

**ROBERT S. STEVENSON, MD CCFP FRCPC
885 MITCHELL STREET, FREDERICTON, NB CANADA E3B 6E8
(506)474-3179/ RSSTEVEN@HOTMAIL.COM**

2008/10/16

HEARTFELT THANKS

A CARDIOLOGIST LOOKS AT 40! - FINAL

LADIES AND GENTLEMEN, DISTINGUISHED GUESTS,

MESDAMES ET MESSIEURS

JE TIENS D'ABORD À OFFRIR MES EXCUSES À TOUS LES FRANCOPHONES QUI DONNENT LEUR APPUI AU GALA DE CE SOIR PUISQUE LE DISCOURS INTITULÉ « A CARDIOLOGIST LOOKS AT 40! » SERA FAIT EN ANGLAIS. VEUILLEZ PRENDRE NOTE QU'UNE TRADUCTION DE LA TRANSCRIPTION DU DISCOURS, AINSI QUE LES QUESTIONS ET RÉPONSES, DE CE SOIR SERA DISPONIBLE AU BUREAU DE LA FONDATION DE L'HÔPITAL D'ICI UNE SEMAINE.

MERCI DE VOTRE COMPRÉHENSION.

SLIDE 1 – TITLE

A HOSPITAL FOUNDATION IS REALLY A PHYSICIAN'S BEST FRIEND. YOU LOOK DEEP INTO THE MEDICAL REQUIREMENTS OF THE COMMUNITY AND DECIDE WHAT IS NEEDED MOST TO IMPROVE THE CARE OF PATIENTS. IN CANADA, WE ARE FORTUNATE IN THAT WE HAVE WORLD CLASS HEALTH CARE SYSTEM THAT WILL PAY FOR MOST THINGS. HOWEVER, THERE ARE TIMES WHEN THE NEEDS OF A COMMUNITY EXCEED THE CURRENT ALLOWANCES. AND IT IS THERE THAT THE MAGIC OF A FOUNDATION GOES TO WORK. HEALTH CARE DELIVERY AND POSSIBLY WAIT TIMES ARE SHORTENED, PATIENT CARE IMPROVES, PHYSICIAN MORALE RALLIES AND THE COMMUNITY REJOICES IN THAT 'SOMETHING EXTRA' HAS BEEN DELIVERED WITHIN THE UNIVERSAL SINGLE-TIERED SYSTEM.

TONIGHT WE HONOUR THE ACHIEVEMENTS OF THE CHALMERS' REGIONAL HOSPITAL FOUNDATION ON ITS 25TH ANNIVERSARY. MUCH HAS BEEN ACHIEVED OVER THIS QUARTER CENTURY. AND WE CAN DO NOTHING BUT MARVEL AT THE CONCEPT THAT THE FOUNDATION CAN NOW PURCHASE WITH THE INTEREST FROM ITS ACCUMULATED CAPITAL WHAT REQUIRED DOLLAR FOR DOLLAR EARNING WITH THE FIRST CAMPAIGN.

IT IS A GREAT HONOUR FOR ME TO BE SPEAKING TO YOU HERE TONIGHT. FROM WHEN THE OPPORTUNITY WAS FIRST MENTIONED A YEAR AGO, I HAVE OFTEN THOUGHT OF JUST WHAT MESSAGE TO DELIVER TO THIS GROUP. THROUGH VARIOUS GRAND ROUNDS PRESENTATIONS AND MORE RECENTLY AS I PREPARED FOR THE CARDIOLOGY BOARD EXAMS, MY THOUGHTS WOULD FREQUENTLY DRIFT TO THIS EVENING – “HOW COULD I INCLUDE THAT CONCEPT AT THE GALA?” I RESORTED TO THE SPORT PSYCHOLOGY TECHNIQUE OF ‘THOUGHT STOPPING,’ WHERE I WOULD CATALOGUE THE IDEA IN THE BACK OF MY BLACK BOOK IN ORDER TO GET BACK TO THE STUDYING, YET ENSURE THAT THE IDEA WOULD BE THERE FOR RETRIEVAL ONCE THE EXAMS WERE DONE. AND THEN, IN CELEBRATION, AS I FLEW BACK FROM OTTAWA, I TURNED TO THE BLACK BOOK AND MAPPED OUT THE MANY IDEAS, AND TRIED TO FIGURE A WAY TO WEAVE THEM TOGETHER FOR THIS EVENING.

I WAS INSTRUCTED OF THE THEME – HEARTFELT THANKS – AND I WAS ADVISED THAT I COULD TALK OF HEART MATTERS. I WAS INSTRUCTED AS WELL THAT I OUGHT TO SPICE IT UP WITH SOME SPORT STORIES.

THE TITLE IN THE END, BORROWED FROM THE SONG BY JIMMY BUFFET, “A PIRATE LOOKS AT 40” SEEMED TO APTLY FIT THE MOOD. I AM HERE IN MY 40TH YEAR, 17 YEARS OF POST-GRADUATE SCIENCE AND MEDICAL EDUCATION, 5 YEARS OF POST-GRADUATE EQUESTRIAN EDUCATION, IN ESSENCE ROUNDING OUT THE FIRST HALF OF MY LIFE. SUZANNE, GRACE AND I ARE FINALLY BACK IN NEW BRUNSWICK. I LIVE ON THE FAMILY FARM IN LOWER JEMSEG. NOT ONLY DO I FINALLY HAVE A JOB, BUT I HAVE A DREAM JOB – A JOB THAT I COULD SELL A THOUSAND TIMES – BUT I WON’T! THERE IS SO MUCH FOR WHICH I AM THANKFUL. IT IS UNDENIABLY A TIME TO LOOK FORWARD TO THE SECOND HALF.

