, telling her she was taking a job away from a man.

MacRae and a Manitoba physician went on to become Canada's first female neurosurgeons, but the other doctor moved to the US, leaving MacRae alone in the male-dominated field. Today she practises at the Foothills Medical Centre and Alberta Children's Hospital, and is an associate professor in the Department of Neuroscience at the University of Calgary.

"There were obstacles but I chose to ignore them," she recalls. "The biggest obstacle is yourself."

That's proved to be a winning philosophy. Her dreams have also led her

to the job of consulting physician with the Canadian Alpine Ski Team, a posting that developed because of her interest in sports and, more recently, in extreme sports. So far she's gone heli-skiing, mountain climbing, bungee jumping, bobsledding and sky-diving. "My husband says I have rocks in my head," jokes MacRae, 61.

Not surprisingly, her undergraduate degree was in physical education. She graduated from medical school in 1968 and completed a residency in endocrinology, followed by a year in internal medicine and a few years in family practice. In 1977 she began a fellowship in neurology and quickly realized she wanted to be a neurosurgeon.

One neurosurgeon said there was no way she could do it: she was too old and, even more damning, female.

But Dr. Tom Morley, then chief of neurosurgery in Toronto, was supportive. "I could see the quality of her work and her staying power in the 3-month rotation she had done in neurosurgery," says Morley, now retired. She got into the program.

In 1982, she moved to Calgary, where her sister and best friend lived. She met her husband, psychiatrist David Miyauchi, on a golf course. "I almost beamed him," she laughs.

About 5 years ago she went back to school to earn her diploma in sports medicine. She considers sports medicine and neurosurgery an ideal combination. "I see a lot of people with neck and back injuries or concussions."

As for neurosurgery, MacRae considers it one of medicine's most rewarding fields. "I love the teaching, the patients and the work. I like doing something technical with my hands."

The work can also prove inspirational. "One of my patients who has a slow-growing tumour told me, 'You can die at 30 and have your funeral at 70.'

"It is more important to give life to your years than years to your life." — *Penelope Johnston, Toronto*

No public funding for alternative care: survey

Major health care organizations, including the CMA, say there is strong support for having medicare continue to fund core medical and health services in traditional settings. But preliminary results from a survey of more than 10 000 representatives of health and business organizations indicate there is little support for extending public funding to alternative therapies or medical and surgical services delivered in private clinics.

Initial results of the collaborative survey, based on the first 1560 responses, were presented in Halifax May 23 at the annual meeting of the Canadian Health Economics Research Association. The study was conducted by the University of Toronto-based Medicare to Home and Community Research Centre.

In addition to leaders from organizations such as the CMA, key representatives from small and big businesses were polled about which of 48 services should be funded by medicare. Support was strongest for those provided in MDs' offices and through day surgery — services already covered by medicare.

The survey asked whether each service should be fully funded, funded only for those unable to pay, subject to a user fee or funded by the user. There was little support for extending public funding to alternative or complementary therapies, chiropractic, in-vitro fertilization or travel vaccinations. Support for extending public funding to services delivered in private clinics or other nontraditional settings was also limited.

Study coauthor Raisa Deber said the latter finding was "frankly, surprising," and speculated that it might reflect opposition to any privatization within the existing system. Deber, a professor of health economics at the U of T, said the findings indicate the importance of the Canada Health Act in determining which services are publicly funded and suggested that the items currently funded appear to represent "a ceiling rather than a floor." Deber also said the survey is important because it represents "an awfully elite sample ... people who are supposedly the most informed about the debate [about what to fund]." Final results will be posted at www.m-thac.org. — *Pat Rich, CMAJ*



Courtesy Betty MacRae

Dr. Betty MacRae: "There were obstacles but I chose to ignore them."