Phone contracture deformity

"Hey Dad, how's the new car?"

"Not so good," he replies. "There's a red light flashing on the dashboard."

"How is it running?" I ask.

"Fine. I only notice the light when I get out and lock it."

"Um, Dad, that's your alarm."

I am starting to feel (and look) more and more like my dad. Technology continues to move forward at a remarkable rate. Now don't get me wrong, I'm lucky to be alive during such a medically exciting time. New discoveries and treatments abound. Novel diseases are evolving and one potential technological malady I would like to add to this list is cell phone contracture deformity. I wonder how many of the current adolescent generation will develop hand contractures? Young people of today always seem to have their cell phone at the ready. They are constantly texting, scrolling, and talking. Often the first thing they do when leaving any establishment is to check their phones and call someone. I have to admit that I am a little jealous as I don't really have anyone to call that would care that I have just left the gym and only managed two bicep curls with the 10-pound dumbbells.

Often when I enter an exam room, my young patients are texting away. I usually tease them and ask what important life-altering message they are sending to their friends. In response I usually get a blank stare.

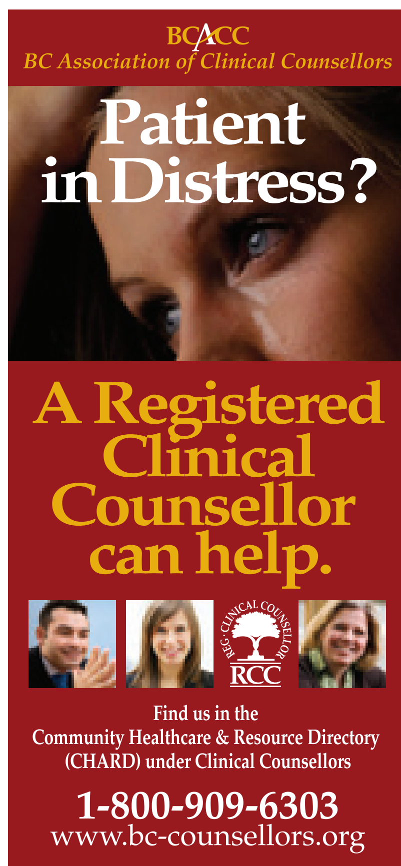
I have to admit I get a little annoyed at the constant interruptions posed by patient's cell phones. I find all the ring and text tones distracting. Some patients even answer their phones. They often apologize but state that they have to answer because it is their children, some business contact, or someone really important like their lawyer. Usually they deal with the call quickly and remain apologetic. However, one time a young woman answered her phone with a quick, "I'm sorry but I have to get this," which would have been okay if it hadn't been followed by her telling the caller, "No, this isn't a bad time."

I'm not against technology, but I remember when we called our friends either someone answered, the phone was busy, or no one was home—end of story. Now we have call waiting, call display, call forwarding, hands-free, voice activation, and pet voice display paw-free activation (I made that last one up). I have to be very careful when I call patients with results. Previously if I called on a Friday after the office closed I wouldn't leave a message because the patient would worry all weekend before being able to talk to me on Monday. However, thanks to call display, patients now know that I have called and not left a message, which panics them even more because clearly the news is too horrible to leave on the machine.

I used to have one contact number for patients, but now I have home, work, and all the families' cells. Cell phones have certainly made it easier to get hold of patients, but this isn't necessarily a good thing as they now call the office updating my staff as to their ETAs, symptom progression, lunch plans, etc.

One of my most memorable cell phone experiences was when I received a message that a patient's mother had died unexpectedly. She was really distraught. Too distraught to come down to the office, but she was wondering if I could call in a mild sedative for her. I called her at home and there was no answer but fortunately she answered her cell. I offered my condolences and we chatted for a few minutes during which I thought I heard some background car noise like she was driving. She then suddenly excused herself and I heard her say, "I'd like 20 Timbits and a large double-double."

—DRR



So you want to be a doctor?

It is a sad fact that the rationing of health care in Canada extends to the rationing of medical school places for qualified applicants. In the wake of the 1991 Barer-Stoddart report, BC (like many other provinces) acted to reduce enrollment in medical schools. Years later, governments began to recognize their error, and have recently increased the number of doctors in training. Medical schools continue to reject the vast majority of suitably qualified applicants. An estimated 3570 young Canadians currently attend 75 foreign medical schools. That is an inexcusable exodus of Canadian talent.

Canada is well short of the OECD average and it has been estimated that we need 26 000 more doctors. By extrapolation, it is clear that even the current expanded UBC Medical School will not generate the numbers of doctors BC will need.

At a recent meeting of a group that included many successful leaders in our profession, this topic was raised. It led to a further discussion on medical school applications. Virtually none of those present felt they would have succeeded in gaining entry to medical school if current methodologies had applied in their time.

I remember how aspiring doctors used to be selected. It was a simple process; grades were evaluated. The interviewers were physicians, including experienced specialists, generalists, and those in training. They were expected to be fair, principled, and objective—surely not too much to expect of well-selected colleagues. There were no artificial constraints placed on the interview process. Unethical or unfair interviews were an extreme rarity and could be appealed. The process is now quite different.

The bad news is that the current process is rejecting not just qualified candidates, but potentially outstanding ones. The good news is that the ratio of excellent and well-qualified applicants (five for every position) is so high that we still manage to select very good students. I believe that is achieved in spite of, not because of, the selection procedure.

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Play with and arrange some coloured blocks. Write an essay on which animal you would like to be. Settle a pretend argument between two overacting actors. Describe an image (that only you can see) such that a person behind you can draw it. These are examples of the process that applicants for medical school places at UBC must master. They are components of what is (in my view) a contrived, artificial, and bizarre MMI (multiple mini interview) process that we have somehow embraced.

I have listened recently to examples of successful and unsuccessful medical school applications, and have been startled by some of the stories I have heard. Rejected applicants included an extremely bright and accomplished elite national-level athlete who drew a blank on one of the arbitrary non-academic boxes that the evaluators were obliged to consider. Another was an outstanding student who was marked down for a lack of volunteer work. She was the daughter of a single mother and worked nights and weekends to help support her younger siblings, while paying her own undergraduate tuition fees. The "equity" rules limit imparting knowledge of personal data such as the occupation or social status of a parent.

It seems that it would be considered heresy for the committee to be formally aware that a parent was a physician. There are some statistics to show that, relative to medical schools around the world, we admit fewer children of physicians. Yet surely there is some potential value in knowing that a candidate understands the nature of the lifestyle associated with the practice of medicine? I am a great believer in the dispersal and sharing of *all* information that will help identify suitable applicants.

Those involved in the selection procedure should be equipped and able to separate out bias. Otherwise they should not be involved in the process. If pure objectivity is the goal, then perhaps a computer program could be developed to select all applicants.

I respect the expertise of those who are qualified in education, and they should have some advisory input into the selection methodology for medical school places. Perhaps I am naive to believe that physicians—especially those in active clinical practice—should lead that process. After all, their whole life is spent interviewing and evaluating individuals at an intimate level. They make important decisions using such skills and expertise. They understand what it means to be a doctor.

Colored blocks have their place in kindergarten. Pretending to be an animal has its place in preschool. Actors have their place on the stage and in the theatre. Drawing has a role in art classes. None, in my opinion, should be involved in the serious process of selecting suitable candidates for entry into our profession. **—BD**