SLIDE 2 - OBJECTIVES

MY GOALS FOR THE HEALTH AND WELL-BEING OF NEW BRUNSWICKERS ARE AMBITIOUS. MY GOALS FOR EQUESTRIAN SPORT EQUALLY SO. AND THIS IS THE PUBLIC COMMITMENT. FROM THIS THERE IS NO TURNING BACK.

DESPITE THIS, I HOPE NOT TO DISAPPOINT YOU WHEN I SAY THAT WE HAVE MUCH LEFT TO CONQUER IN THE MODERN TREATMENT OF CARDIOVASCULAR DISEASE. DESPITE GAINS THROUGH INNOVATIONS IN INTERVENTIONS, SURGERY AND PHARMACOLOGY, I FEAR THAT WE ARE ON THE VERGE OF WHAT HAS BEEN COINED THE ‘PERFECT STORM’ IN HEALTHCARE: AN AGEING POPULATION, A DEMOGRAPHIC BULGE, INCREASING COSTS AND EXPECTATIONS, AS WELL AS THE RECIDIVISM OF CARDIOVASCULAR DISEASE AND THE BURGEONING OBESITY EPIDEMIC.

TONIGHT, WE HAVE TIME TO JUST TOUCH ON THE MATTER. BUT I DO HOPE IN THESE MOMENTS TOGETHER TO INTRODUCE 5 SIMPLE TAKE HOME POINTS THAT EACH OF US CAN USE TO MAINTAIN OUR CARDIOVASCULAR HEALTH.

IN NEW BRUNSWICK, WE HAVE A VERY SUCCESSFUL CARDIAC REHABILITATION PROGRAM. WE WERE THE FIRST PROVINCE IN THE COUNTRY TO HAVE A PROVINCIAL BODY ORCHESTRATING THE DELIVERY AND OUTCOMES OF THIS INTERVENTION. CARDIAC REHABILITATION IS A MULTI-FACETED 12-WEEK EDUCATION (NUTRITION, STRESS MANAGEMENT, TOBACCO CESSATION, MEDICATIONS, DEPRESSION) AND STRUCTURED EXERCISE PROGRAM OFFERED TO PATIENTS AFTER HEART ATTACKS AND OPEN-HEART SURGERY. PARTICIPATION IN THESE PROGRAMS REDUCES BY AS MUCH AS 1/3 THE CHANCE OF ANOTHER EVENT OR DEATH. FROM OUR PARTICIPANTS, WE ARE OFTEN CONFRONTED WITH THE QUESTION: WHY DIDN'T ANYONE EVER TELL ME ABOUT THIS STUFF BEFORE MY HEART ATTACK? TONIGHT YOU ARE GOING TO HEAR THAT MESSAGE.

SLIDE 3 – DCC/BV/HC

THIS, AS THEY SAY IS THE MONEY SLIDE. FROM HERE, I CAN ONLY DISAPPOINT. IN INTRODUCING MY GRANDMOTHER, HELEN AND MY GRANDFATHER CHET TO THIS AUDIENCE, I WOULD BE WISE TO STEP BACK AND LET FOND MEMORIES FILL THE EVENING.

<<IN THE WORDS OF THE LATE DR. RANDY PAUSCH, AUTHOR OF 'THE LAST LECTURE,' WHEN THERE IS AN ELEPHANT IN THE ROOM, INTRODUCE IT.>>

WHAT I HAVE TODAY, I OWE IN GREAT PART TO THESE TWO PEOPLE. FOR 40 YEARS I HAVE RIDDEN – QUITE LITERALLY – ON THEIR COATTAILS. I AM UNABASHEDLY GRATEFUL FOR THE UNPARALLELED OPPORTUNITIES THAT MY GRANDPARENTS AND MY PARENTS HAVE GIVEN ME. WITHOUT THEM, I WOULD NOT BE HERE THIS EVENING GIVING THIS ADDRESS. HAVE I MADE GOOD ON THE OPPORTUNITIES THAT I HAVE BEEN GIVEN, ONLY TIME WILL TELL.

THE PHOTO WAS TAKEN IN 1982 TO CELEBRATE THE 50TH ANNIVERSARY OF TRACTORS AND EQUIPMENT, LTD. THEIR PRIDE IN THIS WONDERFUL MARE, BROOKWOOD VICTORIA IS EVIDENT. THEY STAND BEFORE OPEN GAITS STABLES, A BARN THAT HE BUILT FOR HER ON THE OUTSKIRTS OF TOWN IN 1959.

IN AND AROUND THE TIME OF THAT PHOTO, THERE WAS ANOTHER IMPORTANT MOVEMENT AFOOT. THE STORY IS TOLD THAT THE TRIUMVIRATE OF BILL BEATTIE, DAVID CORNISH AND DR. BUD

MACSWEEN MADE THE TRIP DOWN THE HILL TO THE T&E BUILDING TO MEET WITH MY GRANDFATHER. IN HIS OFFICE (WHERE HE KEPT A BOTTLE OF MAPLE SYRUP FOR A LITTLE SWIG OF PEP IN THE AFTERNOON) THEY MET TO DISCUSS THE VERY EXCITING CONCEPT OF THE CHALMERS' HOSPITAL FOUNDATION. THEY WERE SEEKING A COMMUNITY LEADER. AFTER THEIR ENTHUSIASTIC DELIVERY, CHET ACCEPTED THE POSITION TO CHAIR THE BOARD OF DIRECTORS OF THE FOUNDATION. HOWEVER, THERE WAS ONE CONDITION, 'THAT THIS ENTHUSIASTIC TRIO JOIN HIS SALESFORCE.' WITH THE ENERGY THEY PORTRAYED ON THAT DAY, THEY MIGHT HAVE SOLD JUST ABOUT ANYTHING.

