

# OPUSMD

A publication of the **New Brunswick Medical Society** | Autumn 2021



## In Focus

Dr. Mark MacMillan is  
new NBMS President

## MD4MD

NBMS Wellness program  
seeks physician volunteers

## Physician Summit

NBMS goes virtual for second year

# Managing Respiratory Tract Infections

Key practice changes to help you optimize your antibiotic prescribing.

## CAN BE MANAGED VIRTUALLY OR IN PERSON (Use Viral Prescription)

## SHOULD BE ASSESSED IN PERSON

(To assess the need for immediate or delayed antibiotics, whether or not antibiotics are prescribed\*)

### SUSPECTED OR CONFIRMED COVID-19

- Fever
- Respiratory symptoms
- No shortness of breath

- Shortness of breath or hypoxia (if monitoring available)
- Concerns of dehydration
- Suspicion of secondary bacterial infection
- Any red flags\*\*

### EAR PAIN (In children over 6 months of age)

- Symptoms <48 hours
- Fever <39°C
- Pain controlled with oral pain medication
- Otherwise feels well

- Symptoms >48 hours despite adequate pain medications
- Fever ≥39°C
- Feels unwell

### SORE THROAT

- Mild symptoms <48 hours
- Low suspicion for bacterial pharyngitis, e.g.:
  - Over 15 or less than 3 years of age
  - No fever
  - Presence of cough or runny nose

- Persistent or worsening symptoms >48 hours, OR
- High suspicion of bacterial pharyngitis, e.g.:
  - Severe pain
  - No cough or runny nose
  - Fever without alternate cause

### SINUS CONGESTION

- Mild symptoms <7 days
- No red flags\*\*\*

- Presence of red flags\*\*\*

### COPD EXACERBATION

- Patient able to do their activities of daily living
- Patient known to provider and reliable for virtual follow-up

- Patient is too short of breath to do their activities of daily living

### SUSPECTED PNEUMONIA

- Assess in person

- Assess in person

### INFLUENZA- LIKE ILLNESS, BRONCHITIS, COMMON COLD, ASTHMA

- High fever controllable with antipyretic
- Cough
- Congestion
- Body aches
- Mild GI symptoms

- Concerns of dehydration
- Suspicion of secondary bacterial infection
- Any red flags\*\*

#### \*See table on role of antibiotics

#### \*\*Red flags for patient with viral infection:

- For children, may include fast breathing or trouble breathing, bluish lips or face, ribs pulling in with each breath, chest pain, child refuses to walk, signs of dehydration, history of seizure, any fever in child <12 weeks of age.
- In adults, may include difficulty breathing or shortness of breath, acute chest pain or abdominal pain, dizziness, confusion, signs of dehydration.

#### \*\*\*Red flags for patient with sinusitis:

- Altered mental status, headache, systemic toxicity, swelling of the orbit, change in visual acuity, neurologic deficits.

To access The Cold Standard toolkit, visit [choosingwiselycanada.org](http://choosingwiselycanada.org).

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*Do you have any comments or suggestions about our magazine? Please contact the NBMS office with your feedback: [info@nbms.nb.ca](mailto:info@nbms.nb.ca)*

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# President and CEO's Message

We have witnessed significant milestones in recent weeks with the ratification of the 2020-25 Physician Services Master Agreement and the launch of a new Provincial Health Plan.

Ratification of the Physician Services Master Agreement followed 20 months of negotiating between the NBMS Negotiating Committee and the provincial government, a process that was delayed numerous times due to the pandemic. On behalf of the NBMS Board of Directors, we thank everyone who took the time to vote on this agreement, which is in effect retroactively from April 1, 2020 to March 31, 2025.

While the majority of members approved of the Tentative Agreement, physicians raised concerns about items they felt were not adequately addressed in the agreement including rural health care, the New Brunswick Primary Care Network, the provincial hospitalist program, and Family Medicine New Brunswick. This feedback is taken seriously, and we will work on addressing these issues going forward.

We were pleased to see the provincial government unveil its new health plan, *Stabilizing Health Care: An Urgent Call to Action*. We are encouraged that it addresses many of the same opportunities and challenges that the NBMS captured in the 57 recommendations to improve the health system that we submitted to government earlier this year.

While there are many details to be refined, the targets and timelines set by government provide clear goals to improve wait times and access to care.



Dr. Mark MacMillan, FRCPC  
President



Anthony Knight  
Chief Executive Officer

The five areas addressed in government's health plan are of critical importance to improving health care: access to primary care, access to surgery, create a connected system, access to addiction and mental health services, and support seniors to age in place.

The plan states that the New Brunswick Medical Society will "become partners" in the province's medical recruitment and retention efforts. We are in discussions with the province regarding what this partnership may look like. This is a positive development; we firmly believe that physicians should play a significant role in recruiting their peers to the province and we are eager to take a role in this effort.

While we are pleased with the Provincial Health Plan, we know there is more work to be done. We would like to see more focus placed on addressing the social determinants of health. Poverty and homelessness are challenges across the province, directly impacting the health and well-being of a significant number of our citizens.

In addition, New Brunswick needs to take a strong look at how we care for other marginalized populations, including First Nations and LGBTQ2A+ persons, whose interactions with the health system are often affected by social, behavioural, and structural factors including deep-rooted stigma and discrimination.

We continue to advocate for a review of reproductive services in the province. Limiting surgical abortion access to only two New Brunswick cities disproportionately impacts marginalized New Brunswickers, including those living on low income or without access to transportation.

There is more work to be done. But this plan is a positive step in the right direction.

We would be remiss not to mention that this is the first digital-only version of OPUSMD. At the NBMS Physician Summit in October, physicians passed a motion to eliminate all elective or routine paper-based mailings to members. Beginning with this issue, OPUSMD will no longer be printed. We applaud our members for supporting efforts to make the NBMS more environmentally friendly.

We wish you and yours a happy holiday season.

A blue ink signature of Dr. Mark MacMillan, FRCPC, President.

Dr. Mark MacMillan, FRCPC  
President

A blue ink signature of Anthony Knight, Chief Executive Officer.

Anthony Knight  
Chief Executive Officer

# MD4MD needs physician volunteers

Program matches physicians without a primary care provider to a family physician.

