

Surgery positions clarified

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Health authority flip-flops regarding surgery at Lady Minto Hospital remain a sticking point for community members opposed to the operating room closure.

Save Our Surgery committee representatives and other members of the public continue to question why local and regional directors committed to continuing surgery on the island just months before reversing their stance.

Several local players, including former CRD director Gary Holman, have pointed to the findings of the Lady Minto Hospital OR Committee Report published in April in 2008.

The committee, chaired by Lady Minto chief of staff Dr. Shane Barclay, recommended in its conclusion that “surgical services continue to be supported at LMH.”

Holman said the recent nature of the findings makes it difficult to understand Dr. Barclay’s complete change of opinion a short time later. Former hospital surgeon Dr. Roy Preshaw has also pointed to the report’s findings, as well as two communications from the Vancouver Island Health Authority in April 2009 expressing the body’s “intention and desire” to continue surgery service on Salt Spring.

An intention to the contrary was suspected in June 2009 at a public meeting with Dr. Owen Heisler, then VIHA vice president and chief medical officer, who said he was not satisfied Lady Minto required a surgery. However, the persistent rumour only became VIHA’s official position with the release of the Salt Spring Island Health Review last month. Barclay went on the record as supporting that report’s conclusions at the same time.

During a phone interview last week, Barclay said his committee was presented with overwhelming support for surgical services in 2008, but he later changed his opinion as a result of the failure to recruit a new surgeon after Preshaw lost his privileges. “At the time it seemed a reasonable conclusion,” Barclay said. “What changed my position was when we advertised for surgeons. I interviewed seven or eight and they virtually all had the same message — the [surgery volume] is not large enough, it’s not safe. They looked at the numbers and said this didn’t make sense. “I started to think maybe the surgeons are trying to tell me something. By the end of 2008 I decided it’s probably not a good idea.”

Preshaw has voiced the same opinion in the past. He told the Driftwood in 2008 that surgeons need a population base of 20,000-25,000 to “get enough work to get an income and maintain your skills” and that upgrading the OR had been a mistake. When Preshaw moved to the island in 2002, he did so believing patients from the Southern Gulf Islands were being directed to Salt Spring for surgeries. He later learned that wasn’t the case. He said Salt Spring GPs also referred patients off-island for general surgery.

According to Preshaw, it was therefore always difficult to justify having surgery on the island. However, he strongly feels now that having renovated the operating room with major contributions from the local community, VIHA has a responsibility to maintain those services.

“It’s sheer incompetence on the part of the administration to put \$3 million into an operating room that will be good for 30 years and to can it three years later,” he said.

Preshaw believes VIHA’s decision to close the surgery has been driven by local administrators who took their jobs after the OR renovation took place.

Barclay said he took his concerns about the surgery’s viability to VIHA CEO Howard Waldner after hearing the other surgeon’s views. “Mr. Waldner sort of changed his tune, the same way I did,” he said.

They confirmed the new position was correct with the findings of the Salt Spring Island Health review.

Barclay also spoke against community rumours that he opposes surgery at Lady Minto because he intends to set up minor surgical practice at his own clinic. He said there is a minor treatment room at the facility but it is intended only for “stitching up cut fingers and doing biopsies” — procedures GPs can do in their offices but which are currently often done at Lady Minto’s emergency room.

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