## by Michael Yeo, PhD

## To boldly go: we have to look beyond



rs. Patterson and Weijer have rightly diagnosed the malaise affecting Canada's physicians as an "identity crisis" that has been brought about by role uncertainty and anxiety about the future of medicine (page 1480). However, their conclusion that Dr. Nick Riviera, the international medical graduate appearing on *The Simpsons*, is the role model that physicians should follow provides neither cure nor relief for patients. Indeed, that proposal is likely to aggravate the problem.

The authors argue that we "need a hero to guide us into the next millennium" and conclude that the most appropriate role model is Dr. Nick. This finding is supported by neither the evidence nor the arguments they provide, and their study is methodologically flawed.

Their choice of potential role models raises serious issues because it is constructed as if Hibbert and Riviera were the only possible candidates for the role of role model. Since they do not delimit the range of possible options, their choices are arbitrary to the extreme. Why were only cartoon characters considered? I was left with the distinct impression that Hibbert and Riviera were selected for study simply because the authors happen to watch the show!

How else can we explain their failure to consider other TV physicians as potential role models? There is no mention of Dr. Michael Mancini or Dr. Peter Burns of *Melrose Place*, and nary a word about Dr. Olivia Winters of *The Young and the Restless*. In their narrow minds the fine physicians who have graced the sets of *Star Trek* and its spin-offs do not exist. I know that I will not be the only reader shocked by these oversights.

As well, the criteria they used to choose between their 2 potential role models are uncritically assumed to be self-evident. Patterson and Weijer would have us believe that paternalism and prolificacy are "bad" and that cost-consciousness and giving patients what they want are somehow "good."

These are clearly the authors' values, but are they shared by other physicians? Should they be? Why should we accept these values and not others? Indeed, why accept any values at all?

Surely it is conceivable that the physician of the future will (and should) have no values at all, or be a Nietzschean hero free of and beyond the simple fetters of "good and evil." The two writers failed to consider this issue, presumably because they smugly assume their own values to be self-evident and would surreptitiously impose them on the rest of us without the bother of an argument. The choice of criteria is important because the criteria dictate what information or evidence is needed to make a choice.

On this front the paper is weak and the evidence flimsy. For example, we are told nothing about which doctor — Hibbert or Riviera — can see the most patients in an hour or has the better golf score, factors that may be relevant to physicians seeking a role model.

In cases where the authors do provide evidence, it is incomplete. We learn that Hibbert drives a Porsche, a fact that could reasonably be expected to endear him to Canadian doctors. But what was the status of Riviera's car? How are readers to make an informed comparison?

As an ethicist, I had serious problems with the 2 role models Patterson and Weijer chose to study. Neither character comes across as being grounded in reality. For example, real physicians simply don't have the amount of time these 2 appear to have to spend with patients.

Also, the authors' failure to mention the issue of confidentiality is shocking. Who can forget Dr. Nick's battle to raise this issue in his Yellow Pages ad, in which he was shown sewing his lips together and proclaiming: "My confidentiality is as good as Dr. Hibbert's!" Where were Weijer and Patterson when that episode was broadcast? *CMA7*'s readers deserve better.

In addition to appearing more like figures from a children's cartoon than real doctors, it seems that neither physician chosen as a potential role model is a woman! If this is true, yet another serious flaw has emerged: data indicate that many Canadian physicians are female, and they therefore may have trouble identifying with these questionable role models. Women might choose their role models on the basis of different considerations than men — clothes rather than cars, for example.

The last serious problem is that these 2 characters practise in the US. Although it seems likely that many more Canadian doctors will be practising in the US in the future, we will still need physicians in Canada. There are important differences between our practice environments that bear on the choice of role models, factors that Patterson and Weijer conveniently ignore.

For example, it is much colder here and this means that Canadian doctors have to work more quickly and see more patients per hour if they are to keep warm. At the same time, because Canadian patients wear more clothing, it takes longer for them to disrobe. Unfortunately, this increases the amount of time Canadian doctors must spend in patient encounters. [This is an especially sore point for physicians in the Far North, who argue that they should be compensated at a higher rate. — Ed.]

Canadian patients also present with distinctly Canadian conditions such as "constitutional fatigue" and depression brought on by watching Canadian TV shows, and these types of problems are likely to increase in number because of our declining loonie and the attendant national embarrassment. These home-grown illnesses mean one thing: we need home-grown physicians to treat them. How will this be possible if the only role models we provide are American doctors skilled at treating American diseases?

Although it is plainly evident that Patterson and Weijer's conclusion is not supported by evidence and argument, they have broached an important issue and are to be commended for that. And since they have established a precedent for publishing unsubstantiated opinion in *CMA7*, I feel at liberty to do the same.

I submit that the role model Canadian physicians need to follow as we move into the next millennium is someone who has broken free from the yoke of ethics and practises the art and science of medicine beyond the stultifying opposition of paternalism and autonomy. A free and independent thinker and, indeed, someone even beyond role models.

Patterson and Weijer may like Dr. Nick Riviera, but I nominate TV's only true physician: Dr. Bones McCoy.