



Physicians: think twice before witnessing a will

Almost 30 years ago, 2 doctors practicing at a military hospital in Halifax acted as witnesses for the signing of a will. This probably seemed an appropriate thing to do at the time, since the patient was extremely ill and wanted to ensure that his last wishes would be carried out. In fact, the man made a full recovery and died only a few months ago.

Following his death, the lawyer representing his widow tried to locate the witnesses. It wasn't an easy job. With help from the Medical Society

of Nova Scotia, he finally learned that one of the physicians is now practising in New Brunswick, while the other doctor's whereabouts remain a mystery. Faced with the task of contacting the New Brunswick doctor and arranging for him to visit a probate court to confirm that he served as a witness to the 1969 will is clearly frustrating to the lawyer involved. He wasn't even sure if this could be done in New Brunswick, or would require a trip to Nova Scotia. Regardless, the doctor involved would face considerable inconvenience.

The lawyer said physicians should be discouraged from witnessing wills:

in most cases a lawyer should execute the document and assume responsibility for providing witnesses. There are several pitfalls inherent in witnessing patients' wills. These include the possibility of becoming involved in a court case should a will be contested. Doctors are often asked to provide a medical opinion on the mental status of a patient at the time a will is completed, but this is an ethical and legal obligation that cannot be avoided. However, physicians who are asked to witness a will should consider several points: the possibility they will relocate, the availability of more appropriate witnesses

Canadian engineer left to his own devices

When the National Research Council recruited John Hopps 48 years ago, he never dreamed he would become involved in creating one of the world's most groundbreaking medical devices. He also never thought he would eventually need the device himself.

In July, the 78-year-old retired electrical engineer checked into the University of Ottawa Heart Institute to be fitted with his second demand pacemaker because the battery in his first one, implanted 13 years ago, had finally lost its charge. "I had to persuade [doctors] this thing was reaching the end of its life and was causing random pulses that I didn't like," says Hopps. He should know.

While working on hypothermia studies in the University of Toronto's Department of Surgery in 1949, Hopps was recruited to develop a device that could produce an electrical impulse to stop ventricular fibrillation. Using his expertise in microwave and high-frequency heating, he helped develop an ap-

proach in which an electrode was placed on the heart through the open chest of a dog while another



John Hopps

electrode was placed on the body surface. "I didn't know anything about conduction blocks at the time," he confesses.

Nevertheless, with the backing of the National Research Council Hopps and the team refined their technique and delivered the world's first cardiac pacemaker in early 1950. The device included transvenous catheter electrodes, which are still used for implantable pacemakers today, but relied on vacuum tubes. Transistors would help decrease the size of the pacemaker about a decade later.

An officer of the Order of Canada since 1986 and author of a 1995 book, *Passing Pulses, the Pacemaker and Medical Engineering: A Canadian Story*, Hopps says he is "constantly amazed at how technology" has refined the device he helped create 47 years ago. Recognition that he is indeed a medical pioneer hit home when he talked with Dr. Wilbert Keon, director of the Heart Institute, before his latest procedure. "Willie said to me, 'This is going to make news,'" explains Hopps. "He was right." — © Christopher Guly