IN HIS POSITION ON THE BOARD, CHET SOON JOINED FORCES WITH JOHN CLARK, THE CHAIR OF THE FIRST FUNDRAISING CAMPAIGN. THIS WAS THE CAT SCAN PROJECT, AND I CAN STILL REMEMBER THE 'CATS CAN CAN YOU?' T-SHIRT WITH THE GARFIELD LOGO. MUCH TO MY CHAGRIN, I COULD NOT LOCATE THE T-SHIRT FOR TONIGHT'S TALK. BUT THROUGH MY YEARS IN MEDICINE, I HAVE NEVER FORGOTTEN THE JINGLE, AND THUS NEVER FORGOTTEN THE EMPOWERMENT THAT A FOUNDATION CAN GIVE TO A COMMUNITY.

IN THIS PHOTO, IF THERE IS SOME MEDICAL INSPIRATION FROM MY GRANDFATHER'S EFFORTS ON THE LEFT, THEN THERE IS THE EQUALLY POWERFUL INFLUENCE OF MY GRANDMOTHER ON THE RIGHT. FORTUNATELY FOR ME, HER PASSION WAS THE HORSES.

SLIDE 4 – 5 SECONDS DOWN AT 3/4 MARK

HOW DO YOU GET TO THE OLYMPICS? PICK AN ESOTERIC SPORT THAT NO ONE ELSE DOES... THEN PUT IN YOUR 10,000 HOURS... MAKE GOOD ON THE OPPORTUNITIES THAT YOU ARE GIVEN... AND JUST DO WHAT YOU ARE TOLD. THIS LAST POINT FOR ME BEING KEY – DON'T QUESTION, DON'T GET TOO CREATIVE, JUST DO WHAT THE COACH INSTRUCTS YOU TO DO – IT TAKES THE GUESS WORK OUT OF IT.

SOMEDAYS I WONDER HOW THINGS WOULD BE DIFFERENT IF THE EQUESTRIAN SPORTS WERE NOT PART OF THE OLYMPIC GAMES. I AM NOT SURE IF I WOULD HAVE BEEN ACCEPTED TO MEDICAL SCHOOL WITHOUT THAT EXPERIENCE.

MEDICINE AND SPORT. HEARTS AND HORSES.

LET US SEE WHAT WE HAVE LEARNED THROUGH IT ALL.

SLIDE 5- EPIDEMIOLOGY OF CV DISEASE

CARDIOVASCULAR DISEASE AND CANCER EACH KILL ABOUT 1/3 OF CANADIANS.

SADLY 10% WILL HAVE NO WARNING SIGNS AND WILL DIE SUDDENLY OF CARDIAC ARREST.

HOWEVER, THE OVERWHELMING STATISTIC IS THAT AS MANY AS 60% OF THE CV DEATHS ARE PREVENTABLE.

SLIDE 6 – STAGES OF EPIDEMIOLOGIC TRANSITION

HOW WE LIVE IS HOW WE WILL DIE.

THE STAGES OF EPIDEMIOLOGIC TRANSITION ARE NOT TAUGHT IN MEDICAL SCHOOL.

FORTUNATELY, A PROMINENT CANADIAN CARDIOLOGIST, DR. SALEM YUSEF HAS PUBLISHED PAPERS ON THE TOPIC.

I FIRST LEARNED OF THE CONCEPT READING THE ESSAY “DISEASES OF AFFLUENCE” BY DR. KEVIN PATTERSON. THIS WAS ONE OF THE ESSAYS BUNDLED AT THE BACK OF LAST YEAR’S NOVEL CONSUMPTION.

IN THE BEGINNING, FOOD WAS SCARCE. THIS WAS THE ERA OF THE HUNTER/GATHERER. HUMANS DIED OF STARVATION AND TRAUMA.

LATER WE BECAME MORE CIVILIZED. IN CLOSER QUARTERS, INFECTIONS SPREAD.

WITH THE INDUSTRIAL REVOLUTION, THERE WERE DISEASES AFFECTED BY POLLUTION AND FURTHER URBANIZATION.

EVENTUALLY, WE FOUGHT BACK WITH MODERN MEDICINES. INFECTIONS WERE CURED AND DEGENERATIVE DISEASES DELAYED.

UNFORTUNATELY, THE FIFTH STAGE IS NOW PREDICTED. HEALTH REGRESSION, WHEREBY LIFE-EXPECTANCY HAS BEEN PREDICTED TO SHORTEN. FACTORS INCLUDE THE OBESITY EPIDEMIC – A STATE OF OVERABUNDANCE, AS WELL AS POCKETS OF POLITICAL UNREST.

SLIDE 7 – DEAN ORNISH

LET’S LOOK AT IT IN A DIFFERENT WAY: PEOPLE ARE BEGINNING TO EAT LIKE US, LIVE LIKE US AND DIE LIKE US.”

CARDIOVASCULAR DISEASE IS THE PRIMARY CAUSE OF DEATH IN THE DEVELOPING WORLD, JUST AS IT IS IN NORTH AMERICA. THERE IS AN ABUNDANCE OF CALORIES IN MOST OF THE WORLD. ADD TO THIS THE RAVAGING EFFECTS OF SMOKING IN DEVELOPING NATIONS – WHERE SMOKING TRENDS ARE INCREASING, RATHER THAN DECREASING – REMOVE FROM THIS OUR INFRASTRUCTURE AND MEDICAL CAPABILITIES, AND THERE YOU HAVE THE MAKINGS OF A DISASTER.