*Eric Lewis, Communications Manager*

MD4MD, an NBMS Wellness program that matches physicians and medical learners in need of a primary care provider to a family physician who agrees to roster them, needs physician volunteers.

Meaghan Sibbett, NBMS Wellness manager, says 31 physicians across New Brunswick are currently registered to accept physicians and medical learners as patients, but high demand remains.

"We continue to hear from physicians who, like many New Brunswickers, are having trouble finding their own primary care provider," she says. "We are struggling with capacity, particularly in the Saint John region. The majority of the demand in this program is from physicians new to the province, followed by medical students and residents. These are the groups who are the least likely to have established networks to rely on when seeking a primary care provider."

New physicians recruited to New Brunswick will also need a primary care provider, so demand is expected to continue to grow.



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"Family physicians have a tremendous impact on their patients' lives if I may say so," says

Dr. Stéphane Paulin, Medical Director of NBMS Wellness and a family physician in Oromocto.

"Even patients with a medical degree need someone to provide care, to facilitate referrals, and to provide assistance and support navigating the health system. MD4MD is a critical program. We need to ensure physicians are healthy and supported so they can provide the same care to their own patients."



*Meaghan Sibbett is the manager of NBMS Wellness. PHOTO: NBMS*

In the past three years, MD4MD has successfully matched 110 physicians with a primary care provider. Sibbett is asking that any family physician interested in taking on even just a few physicians as patients reach out to her.

"We recognize that this request for volunteers comes at a time when family physicians, like all frontline health-care providers, are trying to navigate through the COVID-19 pandemic," she says. "Every region of our province is struggling with a shortage of family physicians too, leading to increased workloads. We would not be asking for physicians to take this on if it wasn't so important."

NBMS Wellness will assign a maximum of three physicians per year to a family physician. If you are a family physician with capacity in your practice and you are interested in offering care to physician colleagues, please complete **this form** on the NBMS website. For more information, contact Meaghan Sibbett, NBMS Wellness manager, at 506-875-6749 or [msibbett@nbms.nb.ca](mailto:msibbett@nbms.nb.ca).

# NBMS holds second virtual Physician Summit

Dr. Mark MacMillan installed as President, Dr. Michèle Michaud named President-Elect.

*Eric Lewis, Communications Manager*

A surge in COVID-19 cases across New Brunswick this fall led the NBMS to pivot to a virtual Physician Summit for the second year in a row.

Held on Oct. 2 at Delta Hotels by Marriott Saint John with a small complement of staff and NBMS Board members, the Physician Summit was attended virtually by 130 physicians.

"While it's disappointing that we couldn't meet in person, the Physician Summit was a successful event," says Dr. Mark MacMillan, who was installed as NBMS President. "Over the year and a half, we've all become accustomed to meeting virtually, so I was very pleased with the turnout and the great discussions we had on a wide variety of important health-care topics."

The day began with NBMS Past-President Dr. Jeff Steeves and Chief Executive Officer Anthony Knight presenting 2020-21 Achievements, a look back at the work of the society from the previous year.

"It was an honour to serve as NBMS President," says Dr. Steeves. "It was a tremendously challenging virtual year, but I am proud of the work our society was able to accomplish in representing physicians and our patients in a most trying time."

Dr. Michèle Michaud, a family physician in Edmundston, was installed as President-Elect at the Summit.

*From left: NBMS Past-President Dr. Jeff Steeves, President Dr. Mark MacMillan, and Chief Executive Officer Anthony Knight are shown at the 2021 NBMS Physician Summit. PHOTO: Eric Lewis/NBMS*



The Physician Summit featured several presentations, including a keynote address on *Ruling your Emotions - In Any Situation* by Dr. Natasha Sharma, an entrepreneur, speaker, and writer. Anthony Knight presented a look at the NBMS's COVID-19 pandemic response. John Maher, the NBMS's Chief of Negotiations and Physician Compensation, offered a look at the *Fiscal and Political Landscape in New Brunswick*, and Nora Lacey, the society's Chief of Physician & Patient Engagement, led a presentation on the NBMS brand.

The Annual General Meeting portion of the Summit enabled physicians to vote on several important motions that will direct some of the work of our society over the next year.

These include motions directing the NBMS to advocate for an independent review of the COVID-19 pandemic response, for provincial programs that address the social determinants of health, for initiatives to keep seniors at home, and for stricter regulations on cannabis sales. Another motion directs the NBMS to declare obesity a chronic medical disease requiring enhanced research, treatment, and prevention.

The NBMS will advocate for more physician autonomy within the health system based on a series of motions from members. Finally, another motion directs the NBMS to eliminate all elective or routine paper-based mailings to members.

"The annual general meeting provides the NBMS with strategic direction from our member physicians," says Knight. "It's a great opportunity for members to make their priorities clear and to debate important health-care issues affecting not only society business, but also our advocacy work that is focused on improving the health system and ultimately patient care."

The 2022 NBMS Physician Summit is scheduled for Oct. 15, 2022. It will be a virtual event.



Anthony Knight, Chief Executive Officer, and Nora Lacey, Chief of Physician and Patient Engagement, respond to questions at the NBMS Physician Summit. PHOTO: Eric Lewis/NBMS

# 2022 Membership Dues Renewal

It's that time of year! NBMS membership invoices have been sent out. Payments are due by Jan. 5, 2022. Members who are signed up for Pre-Authorized Debit (PAD) will have their dues automatically withdrawn from their bank account on Jan. 5, 2022. **A 10% late fee will be applied to dues not paid by Jan. 5, 2022.**

**Not signed up for PAD? Sign up online at [nbms.nb.ca](https://nbms.nb.ca), My Account, Member Profile Tab, Direct Withdrawal (PAD) section.**



# Dr. Katherine LePage

Family Medicine, Woodstock



Dr. Katherine LePage completed her medical degree at the University of Toronto and her family medicine residency at Queen's University. She has been a practising family physician since 2018 and is the newest recruit to the Family Medicine New Brunswick team in Woodstock. She joined the team in November 2021.

Originally from Whitby, Ontario, Dr. LePage ultimately chose to practice in Carleton County because it's where her husband, respirologist Dr. Christopher Stone is from. A welcoming medical community and small-town charm attracted the family back to the area.

