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# New cruise contest

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# The Medical Post

VOLUME 47 NO. 3 | \$82 year

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FEBRUARY 22, 2011

## Colorectal cancer screening guideline slammed

*But authors say issue is more complex than merely sigmoidoscopy versus colonoscopy*

by David Hodges

**TORONTO** | Critics of the Canadian Association of Gastroenterology's (CAG) recently updated position statement on colorectal cancer screening are slamming the new recommendation that flexible sigmoidoscopy—and not colonoscopy—be offered to all average-risk individuals.

“To call this colorectal cancer screening is dishonest,” Dr. Patricia Johansson, a family physician in Sherbrooke, Que., wrote in a letter to the *Medical Post*. “The name of the program must be changed to ‘sigmoidrectal cancer screening,’ and it must be made crystal clear to patients that they are being offered a partial **see Response | page 6**



Mark Hamon/St. Joseph's Health Care London

## From preemie to pediatrician

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Health economist Dr. Doug Angus says Canada should look abroad for examples of successful health systems **32**



## C. diff with that meatloaf?

Hospital food may harbour harmful pathogen even after cooking, U.S. researchers report **52**



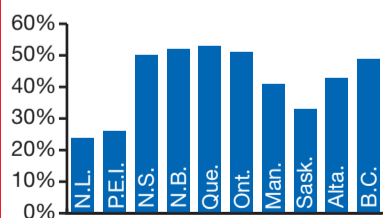
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Saskatchewan project shows physicians and pharmacists can work well together on health teams **48**

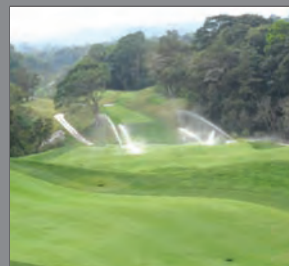
### Snapshot

Public responding yes (%) to “Would you call 911 or EMS if you or someone you know experienced a sign of stroke?”

Source: Heart and Stroke Foundation, 2007



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Curvaceous courses that hug the slopes of mountainsides make for interesting rounds of golf in Guatemala, while active volcanoes provide a dramatic backdrop **20**



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# life



Mark Hamon/St. Joseph's Health Care London

Dr. Maria Sottosanti tends to an infant in the neonatal intensive care unit at St. Joseph's Hospital in London, where she started life 30 years ago.

## From preemie to pediatrician

*Dr. Maria Sottosanti began life receiving care at an Ontario NICU. She went back 30 years later to return the favour*

by Joe McAllister

STAFF OF THE NEONATAL intensive care unit (NICU) at St. Joseph's Hospital in London, Ont., always remember members of their "family," the fragile newborns and frightened parents who depend on the 42-bed unit.

So it's not surprising that 30 years on there was a delighted welcome from staff when Dr. Maria Sottosanti came back last year. She wasn't there to visit, but rather returned as a newly minted pediatrician for a one-year fellowship to learn how to serve the next generation of preemies.

There were even a few staff members still working on the unit who remembered when Dr. Sottosanti first arrived on the unit as a newborn with a perilous future. Veteran NICU nurse Lynn Whitty recalls that Dr. Sottosanti was remarkable not only because she weighed just one pound 15 ounces, but because of Dr. Sottosanti's parents' dedication.

"Certainly at that time a baby born at 26 weeks who would survive was rare; 28 weeks was pushing viability," says Whitty.



When Dr. Sottosanti returned to St. Joseph's for her residency, she was reunited with nurse Sharon Pullman (left), nurse Lynn Whitty and Dr. Graham Chance, who were all involved in her care as a newborn.

"Her family was very dedicated. They travelled from Sarnia every day. . . . They had a good hour's drive. Often it was her dad who brought the milk that her mom had expressed."