SLIDE 8 – EVOLUTION OF MAN

SOMETIMES A GOOD DIAGRAM HELPS TO EXPLAIN THINGS BEST.

SLIDE 9 – GRAPHIC VARIATION OF OBESITY

ANOTHER DIAGRAM. YOU MAY BEGIN TO SEE WHY A CARDIOLOGIST IS JUST SO CONCERNED ABOUT OVERWEIGHT AND OBESITY.

SLIDE 10 – OBESITY RATES BY PROVINCE

I HAVE SAID IT BEFORE, AND I WILL SAY IT HERE TONIGHT, MY GOAL IS FOR THE STATS OF NB TO LOOK LIKE THE STATS OF BC. YOU'LL NOTE THAT STATISTIC ANALYSIS SUGGESTED THAT MEN IN NS HAD TROUBLE COMING TO TERMS WITH THEIR WEIGHT.

SLIDE 11 – THE ENERGY EQUILIBRIUM

HOW COULD SUCH A SIMPLE FORMULA CAUSE SUCH A COMPLEX PROBLEM.

IF 'ENERGY IN' EQUALS 'ENERGY OUT' THEN OUR WEIGHT REMAINS THE SAME.

THE CAVEAT – CALORIES ARE EASY TO CONSUME AND HARD TO BURN

CONSIDER – IF WE EXCEED OUR ENERGY INTAKE BY AS LITTLE AS 50 CALORIES PER DAY (ONE OREO COOKIE!), THIS EQUATES TO A 5 POUND WEIGHT GAIN PER YEAR.

CONSIDER – IT TAKES 8 MINUTES OF BRISK WALKING TO BURN JUST ONE OREO COOKIE

THE BOTTOM LINE: LOSING WEIGHT BY EXERCISE ALONE IS VERY DIFFICULT. HOWEVER, CONTROLLING 'ENERGY IN' IS A VERY COMPLEX MATTER INDEED

SLIDE 12- BENEFITS OF EXERCISE

BUT MAKE NO MISTAKE, ALTHOUGH IT WILL NOT SOLELY ELIMINATE WEIGHT ISSUES, EXERCISE IS CRITICAL TO HEALTH.

EVEN WITHOUT SIGNIFICANT DROPS IN WEIGHT OR WAIST CIRCUMFERENCE, THERE IS UNIVERSALLY A SURVIVAL BENEFIT TO EXERCISE.

MANY STUDIES HAVE SHOWN THAT THE FITNESS MEASURES SURVIVAL.

SAID ANOTHER WAY, IT IS MORE IMPORTANT TO BE FIT THAN IT IS TO BE THIN

SLIDE 13 – INCREASED PHYSICAL ACTIVITY

AND OF COURSE, THOUGH SURVIVAL IS NICE, THERE ARE OTHER BENEFITS OF EXERCISE.

I CANNOT IGNORE THAT SPORTS PERFORMANCE AS A NATION WOULD BE IMPROVED BY GREATER PARTICIPATION.

CONTINUING WITH THAT POINT... I AM A STRONG SUPPORTER OF PHYSICAL EDUCATION IN SCHOOLS. THOUGH I HAVE HIGHLIGHTED THAT EXERCISE ALONE IS NOT GOING TO ELIMINATE THE GROWING PROBLEM OF OBESITY, IT WILL HELP TO ENSURE PHYSICAL LITERACY AND OVERALL HEALTH FOR THE NEXT GENERATION.

SLIDE 14 – THE LOWEST COMMON DENOMINATOR

I'D LIKE JUST TO TOUCH ON A FAVORITE TOPIC OF MINE, AND SOMETHING THAT I HEAR ABOUT DAY AFTER DAY IN CARDIOLOGY – THE LCD.

“HER GRANDMOTHER SMOKED TWO PACKS PER DAY AND LIVED TO BE 90.”

“HIS GRANDFATHER ATE BACON AND EGGS AT EVERY MEAL AND HE DIED AT 103.”

AS HUMANS, WE SEEM TO BE DRAWN TO EXAMPLES WHICH HELP TO JUSTIFY OUR WORST HABITS. RATHER THAN MARVEL AT CERTAIN PROTECTIVE GENETIC MECHANISMS OR LIFESTYLE THAT MIGHT HAVE

PROTECTED THE FOLKS I HAVE JUST MENTIONED, WE ARE DRAWN TOWARDS THOSE LOW HANGING FRUIT, THE IMMEDIATE GRATIFICATION TO JUSTIFY OUR EXISTENCE. IN A WORD: EXCUSES

WE OFTEN CITE EXAMPLES OF OUR SPORTING HEROES IN THIS CONTEXT. LET'S USE THE MICHAEL PHELPS DIET TO ILLUSTRATE THE POINT:

FOR BREAKFAST, MICHAEL PHELPS EATS THREE FRIED EGG SANDWICHES, ONE 5-EGG OMELETTE, A BOWL OF GRITS, THREE SLICES OF FRENCH TOAST AND THREE CHOCOLATE CHIP PANCAKES. AND HE HAS WON MORE GOLD MEDALS THAN ANY HUMAN IN HISTORY, THUS I SHOULD DO THE SAME.

THE FALLACY OF THE ARGUMENT LIES IN THE ENERGY EQUILIBRIUM: 12,000 IN AND 12,000 BURNED.

