

## Had no choice but to resign, Nfld. cancer specialists say

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TORONTO and ST. JOHN'S — The three cancer specialists at the centre of an unfolding drama in Newfoundland are breaking their silence to explain why they submitted their resignations this week, even though their departures could have drastic consequences for thousands of local patients and a potentially damaging ripple effect across Canada.

With Newfoundland's Health Minister saying he would airlift the patients elsewhere in the country if the crisis is not resolved, officials in other provinces said their already-stretched gynecological-oncology specialists would not be able to handle the increased demand.

But the Newfoundland doctors said their working conditions, lack of resources and substandard salaries forced their hand, potentially leaving 1,200 patients with uncertain care by October, when the resignations would take effect.

"You don't wave red flags in this environment unless you're extremely frustrated and unless you don't think you're giving patients what they deserve," Dr. Patti Power said.

Gynecologic oncology is one of the most specialized areas of cancer treatment, with only about 60 practising in Canada. Patients with cervical or ovarian cancer – nearly 4,000 new cases will be diagnosed this year, according to the Canadian Cancer Society – are directed to gynecologic oncologists, who are regarded as the experts in the field. Unusual in cancer care, they see patients from the moment of diagnosis through surgery and other treatment – even, if necessary, to palliative care.

The balance of gynecologic cancer care in Canada is already so delicate that the resignation of three specialists in Newfoundland threatens to throw the system across the country into disarray.

"We're extremely alarmed," said Elisabeth Ross, chief executive officer of Ovarian Cancer Canada.

"These are women's lives we're talking about. ... It will affect entire families if these women don't get the treatment they need."

The long-brewing crisis could put the treatment of ovarian- and cervical-cancer patients at risk and may force the country's remaining gynecologic oncologists into the impossible position of deciding which patients are in most need of care.

"We wish the waiting lists weren't like [this] so we don't have to make those god-like decisions," said Joan Murphy, head of gynecologic oncology at Toronto's University Health Network and past-president of the Society of Gynecologic Oncologists of Canada. "I just can't understand why it reached this stage."

The problems came to light this week when Dr. Power, Cathy Popadiuk and Lesa Dawson – the only three oncologists treating ovarian and cervical cancers in Newfoundland – tendered their resignations, effective Oct. 7. They cited a lack of commitment from the provincial government to improve their workplace, a limited ability to conduct research and serious salary discrepancies compared with other oncologists.

The trio share cramped office quarters in the Health Sciences Centre in St. John's, one secretary – currently on vacation, with no replacement – and cover each others' patients when needed. Dr. Power

said they often have to “beg for instruments” and space and time in the operating rooms. They also weren't included in a hefty 35-per-cent pay raise given to other oncologists in the province last spring – “a slap in the face and a kick in the teeth,” Dr. Popadiuk said.

The Newfoundland gynecologic oncologists earn about \$250,000 a year, while their counterparts in other provinces make at least \$350,000, and \$450,000 in Ontario.

“We would not be leaving if only the problems we outlined had been heard and addressed in some way,” Dr. Popadiuk said. “This is not crying wolf. What does one do to have to capture the attention of the people who are supposed to deal with these issues? What tactics are there? It was truly done knowing how final it is.”

Now, oncologists and cancer advocates across the country are calling on the provincial government to keep the team working before the crisis spins out of control and puts the lives of women across the country at risk.

“They really have a very luxurious situation in that they have three extremely well-trained, very competent individuals who are really committed to this line of work,” said Barry Rosen, head of gynecological oncology at the University of Toronto and past-president of the Society of Gynecologic Oncologists of Canada. “I'm just not sure that the minister ... realizes what quality he has out there.”

Some say Newfoundland Health Minister Ross Wiseman's proposed solution of airlifting gynecologic cancer patients to other areas suggests he has little grasp of how critical the shortage of oncologists and growing waiting lists have become.

“I nearly fell over when I read that in the paper,” Dr. Murphy said. “The specialists in this area are so scarce across that country that I don't know where the Minister of Health in Newfoundland thinks he's going to find the capacity to transfer these women into.”

Even if the displaced patients can have access to treatment at other hospitals, it will be extremely difficult for the women – already in a state of compromised health – to travel long distances to receive care, said Ms. Ross of Ovarian Cancer Canada. She outlined her concerns yesterday in an open letter to Newfoundland Premier Danny Williams and Mr. Wiseman. “The outcome is poor. These women are living under enormous burden. The treatments are difficult. To suggest that they now have to go somewhere else and have them is just unacceptable.”

Agatha Greenland, who has been a patient of Dr. Popadiuk since 1999, said she understands their reasons for making the decision, but feels apprehensive about the departure and what it will mean for other cancer patients.

“I don't know what I'd do without her. I don't know if I'd be here without her,” Ms. Greenland said. “The thought of her leaving is extremely upsetting; it's extremely upsetting for women in this province in general.

“But I do understand where they're coming from. If there is a discrepancy – why shouldn't they receive the same as the other specialists?”

Dr. Murphy in Toronto and other gynecologic oncologists suggested yesterday that even if the Newfoundland oncologists are persuaded to remain on the job, the problems facing their field will

persist unless all provinces work to develop a better strategy for recruiting new gynecologic oncologists and making better use of the resources in certain regions.

A spokeswoman for Mr. Wiseman said he was unavailable yesterday because he was travelling.

Federal Health Minister Tony Clement's director of communications referred questions about the burgeoning crisis in Newfoundland to the Canadian Partnership Against Cancer, an independent body set up by the Conservative government that focuses on cancer control and prevention initiatives.

"Hiring and retaining health professionals, including physicians, falls under the purview of the provinces and territories," Rita Smith wrote in an e-mail. She added that the government makes annual investments to support the hiring of health professionals.

But many leading gynecologic oncologists say the problem demands clear and immediate intervention from government officials for the country to stave off a crisis.

"We could not take extra patients. Our wait times now are pretty maxed out. We're at capacity now," said Michael Fung Kee Fung, director of gynecologic oncology at the University of Ottawa. "I think it has to be resolved."

*Stephanie Porter is a freelance reporter based in St. Johns*

### **How many doctors?**

Estimated gynecologic oncology doctors across Canada:

- British Columbia: 7 (1 vacancy)
- Alberta: 6
- Saskatchewan:2
- Manitoba: 3
- Ontario: 26 (2 vacancies)
- Quebec: 10
- New Brunswick: 1
- Nova Scotia: 4
- Prince Edward Island: 0
- Newfoundland:3 (All have threatened to resign, effective Oct. 7)