



Mon May 7, 2001 - Updated at 12:03 PM

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 If one of those bottles should happen to fall, 96 bottles of beer on the wall. 96 bottle:

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Profile of former College president

Brian Chick - Special to thestar.com

"In an ideal world, you would not need to discipline any doctors," says Dr. David Walker, dean of Queen's University Medical School. He knows, however, how things really are. "There will always be, in any human endeavour, people who will behave so badly that they require that sort of more punitive approach."

Walker, 53, a past president of the College of Physicians and Surgeons of Ontario, has sat on the complaints committee since 1995. He chaired the committee for five of those six years. After 10 years on the college council, he resigned last fall to focus on his career at Queen's. But he continues to serve the college as complaints committee co-chair.

Through his work with the complaints committee, Walker has obtained a pretty good idea of what kind of problems arise between people and their doctors. "Most of us, as patients, have a pretty clear understanding of what we feel is acceptable in terms of personal behaviour. . . but we haven't the first clue whether what the doctor is prescribing or operating on is right or wrong."

It's only when the doctor makes a serious mistake that medical procedures, rather than behavioural issues, are questioned. Walker, who spent 30 years as an emergency room doctor, knows what it's like.

"The fact is, in that cold sweaty moment when you have to decide to do something or not that's really nasty, it ends up being the doc's decision that ends up being second guessed for years. . .Every physician who is worth their salt has made a mistake."

He would, however, like to see fewer mistakes, or at least a greater attempt to avoid them. He says that only in medical school are doctors constantly critiqued and tested.

"A resident probably doesn't go five minutes without someone suggesting

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"A resident probably doesn't go five minutes without someone suggesting a better way of doing something. It is intensely intense," he says. But once they go into independent practice, there is relatively little to ensure that doctors stay on track.

"From there on," he says, "it's like sending a Mars mission without a correction device. You just assume that if you put an awful lot of energy into designing things properly and launching it that it will get to its destination 40 years later and stay on course. Well, that's pretty unlikely."

Other than the Peer Assessment program, which examines about 250 family doctors a year, the complaints process is the only way to identify faulty doctors. If they don't get noticed until someone complains, Walker feels that's too late.

"We end up fixing bad docs, or doctors who are not as good as they should be, after the fact when bad things have happened, and that's purely a failure of helping to identify them ahead of time. The tools are there."

Walker says they aren't being used. He thinks the public needs to push for some change.

"Our society has not insisted and our profession has not insisted and it will probably take both."

Tax dollars help to educate doctors, pay their salaries, and support the health-care system, Walker says.

"The public has a pretty big stake in this. We all do, so be demanding."

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