OPUSMD connected with Dr. LePage via email.

## Why did you choose a career in family medicine?

I was initially drawn to family practice because of its broad scope. I love that as a family doctor I can develop longitudinal relationships with patients which provide context to the medical and socioeconomic issues they may be facing. The immense variety of patients and clinical presentations that we see every day makes the work both challenging and interesting. Finally, I love that there are endless opportunities for customizability and flexibility within the specialty of family medicine.

## Why did you choose to practise in New Brunswick, and why FMNB?

My husband was raised in the Upper River Valley region, and after spending time here over the years, I grew to love the area. We felt so welcomed by the medical community, and when the opportunity to join a group of likeminded physicians arose, we knew it was the right fit for us.

Having trained in a group family practice environment, I was eager to join the FMNB program. My FMNB colleagues have been invaluable resources as I settle into my practice. Not only is the program advantageous for the physicians in the group by allowing for cross-coverage when needed, but it is also beneficial to the patients who benefit from improved access to care.

## What do you feel is the most pressing health-care issue in our province?

Since arriving in New Brunswick this summer, we have watched the growing impact that the COVID-19 pandemic has had on health-care services. When added to the longstanding challenge with staffing and recruitment in the province, it is becoming apparent that resource and procedure backlogs will take a significant amount of time and effort to clear. This will create added challenges in the months and years to come.

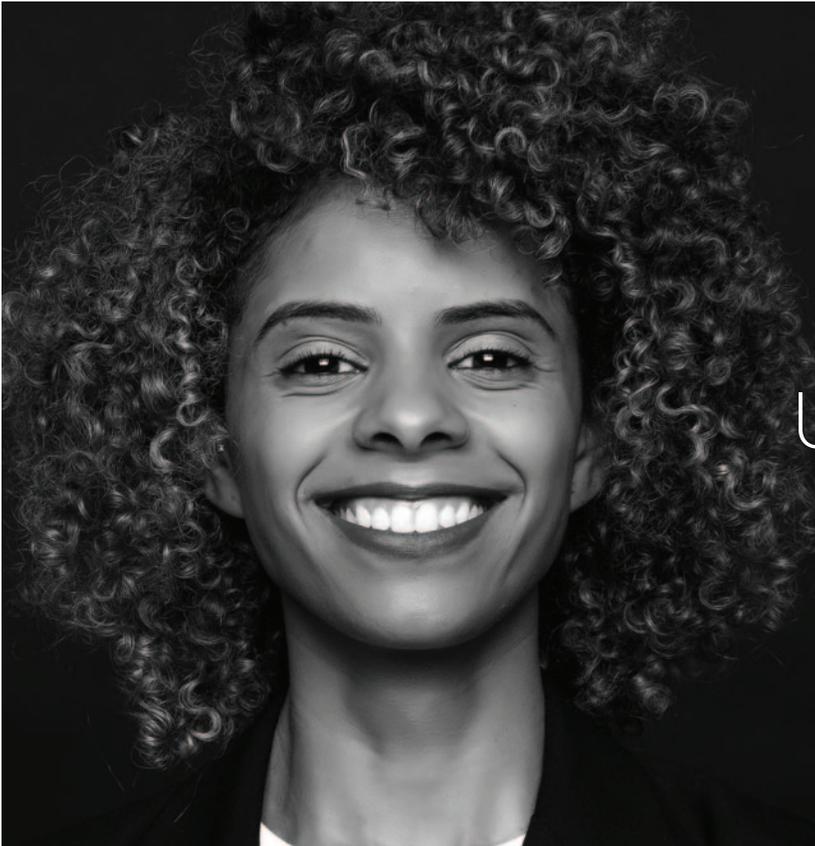
## What are your interests outside of medicine?

I love getting outside for some fresh air whenever I can and have enjoyed exploring the hiking trails in our new community with my husband and daughter. As a former synchronized swimmer, I also love being in and on the water. On cold and rainy days, I am often found working my way through a stack of library books or building puzzles!

*Do you know a new physician in New Brunswick? We would like to feature them in a future issue of OPUSMD. Please email [info@nbms.nb.ca](mailto:info@nbms.nb.ca).*



Dr. Katherine LePage  
PHOTO: CONTRIBUTED



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# Dr. Mark MacMillan, FRCPC



New NBMS President to focus on recruitment, retention, and advocacy.

*Eric Lewis, Communications Manager*

Dr. Mark MacMillan is a Gastroenterologist, Hepatologist, and Internal Medicine specialist at the Dr. Everett Chalmers Regional Hospital in Fredericton.

Originally from Cape Breton, he completed his undergraduate degree at St. Francis Xavier University in 1999 and worked in youth services for a few years before applying for medical training at Dalhousie Medical School in Halifax. He received his medical degree in 2006 and completed residencies in Internal Medicine (2010) and Gastroenterology and Hepatology (2011) before being recruited to practise in Fredericton.



He has been involved in committee work with the NBMS for several years and is on the board of the Chalmers Foundation.

At the 2021 NBMS Physician Summit, Dr. MacMillan was installed as President of the New Brunswick Medical Society. He spoke with OPUSMD over the phone.

**OPUSMD:** Congratulations on your installation as President of the NBMS. Why did you decide to take on this role now?

**DR. MARK MACMILLAN:** I feel it's important to get involved if you want to make a difference. It's easy to be critical, but to effect change you need to get involved, and I hope to effect positive change for physicians and for our patients. This is an important role, and I have seen a lot of great things happen over the past number of years with the past presidents that I have had experience with.

**OPUSMD:** What are your goals as President?

**DR. MACMILLAN:** There are a couple of things that I hold dear to my heart in terms of physician interests. I am a relatively recent recruit to New Brunswick, so I am very passionate about recruitment, and I think I can help the society continue to move forward with that. Retention is also important. We need to appreciate the physicians that we already have, to keep them working with us in the province.

I want to continue to advocate for the health of New Brunswickers. We recently promoted the safety and effectiveness of COVID-19 vaccines for pregnant individuals, and we have been actively promoting the dangers of vaping on social media and in traditional media. This is important work. I want New Brunswickers to look at the New Brunswick Medical Society not just as a group of physicians taking care of themselves and looking out for their own interests. I want people to see that we are focused on our province and focused on patient care. I want them to see us as a source of good, accurate information and resources.

