

Vocal BC internist set to take CMA helm

Steven Wharry

In brief

THE CMA'S NEW PRESIDENT, British Columbia internist Victor Dirnfeld, will bring decades of medical and political experience to the post. He is adamant that the buck stops in the doctor's office, not at the ministry of health, and this means physicians must be consulted fully when governments are introducing changes to the health care system.

En bref

LE NOUVEAU PRÉSIDENT DE L'AMC, Victor Dirnfeld, interniste de la Colombie-Britannique, apporte à la présidence des décennies d'expérience de la médecine et des activités de la profession. Il est fermement convaincu que c'est le cabinet du médecin et non le ministère de la Santé qui doit prendre les décisions, ce qui signifie que les gouvernements doivent consulter à fond les médecins lorsqu'ils mettent en œuvre des modifications du système de soins de santé.

After more than 35 years in medicine and almost as long in medical politics, Dr. Victor Dirnfeld could be forgiven if he became a little cynical about a profession that is facing more and more challenges from both cost-conscious governments and sceptical patients. But Victor Dirnfeld is not a cynical man: 36 years after graduating from the University of Manitoba he still marvels at how medicine gives him a chance to make a difference in many lives — a chance few other professions offer.

"When patients come up to me and say 'thank you so much,' I am being completely honest when I tell them I'm happy to be able to help," says the Richmond, BC, internist, who will assume the CMA presidency later this month. "Patients expose their vulnerabilities to us and because of that we get a chance to help in a way that few people ever experience. To me, that is the great bonus of medicine."

To understand Dirnfeld, begin with the phrase *primum non nocere*. For him those are more than 3 Latin words — they define his commitment to his patients and explain why he fights for their interests and those of the medical system that provides their care.

A fervent supporter of evidence-based decision-making, he wonders why governments continually fiddle with the health care system and introduce changes without knowing whether they'll be effective. Dirnfeld thinks physicians have earned the right to the last word on these decisions because ultimately they are the ones responsible for patients' care. When medical decisions are made, he says, the buck stops at the doctor's office, not in the ministry of health.

Dirnfeld's background has given him a grounding in both the Canadian and American health care systems — after graduating from medical school in 1961, he travelled to the US to train in internal medicine before eventually settling in Richmond. He admits he was tempted to return to the US in the mid-1970s, but says he has always been a strong proponent of the Canadian style of universal health insurance.

"I bristle when people paint me as espousing an American-style health care system," Dirnfeld fumes. "Yes, I trained there and I practised there, but I chose to leave the American system behind. I'm not looking to Americanize the Canadian system."



Features

Une traduction française suit cet article

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Dirnfeld: "I'm not looking to Americanize the Canadian system."



His respect for medicare is obvious, but he has also seen the adverse consequences his patients and colleagues have had to endure as Canada came to terms with its debt crisis.

"It's very discouraging to have to tell people, 'Sorry, we can't get you in for the treatment you need right now.' My patients react to that with bitter resignation."

The elderly and their families often have much stronger reactions, and many are resentful and angry when told they have to join the treatment queue because of waiting lists. "They feel betrayed because they worked hard, were good solid citizens and they were promised they would be taken care of in their time of need."

Like many of his colleagues, Dirnfeld believes there is a way to reduce the current stress on the system: introduce a private, parallel health care system, which will help reduce the length of waiting lists in the public system, ease the burden on public facilities and avoid the rationing of services. A year ago he made those arguments forcefully in *CMAJ* (1996;155:407-10). "Canadian medicare," he wrote, "has resulted in the tyranny of a single payer, which has led to rationing through the use of queues, to decreasing accessibility and to diminishing quality."

The political landscape

Dirnfeld, thanks to his term as president of the British Columbia Medical Association (BCMA) in 1995-96, has a good idea what lies ahead once he takes the CMA reins Aug. 20 in Victoria. While BCMA president he dealt with several divisive issues, as well as a hostile government and attacks on the profession from the provincial nursing union. "I tried to articulate the issues with a degree of professionalism that would reflect well on members, and the members seemed pleased with the way I represented their interests."

Dirnfeld's colleagues say he did a solid job during trying times. "Victor is an erudite man who studies the issues and pursues them with great insight and tenacity," observes Dr. Dan MacCarthy, who chairs the BCMA board. "He recognizes that health care and health economics are evolving fields and that one must keep current."

Dirnfeld received his start in medical politics in the early 1970s. "Many members still remember me as a bushy-haired, wild-eyed radical, but even then if I didn't agree with someone I did so with respect for their position."

"Victor and I may have some different perspectives or philosophies on medical politics, but I have extreme respect for his integrity," says CMA past president Dr. Jack Armstrong. "I can vouch that nobody comes to the table better prepared than Victor."

Dr. Derryck Smith, the BCMA's immediate past presi-

dent, describes Dirnfeld as thoughtful and articulate. "Victor takes his time when making up his mind, but once he does he stands by his views," says Smith. He thinks Dirnfeld is similar to the CMA's last president from BC, Dr. John O'Brien-Bell.

Although medicine and medical politics take up much of his time, his family and wife Barbara are the most important parts of his life. The father of 3 adult and 4 younger children, his face lights up when he describes them and the time they spend together. He also proudly relates that his daughter Rebecca, 13, has expressed an interest in becoming a pediatrician.

"I'm very gratified that she would see enough of the sense of enjoyment and fulfilment I get from my work, given the many absences and phone calls in the middle of the night, to even consider going into medicine."

Dirnfeld realizes that the world of medicine his daughter might inherit could be drastically different from the one he has experienced. Even though he would try to explain the difficult issues facing physicians to her, he would not discourage her.

"I would tell her, or any other young person interested in medicine, that the healing arts, and medicine in particular, are noble and intellectually gratifying. That being said, I would make sure they went in with their eyes open, knowing what they're going to have to deal with."

"I'm very disappointed at the intrusion into the delivery of, and the capacity of physicians to deliver, quality health care. The imposition of change without evidence to support the change is frustrating."

No slowing down

Dirnfeld, who turned 60 in June, has no plans to slow down. He speaks, somewhat wistfully, about the growth of subspecialties since he entered medicine, which means there is less demand today for general internists like him. Still, he would like to practise for "another 10 years or so. I treasure my leisure time immensely, but I don't know if I could do it full time yet."

Although he claims to have mellowed with time — certain of his BC colleagues would debate that point — he remains a staunch and outspoken defender of physicians and their rights. His character might best be summed up by one of his favourite Latin dictums — *illegitimi non carborundum* (don't let the bastards wear you down).

"Looking back, I might have done a few things differently. I think I would have learned to accept things more as they were and not try to change them all the time."

Dirnfeld chuckled when he said that, agreeing that this would be like asking a leopard to change its spots. †