

In Response - Salt Spring needs a surgery

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By William Yeo

Last week's Driftwood had articles by, or about, three doctors: Dr. John Morse, Dr. Shane Barclay and Dr. Holly Slakov. I'm sure that there are other medical professionals on the island who have a different view of the surgical issue than that expressed in these articles.

Quotes from the Dr. Morse article written by Karen Mouat:

"44 endoscopies per month

"the cast includes the great operating room team of Lady Minto Hospital nurses and doctors"

"All of this new technology is at the fingertips of the operating room team at Lady Minto"

"He (Dr. Morse) also commented that the OR space is amazing and equipped with first class equipment. He is particularly pleased with the cleaning process as that gives him confidence that the scopes are safe."

Quotes from the Dr Barclay article:

" The OR — which has not closed — is no longer brand new nor state of the art."

Seems to be a bit of a disagreement on this point.

I have been told that the LMH operating room is an order of magnitude better than Duncan, so why isn't VIHA taking advantage of it?

I have been a patient of a number of off-island specialists, benefiting greatly from the expertise of these doctors. I am sure there might be even more than the 31 specialities, scans, procedures listed by Dr. Barclay.

I cannot imagine anyone on Salt Spring ever entertaining the thought that most of the specialities mentioned in the articles by Barclay and Slakov would ever be provided on Salt Spring. It is a pipe dream, and, besides, most of us have had the need of these off-island specialists and know that highly trained specialists practice in the city. So in that way, our doctors are absolutely correct in their comments regarding them. It's a no brainer.

There are, however, a couple of procedures that jumped out at me.

(a) Ophthalmology, which is currently made available by Dr. MacGregor in Lady Minto for Salt Springers whom for any number of very valid reasons find it difficult to travel to Duncan for the service.

(b) Urology was provided for many years by Dr. Grace in Lady Minto.

I have been told that Dr. MacGregor, in 2008, asked to do cataract surgery in our new surgery. Lady Minto foundation was willing to contribute \$200,000 to purchase the required equipment. VIHA refused permission; so, as Dr Barclay states, this procedure has had to continue to be performed off-island. Why, if the surgery is going to be done somewhere, why not do it in Lady Minto where it would make life a lot easier for the patients?

"It is no more hardship or inconvenience to leave the island for general surgery than it is for the many hundreds of specialist services for which islanders already leave" . . . Really!

It might not be a great hardship for me or some others to go off-island for specialist services, but that's certainly not true for many of our residents. There are certain times when it would be critical to have access to a general surgeon who is resident on the island. For appendicitis for example, I would surely wish to have a resident surgeon. Even more critical: what if it is past the last ferry departure and the island is bathed in heavy fog (not unusual) and the helicopter can't land. It has happened in the past when a patient who needed other critical medical support could not be transported off-island.

Do we as patients not know the difference between general surgery and specialized surgery? Yes we do. We are not complacent as patients; not anymore.

Quote from Dr. Slakov:

"would it be nice to have . . . cataract surgery . . . the list goes on."

To remind everyone, cataract surgery could have been provided to our aging population at no equipment cost to VIHA but was refused.

So what are some of things that the under-utilized surgery could be used for beyond endoscopies. How about critical time sensitive general surgery? How about other previously denied services such as cataract surgery and dental surgery. Other general surgeries such as hernia surgery, obstetrics, tonsillectomies, appendectomies have been performed for years at Lady Minto by a resident general surgeon.

Could our surgery serve as an alternative to such heavily booked hospitals as Duncan for non overnight recovery operations such as the ones just mentioned? I'm sure that there are many other procedures of the same type.

In my opinion a hospital is not a hospital if it doesn't have a surgery. It is just another clinic and we, on this small, resourceful Island, don't need another clinic, we need an operating room and a real hospital.

The writer has been a Salt Spring resident for 16 years.

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