Finally, I want to continue to promote our NBMS Wellness service to members. The past two years have been exceptionally challenging for everyone, especially those of us working in health care. The services offered by NBMS Wellness can really help someone who is struggling.

**OPUSMD:** You mentioned being a relatively recent recruit. Can you tell us what your recruitment was like and what your experience practicing in New Brunswick has been like?

**DR. MACMILLAN:** I was about to finish my gastroenterology/hepatology training when a passionate gastroenterologist from Fredericton, Dr. Oscar Koller, stood up at one of our Atlantic gastrointestinal meetings and said, "We need some help. I'm by myself in Fredericton." He provided insight into his patient population and his goals.

I met with him and listened to what the opportunities were, what the challenges were, what it was like living in Fredericton. That was my introduction to the area. Dr. Koller helped me arrange a site visit at the Dr. Everett Chalmers Regional Hospital. I visited the city and the hospital, and I was introduced to a fantastic local realtor who has become a lifelong friend.

I decided that Fredericton was a good place to live. It was small enough that I could be in control of my practice more than I could in a large academic centre but it was also large enough that I could still access research facilities. I could teach medical students and residents and have access to international travel with a great airport right here in Fredericton.

**OPUSMD:** Were you considering other regions?

**DR. MACMILLAN:** Absolutely. I was considering Saint John. I was considering Halifax, where I trained, and Cape Breton, where I grew up. I spent some time in Montreal during my training, so that was an option. But Fredericton was the right size with the right group of colleagues. All the pieces fit.

**OPUSMD:** This really speaks to something that you and past presidents have mentioned in the media: physicians recruiting physicians. If that conversation with Dr. Koller hadn't happened, you might not be here now.

**DR. MACMILLAN:** I wouldn't even have considered Fredericton if he hadn't stood up and said, "We need help." It was a physician reaching out for recruitment. Once he made that initial contact, there were some systems in place to help get things done, like site visits and logistics. But the initial contact was doctor to doctor.

**OPUSMD:** You've been in New Brunswick for a decade. What has that been like?

**DR. MACMILLAN:** It's been very positive. Practising as a physician is a challenge. It's a big job. It's demanding. There's a lot of responsibility and a lot of expectations on you, as there is in any health-care role. But I enjoy it.

Our health system has resource shortages. We have physician shortages. There are many challenges! But I don't think I would still be doing this job after 10 years in Fredericton, New Brunswick if I didn't love what I do.

I get to meet interesting people every day. Hopefully I get to make a big difference in their health and their lives every day. Not many people in their jobs can say that. We have a unique opportunity to get involved with our fellow New Brunswickers and make a difference in their lives.

It's one of the biggest reasons I get up every morning, to make that difference. I am "Dr. Mark" to most of my patients.

It has been a very challenging 10 years, and the pandemic has made the last two years extremely challenging. But I don't think I would have enjoyed doing this as much in a larger centre without the close contact with my colleagues.

**OPUSMD:** You mentioned the pandemic. As we are talking, New Brunswick is in the middle of perhaps the toughest wave we have had yet. How are physicians feeling?

**DR. MACMILLAN:** I heard an interesting quote from someone who said we never really had a "wave" of COVID yet in New Brunswick. This is because we shut it down so hard the first time that COVID-19 arrived. We've had regional outbreaks, in Edmundston, in Campbellton, but this Delta variant has provided our first real provincial "wave."

I think we're doing reasonably well because of our high vaccination rate. I think that's the only reason why I'm talking to you on the phone as opposed to covering an ICU in our hospital.

Physicians, including myself, we're tired. We have worries just like everybody else when they go home from work. I worry going to the hospital that I could acquire COVID-19 from a patient and bring it home to my wife or my dogs. But at the same time, we are in a profession where we are obligated and asked to help people. And that's what physicians will continue to do. We just need the people of New Brunswick and our fellow colleagues to support each other. And when you need help, reach out and ask for it.

I think we're doing OK. But I think some people aren't doing as well as others. And I truly hope those others who aren't doing so well are reaching out and getting help where they can.

**OPUSMD:** Is there anything else you'd like to say to your physician colleagues?

**DR. MACMILLAN:** I know I don't have all the answers. I try to be as open and honest and transparent as I can be, as the Society does. If you have concerns, please reach out.

I will do my best to represent the goals, needs, and wishes of the membership. So, I would encourage any physician who wants to raise an issue to reach out to the NBMS or to me directly.

I feel privileged and humbled that the membership chose me to represent them for a year. I'm looking forward to communicating with them as much as possible and to keeping the NBMS message moving forward for the betterment of all the physicians in the province and for our patients.

*This interview was edited and condensed for length and clarity.*

# NBMS Community Fund to better serve local medical districts

District Community Fund will provide \$2,000 each year to medical districts to support local projects, programs, and organizations.

*Nora Lacey, Chief of Physician and Patient Engagement*

The NBMS has renamed, redefined, and enhanced its charitable funding program for local medical districts.

Previously known as the District Communications Fund, the NBMS Board approved a name change and increased funding from \$10,000 to \$20,000 annually for what is now the District Community Fund. The program allocates \$2,000 per year for each of the province's 10 medical districts, and the funding can be used to support local community projects, programs, or organizations.

Under the guidance of the Health Policy & Promotion Committee, an annual giving theme will be determined such as seniors, homelessness, public safety, or others. NBMS staff will research projects in each district that are eligible to receive the funding under the agreed upon theme. A minimum of three projects, programs, or organizations will be compiled for each district to review. Physicians in each district will then vote electronically on the projects to receive funding. Local districts will also be able to choose their own projects for funding.

Once the voting has been completed, NBMS staff will process the payment and arrange for a photo opportunity with a member of the district and/or the NBMS President so that the NBMS may promote the funding presentations to the membership and to the public on its social channels.

"This funding program has long been available to enable physicians in each of the medical districts to support causes important to their communities," says Dr. Rick Retallick, Chair of the Health Policy and Promotion Committee. "By refocusing the program and increasing the amount the NBMS donates, the Health Policy & Promotion Committee will help physicians better engage with positive community initiatives."