Once released from the unit, Dr. Sottosanti had a healthy childhood, but her father Peter and mother Rosa never let her forget their connection with the NICU. "I grew up hearing all the stories about what happened to me as a child," she

says. "My parents were always very grateful and spoke with high regard about the medical staff in London. Being a doctor was always in the back of my mind. I loved science, I love the human body, I love interacting with people and I really love children. So, if I was to go into medicine, pediatrics was what I was going to pursue."

Her history of being in the NICU is part of the Sottosanti family folklore. "My brothers

and sister all went to university in London, so whenever we came to London my parents would take me by the hospital and say, 'This is where you were born.' It was something that seemed so unknown and yet fascinating to me."

Growing up, Dr. Sottosanti attended a few of the neonatal followup parties that St. Joe's held for members of its "family," but her entry into medical school was also con-

nected to the NICU and one of its most important physicians, Dr. Graham Chance.

"It's a funny story," says Dr. Sottosanti. "When I was in undergrad my father was working at the hospital, and he had run into a nurse who remembered him from when I was a baby, and she asked how I was doing. He told her I was applying to medical school. She actually hooked him up with Dr. Chance's phone number."

"Dr. Chance ended up telephoning my father and later telephoning me and giving me advice about applying to medical school. It was wonderful talking to him because I had heard about this man growing up and vaguely remembered him from NICU Easter parties."

"Later on, when I started my fellowship here (in July 2010), the NICU, which has always been very supportive, surprised me with Dr. Chance as a guest speaker. So I was able to meet him and chat with him, and he gave a lovely talk about the time when I was in the NICU. So he's always been a big part of my becoming a pediatrician and physician, because my parents always talked of him with the utmost respect, not just in terms of his medical knowledge but (also) his support. He's a very spiritual person who was always respectful of my parents' spirituality as well. . . . He could do no wrong in their eyes."

### Special reunion

Dr. Chance is a Canadian pioneer in the care of very low-birthweight babies and was St. Joseph's director of nurseries during Dr. Sottosanti's shaky beginning in the NICU. At the homecoming event last summer, Dr. Chance, who retired in 1997, reminisced about the evolution of neonatology as a specialty, and noted there were no neonatology fellows at St. Joe's 30 years ago. Dr. Sottosanti's case was evidence that babies born at 26 weeks gestation weighing as little as 800 grams can do well with specialized perinatal care, he recalled in a St. Joseph's newsletter.

"This is why Maria's presence here is not only miraculous but a great joy for all of us," he said.

So, with good reason, Dr. Sottosanti felt special when she arrived on the NICU last year. "For me it was, for a minute, very overwhelming," she says. "I definitely thought I belonged there. I felt like I had come home. It was right to train

see **Preemies** | page 18

Courtesy of St. Joseph's Health Care London

# Fending off depression as a young physician

Consider these simple ways to lessen the emotional toll that medical training and the profession take

MUCH HAS BEEN written about depression and anxiety in medical students, residents and practising doctors. You'll have to excuse me if I don't do a complete review of the literature here. Maybe you can just take my word and accept that depression and anxiety wreak havoc on our profession and that the problem is largely ignored.

People who tend to get into medical school spend the first 20-odd years of their lives excelling at school and taking part in a ridiculous number of extra-curricular activities. Once they get in, time for all of that "balance" disappears, and some of them become desperately unhappy, depressed and even suicidal.

As my friend put it: "Prior to medical school, I spoke four languages, was a concert level pianist, ran for fitness and volunteered for about a million



by Sarah Giles

organizations. Medical school beat that out of me in the first month. Now I'm PG-6, I haven't touched a piano in years and I can't remember who I used to be or why I ever thought I wanted to be a doctor."

The good news: I think there are ways to avoid depression, but it does require some planning and guidance.

## Develop a support system

It strikes me that everybody should have a mentor, especially stressed out medical students and residents. Perhaps the greatest role of a mentor is to provide perspective. It's easy to sweat the small stuff when

we're wrapped up in the midst of it, and talking to someone who has "been there and done that" helps.

