

Viewpoint - Operating room goal not feasible

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By DON GAINOR

I believe that a number of relevant but crucial facts have been neglected in the current controversy about surgeries at the Lady Minto Hospital.

This problem began back in 2008 when Dr. Roy Preshaw resigned from the medical staff of LMH. Like other doctors who have privileges at the hospital, Dr. Preshaw proved to the College of Physicians and Surgeons of B.C. that he had the training, expertise and qualifications, including specialized qualifications, to practice medicine. The college supplies the Vancouver Island Health Authority with the relevant information about Dr. Preshaw's qualifications and the VIHA board granted him privileges at LMH for a surgical practice. Then in 2008, Dr. Preshaw was forced to resign those privileges.

It is interesting to note that not long after he resigned, Dr. Preshaw told the Driftwood in an Oct. 29, 2008 article that the operating room in LMH was "a mistake" that is not needed.

Why wasn't a replacement surgeon given privileges at LMH? VIHA and individuals, including myself, tried to find a replacement for Dr. Preshaw — in vain. Some physicians were interested and did consider moving to Salt Spring. Two doctors I contacted in Alberta could not move because of the fall in stock prices starting in 2008. With the reduced value of their stocks, they could not afford to be semi-retired on Salt Spring, especially since real estate prices on the island have remained high. Other surgeons who contacted VIHA about practising on Salt Spring eventually decided against making the move. Dr. Preshaw's comments mentioned above and the statement in the Jan. 19 Driftwood from 15 island physicians and psychiatrists disassociating themselves from the campaign of the Save Our Surgery committee are likely factors adding to the difficulty of attracting a new surgeon to Salt Spring.

So what is happening now in 2011 at the LMH operating room? It is being used to perform diagnostic tests using instruments such as gastroscopes, sigmoidoscopes and endoscopes. The OR is not being dismantled, as one Driftwood contributor has claimed. Many people ask what happened to all the equipment that was acquired for that operating room. The answer is that it is all on Salt Spring Island. The main operating room table was loaned to the hospital in Port Alberni for five months. But once Port Alberni's new equipment arrived, the table was returned to LMH, where it is today.

And what about the \$780,000 that the LMH Foundation raised for the hospital, an amount of money that is often claimed to have gone exclusively to the OR? That money was used for several purposes at LMH, including the following:

- Building an equipment a new operating room;
- Building a palliative care suite;
- Building a staff shower and washroom;
- Building a storage room; and
- Earthquake-proofing a large portion of the hospital.

All the money raised by the foundation, along with the additional funds supplied by VIHA and the Capital Regional District, is in full use today, contrary to what most people are led to believe.

If Dr. Preshaw says there is no need for a new surgeon at LMH, searches by VIHA and others to find that surgeon have failed and the local doctors who control where island patients go to get their medicare care say that the operating room at LMH is not a priority for them, then the chances of getting a new surgeon to set up practice on Salt Spring are very remote.

If Phyllis Bolton, her friends at SOS and others with political agendas of their own cannot be diverted from their desire for a surgeon, the best of luck to them. But it is time for health care providers and governments to concentrate on providing better health care to the people of this island, rather than pursuing a goal that is clearly not feasible or sustainable.

The writer is a Salt Spring resident and was a VIHA board member from 2002 to 2006.

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