In the past, the District Communications Fund has been used to support a wide variety of community programs and organizations, including the Natoaganeg Community Food Centre in Natoaganeg (Eel Ground) First Nation, Greener Village in Fredericton, the music program at Sussex Regional High School, Centre IDÉAL Centre in Bathurst, and the Miramichi Community Food Bank.

*Dr. Serge Melanson visited the Natoaganeg Community Food Centre when he was NBMS President. The food centre is one of the many places the NBMS has supported through the District Communications Fund, now known as the District Community Fund. PHOTO: Eric Lewis/NBMS*





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# Cybersecurity: your best defence is the human defence

In the final two months of 2020, attacks on hospitals and health-care institutions worldwide increased by 45 per cent.

*Wissam Attieh, Practice Management Program Lead, Saegis*

Cyberattacks against the Canadian health-care system have increased at an alarming rate since the onset of the COVID-19 pandemic. Cybersecurity expert John Riggi points out that, "Cybersecurity is not an IT issue; it's a patient safety issue," and "Eventually, you will be breached. It's not a matter of if, but when."<sup>1</sup> All members of the health-care community have a responsibility to take action to protect their clinic, team, and invaluable patient data.

## An Escalating Threat

Cyberattacks against Canadian health-care organizations come in many forms. They range from attacks against individual physicians to large health-care institutions, some of which have resulted in the exposure of thousands of patient records. Even before the pandemic, breaches were an increasing problem in health care. In 2019, 48 per cent of security breaches in Canada were in the health-care space.<sup>2</sup>

A dramatic spike in cyberattacks has occurred during the pandemic. In the last two months of 2020, attacks on hospitals and health-care institutions worldwide increased by 45 per cent – more than double the increase across all other industries. The dominant type of attack against health-care organizations globally was ransomware, and Canada saw the largest increase at 250 per cent.<sup>3</sup>

## Targeting Busy Health-care Professionals

Cybercriminals use "social engineering" to exploit natural human vulnerability and attack busy health-care workers. The most common form of social engineering is "phishing," which is an attempt to trick recipients into clicking on a link or downloading an infected file. Successful phishes can provide access to encrypted files, such as patients' personal health information.

The hackers then demand a ransom payment to restore access to the files.

Cybercriminals consider the human element to be the weakest link in a health-care organization's security. With just one click, clinicians and staff can unknowingly infect their entire organization's IT systems with malware and other viruses. Cybercriminals are skilled at exploiting basic human psychology and tapping into fear, curiosity, and the desire to help. They design phishing email content to manipulate employees into clicking before verifying the link is safe.

## The Human Line of Defence: How Secure is Your Clinic?

While a modern and robust IT network can be highly effective at preventing some cyberattacks, technology is only one component of a strong cyber defence. A cybersecurity-aware "human line of defence" is critical.

Training health-care teams on day-to-day cybersecurity and privacy awareness best practices is an effective way to bolster that defence.

Training can help physicians and their teams avoid breaches and be prepared to effectively react if a breach should occur. Arming physicians and health-care teams to spot and avoid malicious phishing emails could greatly diminish the incidence of cyberattacks in Canada.

For more information on cybersecurity, visit [saegis.solutions](https://saegis.solutions) online.

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# Medical education foundation invests in future physicians

New Brunswick Medical Education Foundation gave \$382,000 in scholarships in 2021.

## *New Brunswick Medical Education Foundation*

One of the biggest challenges facing New Brunswick's health-care system is a shortage of physicians. At present, there are more than 140 vacancies across the province. It is not a new problem. Dr. Donald Craig of Rothesay created the New Brunswick Medical Education Foundation in 2010 to help address this issue through the establishment of scholarships for New Brunswick residents to attend medical school and become future doctors in the province.

Since the first three scholarships totaling \$25,000 were offered in 2010, the investment in our future physicians has grown to 56 scholarships totaling \$382,000 in 2021. What makes the foundation unique is a return to service provision that requires students receiving scholarships to pledge that they will practise medicine in New Brunswick.

"We are the only private not-for-profit in the country dedicated to education, attraction, and retention of provincial residents who have been accepted in medical school and become our future physicians," said Darren McLeod, Executive Director. "We are thrilled to be a partner in the future of health care in New Brunswick."

Led by a board of 14 dedicated members of the medical community and private sector, the Foundation's executive team includes co-chairs Dr. James O'Brien and Mr. Jason Downey, along with Dr. David Marr, Dr. Michael Simon, and Mr. Michael Doyle.

The goal of the Foundation is to create future donor partnerships and establish return to service scholarships throughout New Brunswick. Through the Foundation's efforts there are now 29 practising physicians in the province and 154 alumni or scholarship recipients who have pledged to practise here upon completion of their studies.

Recent alumni practising in the province include Dr. Rajiv Teeluck, chief of the Chaleur Regional Hospital Emergency Department, and Dr. Nathalie White, who set up a family practice in Bathurst and works at the city's hospital and oncology clinic.

Scholarship recipients in medical school and residency are from every corner of New Brunswick. Alex Lamontange of Quispamsis is in his third year at Dalhousie Medicine New Brunswick with aspirations to practise in his community. First-year student Felix Leblanc of Petit-Rocher is just starting his journey through Université de Sherbrooke to become a future doctor in his region.

Each scholarship recipient's journey means access to another future physician and the opportunity to reduce a 40,000-plus patient waiting list with the graduation of new family doctors.

In 2020, the Foundation entered a partnership with the New Brunswick Medical Society by taking over its endowment fund, ensuring a scholarship is awarded each year to an Anglophone and Francophone medical student in our province.

Private donors are responsible for all New Brunswick Medical Education Foundation funding. The Foundation does not receive any public support which means scholarship creation is paramount to keeping our future doctors here in New Brunswick to practice medicine.