IN HIS VALIANT ATTEMPT TO MATCH THE GREAT PHELPS, DAVE MCGINN OF THE GLOBE AND MAIL FAILED IN BOTH CONSUMPTION AND COMBUSTION. BUT WHAT I THINK IS EVEN MORE FASCINATING – HE HAD A MARKED NET POSITIVE ENERGY BALANCE. WHICH IS TO SAY HE EXERCISED FOR OVER 4 HOURS THAT DAY AND WAS DRAMATICALLY OFF IN HIS ENERGY EQUILIBRIUM.

CALORIES ARE MUCH EASIER TO TAKE IN THAN TO EXPEND.

SLIDE 15 – WHAT FITS YOUR SCHEDULE BETTER?

AGAIN, SOME SLIDES SPEAK FOR THEMSELVES

SLIDE 16 – THE CHRONIC CARE MODEL

OBESITY IS CLEARLY A COMPLEX PROBLEM. IT IS WHY I HAVE COME TO RECOGNIZE AS AN ADAPTIVE PROBLEM. THERE IS NO QUICK FIX. NO ONE HAS ALL THE ANSWERS AT THIS POINT.

THE RELATIONSHIP BETWEEN OBESITY, DIABETES, HYPERTENSION, CERTAIN CANCERS, OSTEOARTHRITIS AND CARDIOVASCULAR DISEASE IS WELL ESTABLISHED. DUE TO THE LIFELONG DEGENERATIVE NATURE OF THESE DISEASES, THEY ARE CONSIDERED WITHIN THE FRAMEWORK OF CHRONIC DISEASES.

MORE RECENTLY, HEALTH CARE ORGANIZATIONS, AND INDEED PROVINCES SUCH AS OUR OWN HAVE ADOPTED A NEW PARADIGM IN AN

EFFORT TO MANAGE THESE DISEASES. THIS IS THE CHRONIC CARE MODEL. THOUGH THIS MODEL IS QUITE COMPLEX ON FIRST GLANCE, IT IS IN EFFECT A MULTI-DISCIPLINARY, MULTI-LEVELLED APPROACH WHEREBY PATIENTS ARE SUPPORTED TOWARDS IMPROVED OUTCOMES.

I WOULD LIKE TO SHARE WITH YOU WHAT HAS BEEN MY ACCIDENTAL FIRSTHAND EXPERIENCE IN THIS MODEL OVER THE PAST YEAR. THIS HAS BEEN MY FORAY INTO THE WORLD OF THE HOSPITAL CAFETERIAS.

SLIDE 17 – CCM – ORGANIZATION OF HEALTH CARE

THE CHRONIC CARE MODEL IS NOT CURRENTLY TAUGHT AT MEDICAL SCHOOLS.

THUS, IT WASN'T UNTIL WE WERE WELL IN TO THE EXPERIENCE OF THE CAFETERIAS THAT I REALIZED THE CONTEXT OF OUR EFFORTS.

WE WERE INTERESTED IN LEADERSHIP BY EXAMPLE, AND THE IMPROVED LONG-TERM HEALTH OF EMPLOYEES.

IN THE LANGUAGE OF THE CHRONIC CARE MODEL, THIS TRANSLATES TO QUALITY IMPROVEMENT AT ALL LEVELS OF THE ORGANIZATION. THOUGH THIS NOTION OF TQM MIGHT BE FAMILIAR WITHIN CORPORATIONS, CARDIOLOGY RESIDENTS DON'T USUALLY MEET WITH HOSPITAL CEO'S TO DISCUSS THE FARE IN THE HOSPITAL CAFETERIA.

ALLOW ME TO EXPLAIN...

SLIDE 18 – CITADEL HIGH

NOVA SCOTIA HAS SUCCESSFULLY IMPLEMENTED A SCHOOL FOOD AND NUTRITION POLICY OVER THE LAST SEVERAL YEARS. THE RECENTLY BUILT CITADEL HIGH HAS VERY MODERN CAFETERIA FACILITIES DESIGNED TO SERVE FOODS THAT MEET THE NEW GUIDELINES. IN SHORT, THERE IS NO DEEP-FRYED FOOD, NO GRILLED FOOD, NO SWEETENED DRINKS. THERE IS AN ABUNDANCE OF SANDWICHES, SALADS, WHOLE-WHEAT LOW FAT PIZZA, MADE-FROM-SCRATCH SOUPS, FRUIT, YOGURT, UNSWEETENED WATER AND JUICES.

THE QE II HEALTH SCIENCES CENTRE IS LOCATED JUST ACROSS THE STREET FROM THE NEW SCHOOL. ABOUT A YEAR AGO, WE BEGAN TO NOTICE A NOON-HOUR MIGRATION OF STUDENTS FROM THE SCHOOL TO THE HOSPITAL CAFETERIA. LINES WERE GETTING LONGER IN THE HOSPITAL. EMPLOYEES COMPLAINED THAT THEY COULD NO LONGER GET LUNCH WITHIN THEIR BREAKS. THERE WAS LESS SPACE AT THE TABLES. THERE WAS A BIT MORE NOISE. THE STUDENTS WERE THERE EN-MASSE

TO BUY THE FOODS THEY COULD NO LONGER GET AT THE SCHOOL — FAMOUSLY THEY CUED FOR THE FRIES AND POUTINE!

THIS WENT ALONG FOR SEVERAL MONTHS. THE BLAME WAS ON THE STUDENTS INVADING THE HOSPITAL. THE ANSWER WAS MORE SECURITY AT LUNCH IN THE HOSPITAL CAFETERIA.

ON A COUPLE OF OCCASIONS, WITHIN CARDIOLOGY WE WONDERED ALOUD JUST WHAT A HEALTHY CAFETERIA AT THE SCHOOL MUST BE LIKE?

