

# XXIIIrd Canadian Congress of Neurological Sciences

## Presidential Addresses

*The Canadian Congress of Neurological Sciences continues to increase in size and popularity and the XXIIIrd Congress in Quebec City, June 15-18, 1988 was no exception. More than 500 registrants attended.*

*The Congress brings together people from several different disciplines who share a common interest in the nervous system and neurological disorders. Four separate societies meet here and include The Canadian Neurological Society, The Canadian Neurosurgical Society, The Canadian Society of Clinical Neurophysiologists and The Canadian Association for Child Neurology. In addition, the Canadian Association of Neuroscience Nurses holds a parallel scientific meeting.*

*A total of 251 papers and posters were presented. Three special symposia focussed on the following topics: Recent Advances in Cerebrovascular Disease, Interventional Neuroradiology, Transplantation in Parkinson's Disease.*

*Traditionally the Congress is opened by presidential addresses by the presidents of the Canadian Neurological Society and the Canadian Neurosurgical Society. The journal is pleased to publish here both these addresses.*

### Canadian Neurosurgical Society

Ian M. Turnbull, President

It is a pleasure as well as an honour for me to be here today. I always look forward to visiting the Province of Quebec, for it was here I started my career in medicine.

After growing up and attending medical school in Vancouver, I interned at the Montreal General Hospital in 1958 and then spent a year in general practice in Cowansville in the Eastern Townships. At the time society appeared to be settled and stable. Institutions, such as the church, the universities and the hospitals, were strong and influential. The National Hockey League had six teams. Changes in the status quo seemed unlikely.

But profound changes have taken place in Quebec and elsewhere in Canadian Society. The first language of more than half the students enrolled in many schools in Vancouver is not English. The majority of people in Vancouver over age 50 were born elsewhere in Canada or in Europe. Almost all under age 30 were born either in British Columbia or in Asia. Customs, transposed from Scotland, are being slowly replaced. We can shop seven days a week and the stores are filled with a generation who would not understand the thinking that went behind keeping businesses closed on Sundays.

If the changes in society at large over the past 30 years can be characterized by observing the transition from cautious sex to free sex to dangerous sex, the changes in Canadian medical care may be noted to have passed from the patient paying for all services, to completely free service to an endangered system infested with parasites. All doctors are providing unnecessary services which can be identified as those that would not be undertaken if the patient were directly paying for them. If people were given a monthly supplement they could either spend

on medical care or anything else, I doubt if we would see many seeking third opinions or re-assurance that a cured disease is indeed gone. Let us consider some of the features of our unstable health care delivery system.

The public, having become accustomed to free medical care, want better service. A person who would wait in his general practitioner's office to be seen in the past, no longer is willing to. He can stop by an emergency department to see a casualty officer or can drop into a shopping centre clinic, day or night. There are so many doctors available to provide care that the public do not expect to encounter an overworked individual who may become irritated if asked to provide a second opinion or to discuss the advisability of various forms of treatment.

We are moving in British Columbia and probably elsewhere in Canada to a medicare system with a fixed budget. Patients are allowed to over-use the system, but funds are not being provided to keep up with the extra costs. The restriction of medicare billing numbers in British Columbia imposed over the past three years, while possibly unconstitutional, is serving the government as a stop-gap response to escalating costs. The Faculty of Medicine of the University of British Columbia is hiring new faculty with billing numbers that restrict them to bill annually anywhere from 20 to 70 per cent of the average amount billed by members of their specialty practicing in the Province. If they provide services over this fixed limit, they will not be paid. Hence the civil servant can say, "for a new neurologist at your hospital we can offer half a billing number".

Meanwhile in neurosurgery, there is a documented shortage of 27 neurosurgeons in the country and the 176 in practice are working hard to provide more and more service. The increased demand results from a growing population, the discovery of surgically correctable lesions that would have escaped detection prior to modern imaging techniques becoming available, the request to provide second opinions in cases of minor trauma of the head and spine by those seeking time-loss benefits and other rewards for being disabled, and in participating in long discussions regarding the pros and cons of available treatment, so as to obtain informed consent. All these increased activities must be undertaken while teaching medical students to recognize surgical disorders of the nervous system and to initiate appropriate early treatment. We must find time to undertake clinical and basic research to keep our profession up to world standards and to simply study to keep up to date ourselves.

While I believe prevention is the best cure, I see neurosurgical units competing for funds with those who provide redundant and unnecessary services to people who have been driven by magazine articles and television reports to have minor symptoms assessed. We must consider measures to reduce costs, to support programmes where paramedical personnel screen people for problems like hypertension and diabetes. We must try to avoid a rationing of health services that is based on the demands of the healthy majority for fast service and unnecessary diagnostic studies. Otherwise we will work under circumstances

common in much of the world where surgical treatment is so delayed as to become useless, as when a spinal nerve root, or indeed the spinal cord, is compressed too long.

One senses a growing prosperity in our society being outstripped by accelerating health care costs. The squeeze will come. We will need to have our priorities well thought out and be able to express them clearly to those making decisions about the health care dollar. We are living with a health care system that was designed to meet the needs of a Canadian Society that no longer exists, the society of 30 years ago.