*To learn more about the New Brunswick Medical Education Foundation, please call 506-848-0036, email [Darren.McLeod@nbmeded.ca](mailto:Darren.McLeod@nbmeded.ca), or visit [www.nbmeded.ca](http://www.nbmeded.ca).*



*Dr. Rajiv Teeluck, chief of the Chaleur Regional Hospital Emergency Department, and Dr. Nathalie White, family physician, are past recipients of scholarships from the New Brunswick Medical Education Foundation.*

*PHOTO: Contributed*

# Supporting New Brunswickers with rare lung diseases

Lung Association survey identifies need to increase awareness and treatment options.

*Barbara Walls BN. M.Ed. (Adult), Director of Health Promotion and Initiatives, New Brunswick Lung Association.*

The New Brunswick Lung Association's (NBIA) mission is to lead lung health initiatives, prevent lung disease, help people manage lung disease, and promote lung health.

One of the ways we do this is with our Lung Transplant Support Program providing essential services for patients undergoing this challenging journey. Our Facebook group provides a safe place for patients to share information, our Lung Transplant Guide covers everything a patient needs to know, and our lobbying over the past 10 years has successfully changed policies that have helped to improve access to this life-saving procedure.

Recently, the NBIA designed, conducted, and summarized a public survey. It sought data on the level of general awareness of the symptoms of 12 lung diseases, half of which are rare. These are known as progressive fibrosing interstitial lung diseases or Pulmonary Fibrosing – Interstitial Lung Disease (PF - ILD)

The survey results identified the need to increase awareness and treatment options for rare lung diseases.

What we heard is that 53 per cent of respondents indicated changes in the ability to take a deep breath and having a cough longer than three weeks. A surprisingly high number (92 per cent) have heard of the more common Interstitial Lung Diseases and seven per cent of respondents were aware of PF – ILD. The diseases listed in the survey were:

- Bronchiolitis Obliterans with Organizing Pneumonia (BOOP)
- Cryptogenic Organizing Pneumonia (COP)
- Idiopathic Pulmonary Fibrosis (IPF)
- Mesothelioma
- Sarcoidosis

(Note that respondents may have incorrectly thought BOOP to be the more common bronchitis).



*Barbara Walls. PHOTO: Contributed*

In identifying barriers for accessing appropriate health care professionals, 70 per cent of respondents indicated long wait times for specialist appointments, diagnostic tests and being told their diagnosis. To further complicate matters for patients trying to get treatment, 10 per cent indicated a lack of insurance for drugs and or expensive drugs.

We are pleased that the CADTH Canadian Drug Expert Committee recommended that Nintedanib (OFEV) be reimbursed for the treatment of PF-ILD. Treatment with OFEV will provide a better therapeutic option for patients suffering from progressive fibrosing interstitial lung disease, slowing the annual rate of decline in forced vital capacity. The approval of OFEV provides an opportunity to care for these patients in a different way that offers hope by slowing down the progression of this disease.

The NBIA presented the Minister of Health with a letter earlier this year proposing that the drugs to treat Pulmonary Fibrosis (already on the NB Drug Plan Formulary) also be covered to treat patients with PF – ILD.

We believe it is important that physicians also advocate for early specialist care and access to OFEV coverage on the NB Drug Formulary to improve patient outcomes.

The NBIA looks forward to working together with physicians for healthier outcomes for lung patients in New Brunswick.

# Physicians embrace coaching to hone leadership skills

Coaching can turn good leaders into great ones, empower teams, and increase the effectiveness of organizations.

*Dave Veale, Vision Coaching Inc.*

I recently had, as most people do, an unexpected trip to the emergency room at my local hospital. I found myself apologizing to the medical staff – I knew they were already burdened. The emergency room is rarely a quiet place.

My issue was serious enough that I needed to be there, but I knew they were juggling a lot that night. Despite the volume, I received incredibly good care from an amazing team of health-care workers.

My mind also turned to the New Brunswick Medical Society. Earlier this year, the NBMS decided to pilot leadership coaching as part of its wellness program for physicians.

Meaghan Sibbett, manager of NBMS Wellness, told me that the Professional Coaching for Physician Leaders program proved so popular that the decision was made to launch the full program before finishing the pilot.

“For physicians here, it is really a new idea for them,” Sibbett said. “We weren’t sure if we would have to promote it really hard or not, but as it turns out we hardly had to promote it at all. We sent out one email and had over 60 responses in 48 hours.”



*Dave Veale. PHOTO: Contributed*

As a key partner with the medical society in providing leadership coaching, my colleagues and I at Vision Coaching are encouraged with the surge in interest.

We applaud the NBMS for the leadership it has shown in implementing a leadership program for their members.

This is the mark of a highly progressive organization. In my earlier years of offering leadership coaching, organizations or individuals tended to want a coach when there were signs of trouble. The investment in coaching was often reactive and remedial.

Thankfully, that attitude has been evolving toward a recognition that leadership coaching is a powerful tool for any leader and can be particularly effective when embraced proactively to turn good leaders into great ones, to empower teams, and even increase the effectiveness of entire organizations.

Today, the NBMS is very much at the forefront with this partnership – offering leadership coaching as a benefit to its member physicians. It turns out it has been a phenomenally popular benefit.

“Doctors are telling their colleagues, ‘You should take this,’” Sibbett said.

She believes physicians are eager to get leadership coaching because of the intensifying demands upon their time not only in patient care but also in administration and consulting. These are especially challenging times in the medical world due to the COVID-19 pandemic as well as staff and resource shortages.

She says physicians are looking to leadership coaching to help them become the kind of engaged, motivated leaders who can improve their communities and the health-care system.

“I have had so many physicians say to me, ‘I have been thinking about this for a few years, but I just haven’t had time to figure out who to go to or what it needs to be,’ or ‘I was just about to start looking things up and I got your email. I am so excited.’ So it is something that clearly was on people’s minds.”

*Dave Veale is Founder & CEO of Vision Coaching Inc., a New Brunswick-based leadership coaching firm. Learn more at [www.visioncoachinginc.com](http://www.visioncoachinginc.com).*

# Welcome to the New Brunswick Medical Society!

The following physicians have joined the NBMS since June 2021.  
We would like to welcome them to our society!