FEBRUARY WAS HEART MONTH. THAT WAS WHEN WE FINALLY DECIDED THAT WE HAD TO SEE THE HEALTHY CAFETERIA IN PERSON. RECOGNIZING THAT WE COULD JUST NOT MARCH ACROSS THE STREET AND IN TO THE SCHOOL, WE WROTE A LETTER TO TAM FAWCETT, PRINCIPAL OF CITADEL HIGH. SHE WELCOMED US FOR LUNCH.

THIS SLIDE IS THE ACTUAL PHOTO OF OUR GROUP WALKING INTO THE SCHOOL, WITH THE CROSS CURRENT OF STUDENTS HEADING TO THE HOSPITAL FOR FRIES AND POUTINE!

WE SPENT 20 MINUTES IN THE SCHOOL. TALKED WITH THE ADMINISTRATION ABOUT THE NEW FOOD AND NUTRITION POLICY AND RETURNED TO OUR CLINICAL DUTIES AT THE HOSPITAL.

EVENTUALLY WORD GOT OUT TO THE MEDIA — PRINT, RADIO AND TELEVISION.

WE MAINTAINED THAT WE SIMPLY WERE LOOKING TO HIGHLIGHT THE HEART-HEALTHY FARE BEING SERVED AT THE SCHOOL. WE ADMITTED TO THE IRONY THAT STUDENTS WERE SEEKING OUT ‘CALORIE RICH, NUTRITIONALLY DEPLETED’ FOODS AT THE HOSPITAL.

SADLY, THE HOSPITAL DIDN’T SEIZE THE OPPORTUNITY TO MAKE SOME IMMEDIATE CHANGES. THEY SUGGESTED THAT COMMITTEES WERE IN PLACE THAT WERE ADDRESSING THE ISSUE. WE HEARD FROM MEMBERS OF THESE COMMITTEES THAT PROGRESS HAD BEEN STALLED FOR YEARS.

AT THAT POINT, WE WERE AT A CROSSROADS. WE HAD SIMPLY GONE TO THE HIGH SCHOOL TO HIGHLIGHT THE LEADERSHIP TAKEN ON THE ISSUE BY SCHOOLS. WE WERE NOW UNDER PRESSURE TO HELP FACILITATE CHANGE AT THE HOSPITAL, WHICH IS TO SAY, ADDRESS QUALITY IMPROVEMENT WITHIN OUR INSTITUTION. BUT THIS WAS NOT OUR USUAL TERRITORY, WE WERE OFF OF OUR USUAL MEDICAL TURF.

NONETHELESS, WITH THE HELP OF A COUPLE OF GHOST WRITERS — NAMELY MY BROTHER JON AND HIS FIANCÉE SAVANNAH, WE PENNED AN OP-ED PUBLISHED IN THE HERALD MARCH 19TH.

SLIDE 19 – EVERYDAY IS THE PERFECT DAY...

SLIDE 20 – IF IT IS THE LAISSEZ-FAIRE APPROACH...

AND THE TERM LAISSEZ-FAIRE CARDIOLOGY WAS COINED. THIS WAS A CALL TO ACTION.

THE MEETINGS BEGAN. THE EDUCATION BEGAN. I HAD A LOT TO LEARN ABOUT THE PROVISION OF HOSPITAL CAFETERIA FOOD.

AGAIN, WE NEEDED A POSITIVE OUTLET, WE NEEDED TO SHOW PEOPLE THAT WE WERE MOVING FORWARD

SLIDE 21 – THE CANADIAN HEALTHY HOSPITAL CAFETERIA PROJECT SURVEY (CHHPS)

PRONOUNCED ‘CHIPS’

THE SURVEY RAN THROUGH THE SUMMER.

BY WORD-OF-MOUTH AND A FEW KEY SHOUT-OUTS, WE HAD RESPONDENTS FROM ALL PROVINCES

SLIDE 22 – SURVEY

THE SURVEY WAS SIMPLE. IT WAS BASED ON THE KEY PRINCIPLES OF THE NOVA SCOTIA SCHOOLS’ FOOD AND NUTRITION POLICY – AN EVIDENCE-BASED GUIDELINE DEVELOPED IN CANADA FOR CANADIANS.

SLIDE 23 - CMAJ

IN JUNE, I WAS ASKED TO CO-AUTHOR AN EDITORIAL IN THE CANADIAN MEDICAL ASSOCIATION JOURNAL WITH A NICE FELLOW THAT I HAVE STILL NOT YET MET IN PERSON – DR. YONI FREEDHOFF, THE FOUNDER OF THE BARIATRIC MEDICAL INSTITUTE IN OTTAWA – AN TRUE OBESITY EXPERT.

THROUGH THE WRITING OF THE PIECE, WITH THE INVOLVEMENT OF THE EDITORIAL STAFF, IT WAS CLEAR THAT THIS WAS AN UNOFFICIAL POSITION STATEMENT ON HOSPITAL CAFETERIAS BEING PUT FORTH BY THE JOURNAL.

INTERESTINGLY, OUR SIMPLE RECOMMENDATIONS ADVOCATED HEALTHIER AND MORE INFORMED CHOICES NOT DISSIMILAR TO WHAT HAS BEEN MANDATED IN A NUMBER OF US CITIES AND STATES.

SLIDE 24 – LES HOPITAUX DEVRONT DONNER L'EXEMPLE

THE RESULTS WERE SWIFT AND SURPRISING.

