Public facilities, privately built

The Vancouver Coastal Health Authority is seeking a private investor to build and operate a $90-million outpatient facility at the Vancouver General Hospital, where it will become one of the largest acute care facilities in the country contracted to the private sector.

Authority spokesperson Clay Adams says the 34 000-square-foot Academic Ambulatory Care Centre, which is expected to be completed by 2005, will be leased for 20 to 30 years, after which the health authority will take it over. At least half of the space will be leased by the authority; other tenants will include UBC's medical school and specialists. It is also expected to include some commercial space.

The centre will bring the hospital's walk-in services, including specialty clinics, laboratories and diagnostic imaging, under one roof. Ninety specialists with offices near the hospital have expressed some interest in moving into the new facility.

The authority says the deal will help it because a private developer will pay all up-front construction and maintenance costs. "The expectation is that they will be responsible for construction," says Adams, "and they will also assume the ongoing operation and maintenance costs, which would be anything from the heating and cooling to possibly housekeeping staff."

But contracting out service jobs, such as security and laundry positions, poses a problem for Mike Old, a spokesperson for the Health Employees Association, the province's largest health care union. He argues that health care deals with the private sector are "driven by ideology, not by a good business plan."

Adams disagrees. "This means that we can move forward fairly quickly and we don't assume the up-front cost. Over the long term, yes, we own the building and there is a cost to it, but a private company can assume depreciation on a leased building, which we can't do."

More private deals are in the offing. Ontario's William Osler Health Centre has presented a request for proposals to 4 private consortia for the construction of a new 608-bed hospital in Brampton, Ont. The private bidders will be expected to "design, build, finance, operate, property manage and maintain" the new public facility, which would open by the end of 2005. — *Heather Kent*, Vancouver

Are spouses the key to retention of rural MDs?

When recruiting doctors for rural areas, governments have traditionally offered cash incentives. Now, an Alberta program is starting to emphasize the needs and concerns of physicians' spouses.

The Rural Physician Spousal Network (**rpap.ab.ca/spousalnetwork/**) was established in 1999 after its founder and current chair, Gail Bablitz, noticed a trend. "Physicians were coming into the community, and if the spouse and family were not content, they were leaving after a short period," says Bablitz, who has lived in Whitecourt, Alta. — population, 8000 — for 25 years. "A lot of that had to do with the physician trying to work too hard and lacking a balance in his life, so in the end the family paid the price. I felt we needed to support those people a little better."

Since 1999 the program has grown from a loosely organized volunteer effort to a network of more than 300 spouses who share strategies for dealing with the demands on-call hours and overtime place on a family.

It now offers mentoring programs, stress-management workshops and spouse-only getaways to help people transplanted from the big city cope with the peculiar demands of small-town living.

"A lot of the issues that the families have are similar in each community — like the fact that your husband can't go down to the IGA because he is going to be asked for lab results and prescriptions in the vegetable aisle," says Bablitz. "Sometimes just knowing that this is also happening in other places is very important."

Bablitz stresses that medical life in rural Alberta "is not like being an emergency doctor in Edmonton, where they go home after their 8-hour shift. Here [patients] know your phone numbers, they know where you live — you're more visible."

The interaction has helped spouses develop both coping techniques and the confidence to carry them out. "You have to set restrictions and boundaries," she adds. "And that includes [not writing] prescriptions in the IGA aisles."

Annelie Groenewald, a 35-year-old South African, moved with her physician husband from Pretoria (population, 550 000) to High Level (Alberta's northernmost town, population 3400) nearly 4 years ago. Life in the town, which has 6 doctors, has proved challenging.

"I didn't know what to expect of the town or life in general," Groenewald says. "But I found that it was difficult to maintain a relationship with my family back home — especially my nieces and nephews. Plus for the first year I didn't have a work permit, so I was pretty much at home. I felt like I wasn't contributing anything."

After a year she began a part-time accounting job and started volunteering her figure-skating skills at a local rink. She then attended the network's spouses-only retreat and found herself on its advisory committee. "It's nice to have somewhere to turn to with a few questions," she says. "It's really worth while. I've seen a lot of people who have been helped by it."

In addition to family and career issues, Groenewald had to learn how to live life in a fishbowl, without the anonymity a large city provides. "There are some very big obstacles that you have to work through and resolve, but eventually you get the hang of it." — *Brad Mackay*, Toronto