

Talks open to avert resignations of 3 gynecologic oncologists

Last Updated: Wednesday, August 13, 2008 | 4:08 PM NT [Comments 19](#)[Recommend 13](#)

CBC News



Dr. Elizabeth Callahan said Wednesday she does not expect a quick resolution to a dispute involving three cancer physicians, but said time is limited. (CBC)

A pitch was made Wednesday to avert the pending resignation of all three of Newfoundland and Labrador's gynecologic oncologists, though an advocate says the problem won't be solved without extra money and resources.

Three St. John's-based specialists — Lesa Dawson, Patti Power and Cathy Popadiuk — have informed the Eastern Health regional authority they will resign effective Oct. 7 if serious action is not taken on improving patient care and safety.

Dr. Elizabeth Callahan, president of the Newfoundland and Labrador Medical Association, met with Health Minister Ross Wiseman on Wednesday. Power attended the meeting on behalf of the oncologists, who have been asking for greater resources, including support staff and access to surgery.

Callahan said the physicians were not seeking an immediate resolution to the dispute, which sparked national attention earlier this month when Wiseman said the province was prepared to fly patients out of province for treatment.

"The meeting was set up in order to share information back and forth between us. It was not set up as a meeting to come to any final decision," Callahan told CBC News after the meeting.

The gynecologic oncologists were also left out of a generous pay package awarded to medical and radiation oncologists, as well as pathologists, this spring. The NLMA has said that salaries are not a key concern, but agreed that improving support services and addressing other quality-of-work issues will require spending.

"We certainly implied to [Wiseman] and he agreed that this had to be a high-level meeting," Callahan said. "We have to have people present who have the authority to make some very definite decisions."

Callahan said that does not mean Premier Danny Williams needs to attend the meetings. Instead, she said, the physicians and the NLMA will need to meet with appropriate Eastern Health officials as well as Wiseman.

Callahan said that Williams at some point, though, will need to become involved in finding a solution to the physicians' problems.

Callahan said she did not know how much money it would cost to resolve the oncologists' concerns.

She also credited Eastern Health officials with working on finding solutions to problems that the physicians have identified.

Flying patients out not an option: Callahan

Meanwhile, Callahan said she believes that government now recognizes it is unrealistic to fly patients with gynecological cancers, including those who are at risk of death, to other provinces for care. The statement was severely criticized by medical and cancer groups, who said it would be harsh treatment and that other jurisdictions do not even have capacity to handle out-of-province cases.

"I don't know if they were actually planning to move people," Callahan said in an interview.

"I think it was more to keep the general public from becoming upset at the fact that this could actually happen."

She said, though, that the clock is ticking.

"It's going to have to be done quickly," she said, adding that the government will need to have feasible care arrangements ready if the physicians leave.

"They have to have a plan in place, and [the physicians] have had offers."

Meanwhile, officials in Wiseman's office said Wednesday he has nothing new to report on this issue.

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oneofthe20% wrote: Posted 2008/08/14

at 8:52 AM ETHi All,

Lets never forget that Danny gave his inner circle large raises because as he put it "we have to pay to get and retain quality people". Well, I assure you, Id prefer to pay top dollar for quality health care professionals then I would pay top dollar for Danny to have happy YES Sir people inside his inner circle. Lets try not to have a short memory on his record to date.

Additionally, If I was a health care professional, (cancer docs, gynos, nurses, radiologists ect.) and have took one for the team for ever, I would now want pay back also. Danny has been championing for 5 years a target of becoming a have province and because of pervious Govt. deals we now are there.

Excellent, Time to get this province to national standards in pay, infrastructure, future optomism. etc.

Drop your self serving mandate and invest now in what is required. Afetrall, you will leave in 3 years (hopefully) and that can be your legacy - national standard infrastructure vs. lower dept. People, we are all going to be sick one day and don;t you want to know your local care is as good as anywhere else in

Canada or North America.

My suggestion to the health care professionals, Stick to your guns, get your increases and better equipment so when we get sick you can do your job properly. Vs. us flying to upper Canada to visit you at your new work site with good equipment and your fresh mind that isn't burnt out.

Cheers

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[pickacause](#) wrote:Posted 2008/08/14

at 12:20 AM ETWhat else is going to happen , how many more doctors or specialists are going to leave us Baby Boomers? If you are reasonably healthy thank your lucky stars not the powers that be. I said before i am SCARED and so should a lot of others. If i were sick tomorrow i would not walk to emergency i would go by ambulance hoping i would not get overlooked. By this i mean shortness of breath, chest pains etc not a flu or sprained ankle. I have seen too many people in the past 2 decades fall through the cracks of our health care system and my family is no exception. One of the reasons was we had a great specialist taking care of a relative then he left...new one comes on board it was like doing a new diagnosis all over again..items got overlooked and results created more problems. One of the most important factors is having a doctor who cares, takes the time to explain things and not do a treadmill practice skipping from room to room. I often wonder when do they ever get time to update info on charts. I was very impressed with one doctor he actually called his office and left message on his machine while still with the patient .

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[geometro](#) wrote:Posted 2008/08/14

at 12:14 AM ETI didnt say they were being flown out for gyne procedures only, My uncle just went to halifax for a bone marrow transplant, I am not talking up in B F no where. People of st Johns, CB, Gander and other places as well. I am just saying that when it affects the Avalon its a big deal. So relax and take a pill of some kind.

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[Oedipal Popsicle](#) wrote:Posted 2008/08/13

at 7:57 PM ETThe Globe had an editorial a short while ago that commented on this. It mentioned that the main reason these doctors were leaving was because Eastern Health refused to pony up the resources so that NF cancer patients could be a part of a national clinical trial. This hasn't been reported by the CBC.

This ellision of a major part of the story might make for a more simplistic headline: Greedy Doctors Want More, vs. Local Cancer Patients Denied Access to Up to Date Treatments by Clueless Health Authority - Doctors Side with Current and Future Cancer Patients by Refusing to Work in Substandard Conditions. But, it isn't the whole story and CBC should be a bit more honest and less concerned with web hits and more concerned with the truth.

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[kayleigh](#) wrote:Posted 2008/08/13

at 7:52 PM ETGeoMetro wrote: Again, the people in isolated areas of NL and Lab are flown all the time even to St Johns and Halifax. No one cared to stand up for these patients. I guess this issue is big now because it affects the AVALON mostly.

This is ludicrous. The ENTIRE country has only approx. 55 gyne oncologists, all at tertiary level care centres. I don't see how you can be so outraged that there is no gyne oncs in Upper Armpit, NL.

To expect tertiary level care and subspecialists in every small, isolated rural community is a ridiculously implausible, completely unsustainable health care model (even MORE unsustainable than even our current crappy model).

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