WITHIN 48 HOURS, DR. YVES BOLDUC, QUEBEC'S MINISTER OF HEALTH ANNOUNCED THAT QUEBEC WOULD BE ELIMINATING A NUMBER OF 'JUNK FOODS' FROM ITS HOSPITALS AND LONG-TERM CARE FACILITIES BY THE END OF 2008.

WHO WOULD HAVE PREDICTED THIS RESPONSE FROM QUEBEC – THE HOME OF POUTINE?

SLIDE 25 – GAGETOWN FAIR

THROUGH THIS EXPERIENCE, I HAVE HAD TO LEARN NEW WAYS OF DESCRIBING FOODS AND THEIR RELATIONSHIP TO HEALTH AND OFTEN TO CARDIOVASCULAR DISEASE.

THANKFULLY, RICHARD FLYNN OF ACACIA GALLERIES HAS GIVEN PERMISSION FOR THE USE OF TWO LOVELY WORKS TO HELP ILLUSTRATE THIS POINT.

FIRST, WE HAVE THREE FELLOWS AT THE GAGETOWN FAIR EATING FRENCH FRIES. CLEARLY, THIS IS CARNIVAL FOOD.

A GREAT ASIDE IS THAT THE FELLOW ON THE LEFT WAS ACTUALLY A HEART TRANSPLANT PATIENT. WHEN HE REALIZED THAT RICHARD HAD CAPTURED HIM ON THE CANVAS WITH A PLATE OF FRIES, HE WAS STARTLED AND ACKNOWLEDGED THAT HIS CARDIOLOGIST WOULD LIKELY KILL HIM IF HE EVER SAW THE PAINTING.

SLIDE 26 – THE SAINT JOHN MARKET

IN CONTRAST TO THE DUSKY LOOKING GUYS IN THE PREVIOUS WORK, THESE FOLKS AT THE SAINT JOHN MARKET LOOK VIVACIOUS, PERKY EVEN. ON DISPLAY IN ABUNDANCE, WE SEE WHY – FRUITS AND VEGETABLES ARE THE BASIC STAPLES OF THEIR DIET.

SLIDE 27 – THE AHA POSITION STATEMENT

WHY THE HARD LINE ON CARNIVAL FOODS? BECAUSE JUNK FOOD IS THE NEW TOBACCO.

JUNK FOOD IS THE NEW TOBACCO.

AGAIN, WHILE I SPENT MY SUMMER MONTHS INSIDE STUDYING FOR THE EXAM, THE AMERICAN HEART ASSOCIATION RELEASED A POSITION STATEMENT ON OBESITY.

THOUGH ADMITTING THAT IT WAS A COMPLEX SUBJECT WITH ATTENTION REQUIRED AT MULTIPLE LEVELS, THE ASSOCIATION CALLED UPON PHYSICIANS TO DO MORE TO BECOME INVOLVED IN THE MANAGEMENT OF THE PROBLEM. ENOUGH LAISSEZ-FAIRE CARDIOLOGY!

THEY DESCRIBED AN UPSTREAM-DOWNSTREAM APPROACH. PHYSICIANS PRIMARILY ARE FOCUSED ON THE WORK DOWNSTREAM – PLUCKING PEOPLE FROM THE RIVER SO-TO-SPEAK. AS IMPORTANT AS ONGOING WORK WILL BE IN THAT CONTEXT, THE CALL IS ALSO TO OCCASIONALLY VENTURE UPSTREAM, TO SEE JUST EXACTLY WHY SO MANY PEOPLE ARE FLOATING DOWN THE RIVER. IN THEIR ANALOGY, THEY CITE THAT PERHAPS A BRIDGE MAY BE IN NEED OF REPAIR.

THIS IS NEW GROUND FOR CLINICIANS, YET THE SOCIETAL WEIGHT OF THE OBESITY EPIDEMIC IS UPON US, WE MUST HEED THE CALL.

SLIDE 28 – A GRAIN OF SALT

IN REVIEWING THE IMPORTANT SUBJECT OF HYPERTENSION – HIGH BLOOD PRESSURE – FOR MY EXAM, I WAS REMINDED OF SOMETHING OFTEN OVERLOOKED IN THE TREATMENT OF THIS PROBLEM – OUR EXCESSIVE SALT USE

WE SHOULD CUT OUR SALT CONSUMPTION BY MORE THAN 50%

BEYOND THE SHAKER, SALT IS RAMPANT IN CARNIVAL FOODS AND IN A NUMBER OF LOW-KEY PROCESSED ITEMS LIKE SOUPS.

CONSIDER:

**THE INDUSTRY STANDARD: LARGE FRIES – 430 MG
CAESAR SALAD WITH GRILLED CHICKEN – 1300 MG
LOW FAT BLUEBERRY MUFFIN – 750 MG
HEARTY VEGETABLE SOUP – 930 MG**

READ THE LABELS. IF THE LABELS ARE NOT READILY AVAILABLE, EITHER ASK FOR THE INFORMATION OR DON'T EAT IT.

SLIDE 29 – SMOKING PHYSICIAN

AT OUR PERIL WILL WE EVER TURN OUR BACKS ON THE THREAT OF TOBACCO ADDICTION.

THIS WOULD BE NO DIFFERENT THAN CHANGING OUR ATTENTION TO THE DISTRACTION OF CELL PHONES AND NEGLECTING SEAT-BELTS

SMOKING CESSATION REMAINS THE ONLY COST EFFECTIVE PREVENTION MEASURE OF CARDIOVASCULAR DISEASE THAT WE KNOW!