I was very fortunate to choose an amazing mentor through my medical school's mentoring program. Dr. Sarah Shea kept me out of trouble, offered sage advice and helped me to keep things in perspective. To this day, we communicate frequently and I consult her prior to making any life-altering decisions.

I honestly don't know how I could have ever survived my medical training and early career without Dr. Shea. Every medical school and residency program should offer a formal mentoring program.

## Curb financial stress

Minimize the debt you incur during medical school. That way, when you start your career, you won't be pressed to

immediately work an insane amount of hours. I was frugal during med school. I didn't have a car, cellphone, cable TV or Internet (although I used about 30 free trials of AOL). I did, however, live very close to the hospitals. My apartment was a bit more expensive than average, but I saved on transportation costs because of the location and was able to sleep 15 minutes longer—and trust me, that extra time added up over four years!

One of the best moves young doctors can make is to resist the temptation to live like attending physicians. Yes, we're surrounded by people making a lot of money as we train, but we need to resist the urge to buy crazy consumer goods—the five-foot-wide television can wait! When you start paying back your loans, you'll get ahead faster and eventually be able to afford to take chunks of time off work.

Trust me: I paid off my debt in 18 months and only worked 26 weeks last year!

## Have activities outside medicine

Everyone should identify a couple of activities that are important to them and schedule these activities into their

calendar as you would a class or a meeting—and don't compromise on performing those activities. Of course, this is almost impossible to maintain with a call schedule, but it can be done during early training.

During medical school, I took up beginner synchronized swimming. Every Tuesday night, I had a team of women expecting me to show up. I only missed synchro when I had a call shift that I was unable to trade. The workout was good for my body and socializing with people outside of medicine was good for my brain. Getting away from the pressure cooker of medicine was priceless.

## Get real

We young doctors need to have realistic expectations of ourselves. We cannot be everything to everyone. We are not individually responsible for fixing an understaffed and broken medical system.

And even if that extra night of call will pay you a ridiculous amount of money, if taking it puts you over the edge, it just isn't worth it.

*Sarah Giles is a locum family physician in Ontario and Western Australia.*

## Preemies

from | page 17

where I had, essentially, been born and where all of these stories had come from. The thought didn't enter my mind to go anywhere else."

Dr. Sottosanti has had no regrets so far. She loves working with the team of neonatal specialists and nurses in the NICU. "It's like a family there. I feel like I can go to them for help or advice, and they are

just as much my teachers as my physician mentors are."

NICU nurse Whitty, who says she has never wanted to work anywhere else over her decades-long career, is thankful for the praise and quick to note the quality of care being delivered at St. Joe's has come a long way, and not only in a technological sense. Thirty years ago, nurses would care for the little babies in isolettes with little understanding about the mental well-being of either the babies or their families.

"Before we had care to deliver and we delivered it, (but) didn't really look at how the babies react in the same way we do now. We are learning," says Witty.

Now, expressing breast milk for feeding is encouraged, babies are wrapped in swaddlers, and staff try to minimize noise and bright lights. Parents, meanwhile, are encouraged to interact with their children and are taught some of the cues the babies exhibit about their comfort level. Dr. Sottosanti,

who suffered no developmental delays herself, is interested in how her fellow NICU graduates develop, particularly in endocrinology and in how nutrition plays a role in development.

While she wants to set up a pediatric practice in southwestern Ontario, she says she hopes to continue working with the neonatologists and academics who have made St. Joe's special.

Every two years, St. Joe's holds a party at a London theme park for NICU graduates who are about to enter

school. It's a place where the children can play while NICU doctors and nurses get together and reconnect with family members they remember from the NICU.

This year the party will be a big gala celebrating the move of the NICU into a new, expanded facility. "I'll be there," a proud and happy Dr. Sottosanti promises. It will be a family celebration.

*Joe McAllister is a senior editor at the Medical Post.*



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