**Dr. Wael Ahmed**

Critical Care Medicine, Waterville

**Dr. Denise Amirault**

Family Practice, Saint John

**Dr. Gabrielle Arseneault,**

Family Practice, Moncton

**Dr. Sophie Arseneault**

Family Practice, Bathurst

**Dr. Aneesha Bakshi**

Family Practice

**Dr. Chantal Bernard**

General Internal Medicine, Moncton

**Dr. Rachelle Blackman**

Hematology, Moncton

**Dr. Alexander Botsford**

Diagnostic Radiology, Saint John

**Dr. Sophie Bourque**

Family Practice, Moncton

**Dr. Ivan Brauner**

Anaesthesia, Moncton

**Dr. Chelsey Brown**

Family Practice, Saint John

**Dr. Mansoor Chaudry**

Psychiatry, Campbellton

**Dr. Arupava Chowdhury**

Hospitalist, Waterville

**Dr. Scott Cook**

Physical Medicine

**Dr. Scott Daley**

Emergency Medicine, Fredericton

**Dr. Christopher Doiron**

Family Practice, Saint John

**Dr. Opeyemi Fadahunsi**

Cardiology-Electrophysiology, Saint John

**Dr. Laura Faulkner**

Family Practice, Fredericton

**Dr. Louisa Filice**

Family Practice, Miramichi

**Dr. Jean-Phillippe Gagnon**

Family Practice, Moncton

**Dr. Jeffrey Glocer**

Urology, Miramichi

**Dr. Sean Gormley**

Family Practice, Moncton

**Dr. Jeremy Gross**

Emergency Medicine, Saint John

**Dr. Mary Halpine**

Physical Medicine, Moncton

**Dr. Syed Hashmatullah**

Psychiatry, Saint John

**Dr. Shamin Hoque**

Family Practice, Saint John

**Dr. Doha Itani**

Anatomical Pathology, Saint John

**Dr. Jonathan Jean**

Family Practice, Fredericton

**Dr. Samuel Jean**

Obstetrics and Gynaecology, Dieppe

**Dr. Paryse Johnson**

Vascular Surgery, Moncton

**Dr. Mélanie Jones**

Family Practice, Fredericton

**Dr. Matthew Kenney**

Family Practice, Fredericton

**Dr. Rosalinda Knight**

Family Practice, Saint John

**Dr. Taylor Lamarche**

Family Practice, Fredericton

**Dr. Gabrielle Lapointe**

Psychiatry, Moncton

**Dr. Héléne LeBreton**

Emergency Medicine, Tracadie-Sheila

**Dr. Katherine LePage**

Family Practice, Woodstock

**Dr. Lyndsay Lovely**

Family Practice, Waterville

**Dr. Bhunesh Maheshwari**

Anatomical Pathology, Moncton

**Dr. Stuart McAdam**

General Internal Medicine, Moncton

**Dr. Mark McGraw**

Family Practice, Saint John

**Dr. Mark McKelvie**

Public Health, Fredericton

**Dr. Alex Medina Escobar**

Neurology, Moncton

**Dr. Jonathan Melong**

Otolaryngology, Moncton

**Dr. Mohamed Mongy**

Ophthalmology, Moncton

**Dr. Heidi Moore**

Family Practice, Fredericton

**Dr. Andrew Mulherin**

Plastic Surgery, Saint John

**Dr. Ikechukwu Onwuchekwa**

Psychiatry, Saint John

**Dr. Emily O'Reilly**

Family Practice, Saint John

**Dr. Sandra Osemene Orok**

Psychiatry, Restigouche

**Dr. Heba Osman**

Diagnostic Radiology, Moncton

**Dr. Subhashini Premaratne**

Anaesthesia, Miramichi

**Dr. Zachary Price**

Family Practice, Fredericton

**Dr. Andrea Robichaud-Galeano**

Family Practice, Moncton

**Dr. Kayla Roddick**

Physical Medicine, Fredericton

**Dr. Martin Roussy**

Anaesthesia, Beresford

**Dr. Karim Saidi**

Psychiatry, Edmundston

**Dr. Andrew Salmon**

Public Health, Fredericton

**Dr. Joseph Sanford**

Family Practice, Saint John

**Dr. Ahmad Shogan**

Anatomical Pathology, Miramichi

**Dr. Shubhi Singh**

Otolaryngology, Saint John

**Dr. Christopher Stone**

Respirology, Waterville

**Dr. Alexi Surette**

Anatomical Pathology, Moncton

**Dr. Nada Taha**

Internal Medicine, Moncton

**Dr. Kathleen Taylor**

Family Practice, Fredericton

**Dr. Sara Thomas**

Family Practice, Sackville

**Dr. John Thomson**

Family Practice, Fredericton

**Dr. Claudia Valdez Chavez**

Anatomical Pathology, Moncton

**Dr. Christie Van Steeg**

Family Practice, Saint John

**Dr. Devon Webster**

Emergency Medicine, Saint John

**Dr. Yu Chen Yue**

Psychiatry, Campbellton

**Dr. Kirsti Ziola**

Obstetrics and Gynaecology, Fredericton

**Dr. Zachary Zytner**

Pediatrics, Saint John

# The key to effective fall prevention

Trauma NB predicts upward trend in fall-related injuries over the next 20 years.

*Dr. Richard Louis, Injury Prevention Specialist, Trauma NB*

As we know, falls are the primary cause of injury among people of all ages, but this is especially true for older Canadians. They account for 40 per cent of admissions to nursing homes, 62 per cent of injury-related hospitalizations, and almost 90 per cent of hip fractures [1].

Following an examination of New Brunswick hospitalization data estimates, Trauma NB has identified a significant upward trend in falls-related injury in older adults over the next 20 years. Through a collaborative approach with the participation from all key stakeholders, we can better address this concern comprehensively.

Prevention is key to avoiding fall-related injuries, yet too many older adults are unaware of the fact that they are at high risk of falling. Fortunately, primary care providers play a critical role in helping to identify those vulnerable older adults. However, not all older adults feel comfortable admitting that they have any concerns about falling.

According to a study in the American Journal of Preventive Medicine, only 31 per cent of women and 24 per cent of men over the age of 65 years reported that they discussed fall prevention with a healthcare provider, sought medical care for falls and/or had a fall in the past 12 months [2].

Trauma NB has recognized this issue and we have been working diligently with provincial and national stakeholders over the past year to continue to provide you with support for your clinical practice.