SLIDE 30 – PERCENTAGE OF CURRENT SMOKERS

TRENDS ARE HEADING IN THE RIGHT DIRECTION

HOWEVER, A DISPROPORTIONATE NUMBER OF CARDIAC PATIENTS AND THEIR FAMILIES STILL SMOKE

SLIDE 31 – SMOKING RATES AMONG TEENS IN NS

AGAIN, KUDOS TO THOSE WHO HAVE ENABLED THIS PROGRESS.

BUT LET US NEVER FORGET THE HIGHLY ADDICTIVE SUBSTANCES FOUND WITHIN TOBACCO PRODUCTS AND THE HIGHLY EVOLVED MARKETING SCHEMES TARGETED TOWARDS NEW USERS

SLIDE 32 – FOR GRACE'S SAKE...

THERE WAS A TIME WHEN PHYSICIAN'S WOULD GLIBLY CHIRP: "GO AHEAD AND KEEP SMOKING, IT'S GOOD FOR BUSINESS!"

SADLY, WE HAVE JUST ABOUT ALL THE BUSINESS WE CAN HANDLE. AND I WOULD RATHER SPEND A LITTLE MORE TIME AT HOME WITH MY

DAUGHTER, HENCE I AM ADVOCATING A NEW MANTRA: “FOR GRACE’S SAKE, PLEASE DON’T SMOKE...”

SLIDE 33 - MY GOAL: TO NEVER MEET YOU IN A CLINICAL CONTEXT

IT IS FAR AND AWAY MY PREFERENCE TO MEET PEOPLE IN A SOCIAL CONTEXT. SADLY, AS A CARDIOLOGIST, I OFTEN MEET PEOPLE WHEN IT IS TOO LATE – IE., AFTER THEY HAVE DEVELOPED ANGINA, OR HAVE HAD A HEART ATTACK.

MAKE NO MISTAKE, I LOVE MY JOB, BUT I WOULD RATHER HELP PEOPLE TO AVOID HEART DISEASE ALTOGETHER THAN TO TREAT THEM AFTER THE FACT.

SLIDE 34 – TAKE ALL CHEST PAIN SERIOUSLY

THAT SAID, IF EVER THERE IS ANY QUESTION OF CHEST SYMPTOMS, IT IS OF CRITICAL IMPORTANCE THAT YOU CALL 911.

I HAVE LISTED A *SAMPLING* OF THE VARIOUS DISGUISES SPORTED BY ANGINA AND HEART ATTACKS.

ADD TO THAT ‘A FUNNY FEELING IN MY CHEST.’

AND PLEASE DON’T DRIVE YOURSELF TO THE HOSPITAL WITH CHEST SYMPTOMS – THAT IMPERILS YOU AND EVERYONE ELSE ON THE ROAD, AND DELAYS YOUR TIME TO ADVANCED LIFE CARE SUPPORT PROVIDED IN EVERY AMBULANCE.

SLIDE 35 – ECG

ANY HINT OF CHEST PAIN, ESPECIALLY IN INDIVIDUALS OVER 30 YEARS OF AGE WARRANTS AN URGENT ECG.

THIS ELECTRICAL TRACING OF THE HEART SIGNALS IS THE FIRST AND ARGUABLY ONE OF THE MOST IMPORTANT STEPS IN THE PROPER MANAGEMENT OF YOUR SYMPTOMS.

FOR THE RECORD, THIS ECG DEMONSTRATES ‘LE BIG ONE.’ TOO MUCH SMOKING AND CARNIVAL FOOD.

SLIDE 36 – REMEMBER 5 THINGS

EXERCISE

CUT THE SALT

EAT AN ABUNDANCE OF FRESH FRUITS AND VEGETABLES AND AVOID THE CARNIVAL FOODS

NEVER UNDERESTIMATE THE THREAT OF TOBACCO

TAKE ALL CHEST SYMPTOMS SERIOUSLY

SLIDE 37 – RIVER

AND REMEMBER, IF WE ARE TO MEET ‘DOWNSTREAM,’ PLEASE LET IT BE AT THE FARM IN LOWER JEMSEG, AND NOT IN THE CORONARY CARE UNIT IN SAINT JOHN.

SLIDE 38 – TIPPING POINT

AND I WILL FINISH WITH A REFERENCE TO MALCOLM GLADWELL’S TIPPING POINT. THE SECOND CHAPTER, ‘THE LAW OF THE FEW: CONNECTORS, MAVENS AND SALESMEN’ DESCRIBES THE RIDE OF PAUL REVERE. A TIP FROM A STABLE BOY TO REVERE, A WELL CONNECTED SOCIAL NETWORKER IN COLONIAL BOSTON WAS ENOUGH TO START A WORD-OF MOUTH EPIDEMIC TO STAVE OFF A SECRET BRITISH INVASION AND TO POSSIBLY SPARK THE AMERICAN REVOLUTION.

THUS I WILL WAIT TO SEE IF THE TIPS GIVEN THIS EVENING BY A STABLE BOY TO THIS ROOM OF CONNECTORS, MAVENS AND SALESMEN WILL HAVE ANY SUCH WORD-OF MOUTH EFFECT ON THE INVASION OF OBESITY, CARDIOVASCULAR DISEASE AND OTHER RELATED - **LARGELY PREVENTABLE - DISEASES.**

ABOVE ALL, CONGRATULATIONS TO THE CHALMERS’ REGIONAL HOSPITAL FOUNDATION ON AN IMPRESSIVE FIRST QUARTER CENTURY.

THANK YOU FOR THIS GRAND OPPORTUNITY THIS EVENING TO SHARE WITH YOU FOND MEMORIES OF MY GRANDPARENTS AND REFLECTIONS ON THE STATE CARDIOVASCULAR DISEASE IN NEW BRUNSWICK.

RS