

## **In Response - SOS committed to OR fight**

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By PHYLLIS BOLTON

The SOS Committee would like to address some of the issues raised in the Feb. 9 Driftwood, regarding the surgery issue, by Don Gainor, former member of the Vancouver Island Health Authority Board, Dr. Shane Barclay, chief of staff at Lady Minto Hospital and Dr. Holly Slakov.

The SOS Committee has always made it clear that we fully support a full range of essential health services on Salt Spring. But none of these services should come at the expense of existing surgical capabilities. Also, the SOS Committee has never proposed major surgeries, such as trauma surgeries that require staffing and technical support only available in major hospitals, be performed at LMH. We are simply asking that VIHA continue to provide basic surgical services that have been available on island for years and to live up to the promises it has made to local taxpayers and donors.

We object to Dr. Barclay's suggestion that general surgery procedures at Lady Minto constitute a safety risk and an obstacle to recruitment of surgeons. Presumably, if there had been such concerns, the internal hospital committee, on which he served in a 2008 review, would never have recommended such procedures be continued and expanded. We have talked to several of the surgeons who responded to VIHA's half-hearted attempt to find a replacement for Dr. Preshaw and the key issue was that only two half-days of operating room time were being offered. This does not reflect lack of demand, as Dr. Barclay implies, but rather budget restrictions and therefore the amount of time the operating room was available for elective surgery. Of course, the fact that he and other local physicians were referring patients off-island rather than to the Lady Minto facility did not help.

We understand that maintaining existing surgical services involves more than just a surgeon, but Mr. Gainor's suggestion that reinstatement of surgical services "means a great deal of money" is false. Much of the support components, including modern equipment and trained support staff are still in place. Two fully qualified surgeons have offered to provide locum services until a permanent replacement surgeon can be found. We have three anesthesiologists who already have privileges at Lady Minto. The sterilization equipment at the hospital, also purchased as part of the operating room upgrade, only requires some staff training to fully utilize it.

We are not requesting an unrealistic increase in resources. Relative to VIHA's annual budget of \$1.6 billion, the modest additional funding needed to attract qualified surgeons and for support services is so small as to be barely relevant. The increase in the salaries for VIHA's top 10 bureaucrats for 2009-10 alone exceeded the entire general surgery budget for Salt Spring. Given the modest cost and the fact that many of the pieces are already in place, why shouldn't VIHA continue to fund basic surgical services on a growing island of 10,000, rather than allocating this funding to already overcrowded facilities elsewhere?

Mr. Gainor writes about the need for additional seniors' care facilities on the island. He portrays as the "elephant in the room," but it is more of a red herring. We agree with Mr. Gainor about the need for additional seniors' care facilities. But this did not preclude a basic surgical service in the past, in part because many of these simple operations do not require significant convalescence, and some require no overnight stay at all. There are indeed elephants in the room, but not the sort that Mr. Gainor seems willing to acknowledge. Some obvious ones are why the hospital privileges of a well-qualified surgeon seem to have been arbitrarily withdrawn, and why Dr. Barclay and other physicians were referring simple surgeries off-island.

We wholeheartedly agree with Dr. Slakov that it is time to move forward, but it must be in the right direction! The Driftwood online poll of Feb. 9 showed that a full 88 per cent of the 266 respondents — ostensibly patients of our resident doctors — want VIHA to revisit its Lady Minto OR decision.

It should be noted too that all three of our elected representatives, from CRD and LTC, are supporting this as well.

SOS is not acting alone; we are listening to this community and are committed to keep up this fight.

We urge our community's physicians to listen to their patients as well and to consider the Salt Spring residents who object to or have difficulty with the cost, time and inconvenience of going off-island for general surgery. Furthermore, we invite them to join with SOS in demanding the very modest resources it would require to reinstate basic surgical services at Lady Minto Hospital. VIHA's budget for the 2011-12 fiscal year will be approved by the provincial government in March; time is of the essence.

This is the way forward in which we all can win. Our community deserves no less.

The writer chairs the Save Our Surgery Committee

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