### Canadian Neurological Society Peter Seland, President

For my presidential remarks this year, I have chosen to review the activities of the Canadian Neurological Society and to outline my perception of the future directions the Society might be taking. I can appreciate that the audience this morning extends far beyond the mere membership of the Canadian Neurological Society. However, our organization is so intimately entwined with the Congress as a whole I hope that my remarks might be pertinent and of interest to all.

Two years ago the society formulated a series of goals or objectives based primarily on the recommendations of Dr. T.J. Murray, a past-president and I will frame my remarks within those guidelines.

A major goal of the society is, of course, to provide a forum for communication for Canadian Neurologists and that is accomplished through our unique and highly successful collaborations with the Canadian Neurosurgical Society, the Canadian Society of Clinical Neurophysiologists, the Canadian Association for Child Neurology and the Canadian Association of Neuroscience Nurses. The success of this joint venture will be clear to all in attendance at this Congress, if not already, certainly before its conclusion - and I would like to add my thanks for the considerable endeavors of Dr. Gerard LeBlanc, Dr. Denis Simard, Dr. Jean-Pierre Bouchard and their colleagues and of Lucile Hunt-Edwards in bringing this about so successfully.

Through the Liaison Committee, constituent societies are also responsible for the Canadian Journal of Neurological Sciences. Formed through the single-minded determination of Dr. Robert Ross, the Journal has continued to flourish under the leadership of Dr. Robert Lee and can claim distinguished status among neuroscientific journals of the world. The journal now has a circulation of approximately 1400 and boasts a citation index rivalling long established publications in the field and surpassing many.

Where appropriate, the society speaks for Canadian Neurologists on many issues and has effectively promoted those of seatbelt use, acquisition of new technology, and definitions of brain death, to name but a few. As a national body, our influence on provincial departments of health is necessarily indirect but we can and do coordinate regional lobbying efforts.

The Society appoints representatives to a number of other national bodies and has, for example, led most other specialties in developing educational objectives for training in neurology for the Royal College of Physicians and Surgeons.

The financial affairs of the Society have been capably main-

tained by our diligent Secretary-Treasurer, Dr. C.W. McCormick, whose burden is soon to be lightened by the development of a permanent secretariat to coordinate membership tasks likely best designated to professionals.

Canadian neurology has participated for several years in a joint endeavour of the Canadian Medical Association and the Royal College in developing meaningful manpower data. In his final report, Dr. Robert Nelson has recently detailed the national picture. As of December, 1986, 425 neurologists were practicing in Canada of whom 52 were primarily treating pediatric neurologic problems. There appears to be a requirement for approximately 60 new neurologists in Canada. The figures are acknowledged as being arbitrary when one considers changes in public demand and in government support and the lack of a uniform definition of a neurologist and his scope of practice. But the numbers at least offer a legitimate rejoinder to those of the Department of Health and Welfare which are considerably at variance with our own.

Our contribution to the continuing education of neurologists is, again, accomplished primarily through the Congress meeting and the journal and, in collaboration with neurosurgery, we continue to support the Royal College annual meeting by the organization of symposia. Funding permitting, the Society might one day sponsor "road shows" to make the numerous excellent Continuing Medical Education efforts of various faculties across the country accessible to a wider audience of neurologists and generalists.

The Society has not been very active in addressing social issues in recent years but is open to suggestions in that area. Many members of the society participate individually in the various disease-oriented societies nationally and locally. Within the past year, our research chairman, Dr. Richard Riopelle, has been lobbying at a national level to protest, in particular, tax reforms which will have a devastating impact on research dollars in this country.

Resident involvement in the Society has been exalating and their participation in the affairs of the Education and Manpower Committee has led to the examination of several vital issues, including those of duration of training and scheduling of certification examinations. The Society maintains its archives and will be promoting the enlistment of senior members to address the Congress on historical issues.

Many important issues remain for the future. The establishment of a permanent secretariat will free the executive and meeting planners from tedious and repetitive detail and enable them to more adequately address issues that they are better equipped to deal with. Training in neurology is being closely re-examined by the Education and Manpower Committee and representation will be made to the Royal College Committee concerning the matters of duration of training, planning of examinations and manpower requirements. The possibility of two or more tiers of training is being considered and a matching program for residents seems inevitable at some point.

Dr. McCormick's membership statistics seem not far removed from Dr. Nelson's reported manpower totals. However, he is certain that many neurologists are not enrolled in the Society and is unlikely to rest until most are. Resident enrollment remains far from optimal and we continue to urge program directors to remedy that. I hope that we will continue to find

those among us who are willing to assume the immense responsibilities of orchestrating meetings such as this, and others to bring forth proposals to improve the neurological knowledge of our colleagues regionally. Limitations in Health Care funding are making lobbying efforts on issues such as research funding and technology acquisition all the more urgent. Another imme-

diate goal, necessitated by the growth and complexity of resources of the Society, will be to incorporate our organization.

I hope that this brief outline of the Canadian Neurological Society and its activities will leave you convinced of its vibrant good health and as excited as I am for its future.