First, we are leading provincial efforts to raise public awareness of the importance for older adults to reach out to others such as family members, friends, or primary care providers to talk about their concerns during our annual Fall Talk campaign in November.

Secondly, we encourage all older adults to evaluate their own risk of falling before consulting their primary care provider by completing the Staying Independent Checklist. This is important since this self-screening tool can also be used to help with the discussion around their personal risk factors during their appointment.

Lastly, we are making evidence-based fall prevention information readily available for older adults and healthcare professionals in a newly updated central repository of resources online named Finding Balance NB.

All adults 65 years and older should be screened at least once a year to help identify and manage their fall risk factors. As a member of the collaborative fall prevention team, primary care providers must ensure that this occurs based on best available evidence for clinical practice. This is why we encourage you to check out the new Finding Balance NB website at [www.findingbalancenb.ca](http://www.findingbalancenb.ca) to consult important fall prevention resources such as the Staying Independent Checklist and the updated Algorithm for Fall Risk Screening, Assessment and Intervention which outlines the latest recommended clinical practice guidelines for fall prevention.

Together we can help reduce the rate of falls in older adults in New Brunswick. We all have a role to play when it comes to safety. This fall, let's all talk about falls.

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Presented by:  Trauma NB

 **Fall Talk**  
This fall, let's all talk falls.

Learn more at [falltalk.ca](http://falltalk.ca)

# In Memoriam

## Dr. Michael Cochran (1982 – 2021)

Following a brief illness, Dr. Michael James Cochran passed away with his family by his side on Aug. 6, 2021 at Ottawa General Hospital. Born on July 17, 1982, Mike was the son of Joan and the late William "Billy" Cochran of Boundary Creek.

His parents were huge supporters throughout his life. Following his Dad's passing, Joan continued to be his biggest champion.

Mike leaves behind three beautiful children that he loved beyond measure, Jacob, Audrey and Emma, and the mother of his children Ashley Stewart. He enjoyed nothing more than spending time with them and was so very proud of the amazing people that they are becoming. He has passed on his love of sports, nature, and family.

He is also survived by a best friend and identical twin brother, Matt (Brittany) Cochran and recently became an uncle to Baby Allie, a role he was very proud of.

He will be missed greatly by aunts, uncles, cousins, close friends and colleagues. He holds a special place in the hearts of Uncle Steevie and Aunt Cindy whom the boys spent so much time with while growing up.

## Dr. Eric Gozna (1975–2021)

Eric Robert Gozna died on Monday, Aug. 9, 2021 at his home in St Andrews-by-the-Sea, N.B., with his daughters by his side. He passed peacefully at the time and place of his choosing after many years living with metastatic prostate cancer. Eric enjoyed his last golden summer on the Bay of Fundy in the company of family and friends. His kind, curious, and positive nature was a gift he gave consistently to those around him throughout his life.

Eric was predeceased by his wife of 46 years, Mary Ellen Gozna (nee MacDonald), and his parents Dorothy (nee Rice) and Eric Gozna.

He is survived by daughters Alison (Dan Brazeau), Cate (Jordan Willett), sister Avril (Stephen Brayton), and brothers-in-law Bruce MacDonald and Ross MacDonald (Shelley). He is also survived by his three beloved grandsons, Joseph Brazeau, William Brazeau, and Elias Willett, to whom he was "Papa." Eric will continue to be loved and deeply missed by his family, but we hold close his favourite line from J.K. Rowling: "to a well-organized mind, death is but the next great adventure."

## Dr. Sohrab Rawle Anand Lutchmedial (1969 – 2021)

It is with heartfelt sorrow, the family of Dr. Sohrab Lutchmedial, announce his unexpected passing on Monday, Nov. 8, 2021.

Sohrab, the son of Sydney and the late Suraiya (Pathan) Lutchmedial, was born in Sherbrooke, Quebec on Oct. 15, 1969. Sohrab completed his undergraduate degree in Biology from Queen's University, and obtained his Medical degree from McGill University in 1993. He was a passionate physician and researcher and was a highly respected Interventional Cardiologist at the Saint John Regional Hospital. Sohrab was on the board of the New Brunswick Heart and Stroke, a representative for the Canadian Association of Interventional Cardiologists, and co-founder of CoVeR-NB, and IMPART research.

Survived by his wife Deanna Bartuccio; his loving children Miriam, Jonah, and Zachary; father Sydney; brother Faisal (Tamara); and several aunts, uncles, cousins, extended family, and many dear friends. Survived by his partner Kerrin. Sohrab was predeceased by his mother Suraiya.

## Dr. Marcel Martin (1944 – 2021)

Dr. Marcel Martin passed away in Montreal on Aug. 21, 2021, at the age of 77.

In addition to his wife Andrée Lippé, he is survived by his children Luc, Louis, and Hélène Bélanger Martin (André Desjardins), Louis-Alexandre (Sylvie Lebel) and Marcel, as well as his children by marriage, Alexandre (Geneviève Arcand) and Frédéric Lallo (François St-Hilaire and his grandchildren.

A graduate of the Université de Montréal (general surgery), he obtained a fellowship in Paris (immunology) and Chicago (critical care and trauma). After several international stays, he worked at the CHUS de Sherbrooke and the CIUSSS Centre-Sud de Montréal. The main thrusts of his career revolve around a clinical practice in surgery, intensive care, and trauma. He was a brilliant professor, offering an original approach to continuing medical education; he trained many surgeons and intensivists. His research has resulted in numerous publications.

Dr. Martin will be greatly missed by relatives and friends.



**NBMS Wellness** provides support to physicians and their families, medical students, and residents who may be coping with the demands of practice, relationships, addiction, and other mental health or life challenges.

### Our programs:

- ✓ TAILORED COUNSELLING
- ✓ MD4MD
- ✓ PEER SUPPORT PROGRAM
- ✓ MINDFUL MDS
- ✓ PROFESSIONAL COACHING PROGRAM FOR PHYSICIAN LEADERS

For those seeking additional information and support, please call Meaghan Sibbett, NBMS Wellness manager, at **506-875-6749** or [msibbett@nbms.nb.ca](mailto:msibbett@nbms.nb.ca).

These initiatives are made possible through the support of the following organizations:

