TOWN DOCTOR

DR. Alewyn Vorster

5 FUNDAMENTALS OF CIVILITY FOR PHYSICIANS

CaRMS Interview Training Day
Dr. Alewyn Vorster

It's been more than two decades since Dr. Alewyn Vorster moved from Johannesburg to the tiny Manitoba town of Treherne. He says living through South Africa’s apartheid and his dramatic move to the Canadian prairies has made him a better doctor, a stellar equestrian — and more than ready to tackle his new role as the College of Physicians and Surgeons of Manitoba president.

Dr. Alewyn Vorster first met one of his nurses in the delivery room — on the day she was born.

“That's the essence of it for me, being a family doctor," says Vorster, who lives and works in Treherne, Man. — current population 700. “It's not just that she's the nurse, she's the baby I delivered.

“So this is more than just a small town. It is a passion for a job."
Vorster always loved adventure. When the South African-born physician got a job offer to work in Treherne, located 126 kilometres southwest of Winnipeg, he and his wife Christine jumped at the opportunity. After all, he thought, his stay would only be temporary—a stepping stone before he jetted off to Australia and then back to South Africa to specialize in anesthesiology.

Vorster, who had lived near the bustling subtropical metropolis of Johannesburg, says the frigid climate and rural environment of the tiny Canadian town didn’t scare him off. Rather, it peaked his curiosity.

“I’m probably one of those people in the world that always wonders what’s on the other side,” says Vorster, who moved to Canada in 1992. “Certainly the (culture) shock wasn’t there because I was hoping it would be different.

“I think we loved it from day one...Everybody was so friendly. Nobody made you feel uncomfortable.”

Today, Vorster and his wife consider Treherne an essential part of who they are. Five years ago they bought a house in Winnipeg when their eldest son decided to go to school in the city. But they still have their property in Treherne and Vorster still practices there.

“I’ve always loved the bush. I’ve always loved the country and I love being outside,” says Vorster, 50, who has four siblings. He earned his medical degree in South Africa. Medicine runs in his family; his grandfather, father and sister are physicians.

Vorster, who is the President of the College of Physicians and Surgeons of Manitoba, feels that his global perspective can only help him in his post.

“I come from a different system. It’s wonderful to have these different views.”

Vorster grew up in a family of academics—accountants, engineers and doctors. Like many in South Africa, he is a “sports fanatic” who spent his childhood tracking animals on his father’s hobby farm.

As he grew older, he realized that all was not well in the geographically beautiful country he called home. The realities of apartheid—the official government policies of racial segregation—left a mark on him.

“When you’re a kid, you don’t know. The realization of the unfairness towards some people comes at a late age when you become politically aware,” he says, as emotion shakes his speech.

Vorster tried to help the situation by taking a job at a non-profit hospital for the underprivileged. What he saw in his years at the mission hospital stayed with him, including injuries due to wartime violence. He also treated many South Africans with end-stage diseases—illnesses that could have been quelled if the patients had sought earlier access to quality medical care.

The end of his work shifts didn’t always mean he could leave the hospital considering the chaotic stream of political protestors outside. While those memories still haunt Vorster, he says they fuel his passion for fairness. Vorster says the two-tiered medical system he witnessed in South Africa makes him appreciate Canada’s universal health care.

“I love it. It’s fantastic to be able to send anybody for what they need without actually having to worry about them not doing it because they don’t have the finances. That means a lot.”

As the new College president, Vorster has a few things on his agenda:

- I want more transparency. I want easier communication.

- I want better communication between the college and the members.

He’s thrilled that Manitoba is adopting the Regulated Health Professions Act and hopes the move will lead to better inter-professional collaboration. Vorster, who spends about two hours daily looking up medical information on the Web, supports the shift towards the sharing of electronic medical records and information online.
Vorster also hopes to encourage more medical school graduates to take up practice in rural Manitoba. It’s a decision, he says, that young doctors shouldn’t be pushed to make; living and working rural is a personal choice that isn’t for everyone.

He admits that hobbies that appealed to him and his wife has made their life in Treherne. The pair tried just about every sport when they moved to the town including curling and cross-country skiing. While they had fun with those activities, they ended up falling in love with horses, English riding and equestrian jumping. Their passion for riding evolved into a love for breeding, training and jumping horses.

While his two horses no longer reside on his property, they hold a special place in his heart. Working with horses taught him life lessons. “It’s probably one of the most humbling experiences to have when you want a big animal to do something and he doesn’t want to do it, you cannot get angry. So they teach you patience.”

The father of two teenagers says he loves what rural life has done for him; it’s allowed him to play a meaningful role in the lives of his patients.

Vorster delivered babies up until 2001 and says one of the biggest rewards of his job is seeing generations of families as patients. It’s one of the reasons why he’s glad he ended up in general practice rather than in a particular specialty.

And that nurse that he delivered shortly after arriving in Canada? He’ll never forget the day she was born. “I remember everything,” he says.

“If a physician is able to experience those generational cycles I think they’re very fortunate.”

Shamona Harnett is a Winnipeg-based journalist. Contact her at shamonawfp@yahoo.com
CMA president hears student, resident concerns in Manitoba

Canadian Medical Association President Cindy Forbes met informally with the leaders of Manitoba's resident and medical student organizations recently for a wide-ranging discussion on how the association could better meet their needs.

The meeting was the first in a series that Forbes plans to hold across Canada to gain a better understanding of the issues facing physicians in training.

"The CMA is committed to involving younger physicians and trainees to a greater degree in the work of the association and this meeting was an excellent opportunity to listen to how we could do this most effectively," Forbes said.

During the three-hour dinner meeting, Forbes heard representatives of the Professional Association of Residents and Interns of Manitoba and the Manitoba Medical Students Association touch on a number of issues ranging from the lack of proper career counselling while in medical school to the uncertainty about being able to find a career in the specialty of their choice.

"I assumed that if I trained and did my residency there would be a job at the end of it. That's not the case anymore," said one Manitoba resident.

Others talked about the lack of national planning in matching postgraduate residency positions with societal needs — a topic that was profiled in a special session at the CMA's annual General Council meeting in August.

"Part of the solution is to be honest. Let us know what our employability prospects are," said one Manitoba student while another noted "there are really interesting practice opportunities out there."

"What is it going to be like five years from now?" another student asked.

While some provinces have physician resource plans, many do not, Forbes said and she agreed that more national planning is required with the involvement of the profession, medical schools and government.

"We know we need doctors and the politicians to think about this," she said, noting the existence of the Physician Resource Planning Task Force and its work to provide the sort of long-term, national oversight that is required.

Forbes also said the CMA itself may be able to do more to keep residents and students informed about the physician resource landscape and help provide resources to help them better plan their careers. She mentioned posting more information on cma.ca website as a specific example as well as helping build connections between student organizations in different jurisdictions.

The residents at the meeting also talked about the value of establishing a mentorship program whereby prospective physicians could be matched with those who are nearing retirement.

Following the meeting, the student and resident representatives expressed their appreciation for the chance to have such an in-depth discussion with Forbes, with one describing the exchange as "awesome."
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A medical student responds to a page from the attending ER physician. Seeing the student approach, the ER doc says, “If your resident isn’t right behind you, leave now.”

A young family doctor in a community hospital can’t find a working stethoscope. He gathers them all up, drops them on the purchasing officer’s desk and barks, “How can I do my job if none of these work?”

A senior physician talks over his colleagues at a meeting. Disruptive? Possibly.


**Defining civility**
The dictionary defines civility simply as polite or courteous behaviour. A better definition comes from the U.S.-based Institute for Civility in Government (ICG). “Civility is about more than just politeness… It is about disagreeing without disrespect, seeking common ground as a starting point for dialogue about differences, listening past one’s preconceptions, and teaching others to do the same. Civility is the hard work of staying present even with those with whom we have deep-rooted and fierce disagreements. …it is about negotiating interpersonal power such that everyone’s voice is heard, and nobody’s is ignored.”

Spath and Dahnke, founders of ICG, remind us that civility is about self-care, too: “Civility is claiming and caring for one’s identity, needs and beliefs without degrading someone else’s in the process.”

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**The 5 Fundamentals of Civility for Physicians**

Initiating an important conversation - the first in a six-part series

By DR. MICHEAL KAUFMANN
OMA Physician Health Program
The consequences of incivility
In his book Analyzing and Theorizing the Dynamics of the Workplace Incivility Crisis, Michael Leiter describes the negative impacts of incivility in the workplace: personal stress, anxiety, depression, psychosomatic disorders and burnout. Organizations pay a price for incivility too, including employee absenteeism, diminished engagement and increased turnover. Incivility can also have striking fiscal costs, although precise calculations can be difficult to obtain.

Even small acts of incivility can contaminate workplace culture. Unaddressed and uncorrected, risk and insecurity spreads, creating a spiral of uncivil behaviours. The unstated code of conduct becomes a code of incivility. If this condition is repeated in enough related workplaces, entire professions can come to be seen as uncivil.

The impact of civility
Civility among colleagues is associated with increased professional efficacy and lower rates of professional burnout. Civil relationships foster inclusivity and co-operation, and can be energizing and empowering. It is much easier to enjoy one’s work in a civil environment. One might argue that there is no need to discuss the benefits of civility in the workplace – or anywhere, for that matter. Yet hundreds of doctors have been referred to the OMA Physician Health Program for help with uncivil workplace behaviour.

When I ask medical audiences if incivility is ever justified, I often hear opinions that it is. A frequent example is the doctor who is sharp with a co-worker in an urgent situation. But is it ever necessary to adopt an uncivil approach to a colleague at work? Are there ways to achieve a better clinical outcome without resorting to incivility? Should all doctors be expected to behave civilly all the time?

Embracing civility
A civil approach in the workplace has merit, but there are many questions to explore. Considering the many dimensions of civility can teach us about the causes of incivility and the strategies that can foster civil behaviour. As an introduction, I offer five fundamentals of civility for physicians (see sidebar), which I will examine in greater detail in subsequent articles.

Dr. Michael Kaufmann is medical director of the OMA Physician Health Program and Physician Workplace Support Program.

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READ MORE
This is an excerpt of an article that first appeared in the Ontario Medical Review in March 2014. To read the full-length version, please visit php.oma.org/FiveFundamentals.html

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**The Five Fundamentals of Civility**

1. **Respect others and yourself**
   Treat everyone in the workplace, regardless of role, with respect — even those you barely know, disagree with or dislike. Respect for others requires being inclusive while also observing healthy boundaries. Self-respect is key.

2. **Be aware**
   Civility is a deliberate endeavour, requiring conscious awareness of oneself and others. Mindfulness and reflective practice enhance awareness.

3. **Communicate effectively**
   Civil communication is about how we say something as much as what we say. Effective communication is critical at times of tension or when the stakes are high.

4. **Take good care of yourself**
   It’s hard to be civil when personally stressed, distressed or ill.

5. **Be responsible**
   Understand and accept personal accountability. Don’t shift the blame for uncivil behavioral choices you have made. Intervene when it’s the right thing to do.
Manitoba youth gain appreciation of medical sciences through TD Discovery Day

More than 265 students and teachers from across Manitoba now have a clearer understanding of career options in the health sciences thanks to a national youth initiative of The Canadian Medical Hall of Fame – TD Discovery Days in Health Sciences. Selected youth representing 74 schools participated in the full-day forum hosted by the University of Manitoba’s Faculty of Health Sciences on October 30, 2015. Supported by the generosity of donors and funders including Doctors Manitoba, some 25% the students travel from further than 350 km away to attend this annual event.

“When you give students the opportunity to interact face-to-face with scientists, clinicians and educators in their real-life setting, it makes for a very powerful experience with life-altering potential,” says Lissa Foster, executive director of The Canadian Medical Hall of Fame.

Dr. Brian Postl, Dean of the Faculty of Health Science adds “We are excited to open our doors to high school students in our province. This program is a way to not only influence the future course of students, but also to have an impact on the faculty of our hospitals and research institutions.”

The TD Discovery Day program is delivered in partnership with universities, research institutions and health science centres across Canada. The event held in Winnipeg is
one of 14 Discovery Days held annually coast to coast. Students connect with physicians, researchers and other health professionals through keynote lectures, interactive workshops and career panel Q&A.

Doctors Manitoba has supported this important day of career exploration since 2012. Dr. Robert Kippen, currently Past President of Doctors Manitoba, has moderated the “Health Pros Tell All” career panel the past two years adding insight from his own experiences.

The Numbers

241 students
27 teachers
74 schools
with students coming from the furthest school in Collingwood, Ontario.
2 keynote speakers
30 workshops
(including HIV research, neurosurgery, mental health and radiation therapy to name a few)
88 workshop presenters and career panelists

Appropriate 25(OH) Vitamin D Testing

Notice of Upcoming Clinical Practice Change:
New ordering criteria and requisition for 25(OH) Vitamin D Testing

• Clinical evidence shows that most people do not benefit from 25(OH) Vitamin D testing
• New ordering criteria for 25(OH) Vitamin D testing has been developed in Manitoba based on current best practice guidelines and evidence-based medical indications
• Appropriate 25(OH) Vitamin D testing will improve service for medically indicated tests
• The ordering criteria and requisition will be implemented within the first quarter of 2016 - watch for the Choosing Wisely Manitoba Clinical Practice Change to be issued early in 2016

Choosing Wisely Manitoba, a partnership of the Centre for Healthcare Innovation and Diagnostic Services Manitoba, is an initiative to improve the appropriate use of diagnostic testing in our province.

chimb.ca/choosingwisely
Nine-year-old Mey Martinez’s former playtime preferences were always fun, but admittedly basic: tag, hide-and-seek and puzzle building.

“Not as exciting as here,” says the Laura Secord School student during a break from running around with new friends at a Fit Kids Healthy Kids session at the University of Winnipeg’s RecPlex.

Mey and her little brother are among approximately 30 kids here. Mey takes some of the games she learns at this twice-weekly Fit Kids program to her school’s playground—and even home with her. “I…try to mix it up a little. (Fit Kids Healthy Kids) gives you really good ideas. Because if you’re bored at home, you can just like,
Researchers say most kids in Canada aren’t getting the 60 minutes of daily exercise they need to stay healthy. And it’s hard to hide; according to Statistics Canada, more than 30 per cent of are overweight or obese.

That’s why Doctors Manitoba, with the help of Sport Manitoba, created Fit Kids Healthy Kids. The idea is to teach children understand the fundamentals of movement. It’s what exercise physiologists call “Physical literacy.”

Implemented in May, 2014, the Fit Kids staff (coaching leaders led by a program coordinator) take fitness to children ages three to 12. Venues include fares, festivals—as well as community centres and parent-tot programs around the province.

Today’s session takes place at U of W’s RecPlex in a section of its sprawling, indoor multi-use field. Brightly lit and lined with grass-like turf, kids—even on
a freezing winter day—feel like they are outside in the sunshine.

Mey, who immigrated to Winnipeg from Honduras less than two years ago with her family, realizes how fortunate she is to have the Fit Kids program at U of W. She says it has made the transition easier.

“(Moving to Winnipeg was a) very big shock. Because mostly, the cold winter— and in winter, you don’t have lots of time to play outside. But this is the perfect place,”

says Mey, whose favorite Fit Kids game is “caterpillar” in which her team forms an hula hoop obstacle course that looks like a caterpillar.

Program coordinator Caleb De Vries stands in the middle of a circle of kids explaining to them how to play a catch came. Everyone claps and cheers when a little boy catches a soft ball that someone throws him.

“We think this is a really nice, fun, inclusive game that gets them into the tracking, the catching, and the throwing, which are all fundamental skills,” says De Vries, noting that he’s using soft, spongy balls today but will eventually progress to footballs or baseballs.

“By the time they are in (school) gym class, when they are playing with those balls that could hurt them, they’re not going to be afraid of them. They’re going to learn how to catch them and throw them and they’re going to be better equipped for that.”

De Vries says he and his staff teach up to 40 kids here twice a week for two hours at a time. They focus on creative games that include running, catching, throwing, jumping and skipping.

Such skills build confidence. “And courage— don’t be shy to just join in the game. And pretty much
meeting new people,” says Mey, who doesn’t mind that her dad, Juan Martinez, often stays for the whole Fit Kids session.

Today, Martinez helps the leaders—often running after a ball that has rolled away from a group game.

He’s grateful that his children are no longer addicted to their electronic devices.

“Before, the kids (came home) from school watching TV, using the computer…,” says the father of two whose wife is a U of W student.

He says since his kids found out about Fit Kids recently, they can’t wait to get to U of W after school twice a week.

“DeVries says seeing families like the Martinezs at his Fit Kids sessions motivates him to make sure Fit Kids Healthy Kids is the best it can be.

“I can’t say 100 per cent that every kid here is going to be changed because of this one program,” says the physical education teacher and University of Manitoba graduate. “We’re not trying to develop Olympic athletes here, right? This is all about being active for life.”

“This is, for my son, the favorite place ever, says Martinez. “It’s amazing because my daughter, she’s in the process to be the lady, so her body is changing right now. Being in exercise is so important for her… and for me too.”
CaRMS
Interview Training Day
How about the Doctors Manitoba offices participating in a CaRMS Interview Training Day hosted by Doctors Manitoba, the CMA and PARIM.

On January 9, 2016, over 60 University of Manitoba medical students along with six current residents gathered at the Doctors Manitoba offices to hold mock interviews to help practice for the real interviews. The real CaRMS interviews take place later this year.

Now in its second year, the CaRMS Interview Training Day is now a “must-attend” for medical students wanting to practice their interview skills with other students in a warm, casual, and non-judgmental environment.

The students were divided into groups based on their area of interest (Family Medicine or Specialists). With the help of current residents as facilitators, students were asked similar questions they might field in the actual CaRMS interview. The residents provided feedback and led discussions with a goal to increase student confidence and aptitude.

The End Game
For medical students, of all the necessary steps to begin practicing medicine in Canada, the most competitive and stressful may be the CaRMS matching process to seek a coveted residency spot for post-graduate medical training.

One of the major components within the CaRMS matching process are the interviews. Post graduate residency programs from across Canada allow individual post-graduate programs to determine who they would like to select for an interview. Interviews take place at multiple medical schools throughout Canada.

Students use the interview experience to help them make the best choice of program for themselves, which may ultimately affect their entire career.

The feedback from the training day was overwhelmingly positive and there is little doubt the event will continue to grow.
Transitioning into practice is an exciting and challenging time for medical residents.

Not only do you have the professional challenges of settling into your career, there are also a number of financial planning issues to think about, including managing your income tax payments.

Medical residents are salaried employees, who have their income tax deducted at source from each pay cheque. Once you’ve finished your residency, the way you’re paid will change.

In Canada, most physicians are self-employed and paid primarily on a fee-for-service basis. Since your income tax isn’t deducted at source, the Canada Revenue Agency (CRA) will generally expect you to pay quarterly tax installments.

While there are different methods for calculating installment amounts, as a self-employed physician the amount you pay will typically be based on what you owed on your previous two years’ income tax returns.

In your first year of practice—without this history of self-employment—you likely won’t be asked to make installment payments. But be prepared: when you file your tax return after your first year of practice, you may owe a large amount of income tax.

If you’re unable to pay all the tax owing, the penalties and interest for missed filing and payments can be significant. Make sure you file your return on time to avoid the penalties, even if you are unable to pay the amount owing.

As a self-employed individual, you have until June 15 to file your personal income tax return; any tax owing, however, is still due by April 30.

Here are some things you can do ahead of time to avoid borrowing money to cover your first year’s taxes.

Talk to your financial advisor so you know how much you need to save.

Set aside a percentage of your earnings every month and put it into a savings account.

If you are considering borrowing the funds to cover your taxes owing, think about the interest costs and, more specifically, how the interest charged by CRA compares with your other sources of financing.

Once you’re through your first year of self-employment, the CRA’s installment requirement will likely kick in. Quarterly tax installments are due March 15, June 15, September 15 and December 15.

Make sure to keep track of these deadlines, since failing to comply with installment requirements may also lead to interest charges and penalties.

To help you transition from residency to practice, talk to a financial advisor who has experience with medical residents and early-career physicians. He or she can help you create a plan that meets your unique needs.
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ESTATE PLANNING FOR INCORPORATED PHYSICIANS

By Trixie Baker

If you’ve spent years building your wealth through your corporation, the last thing you want is for the government to be the main beneficiary of your estate when you pass away.

To avoid that, consider creating an estate plan that answers these three basic questions:

1. Have you drafted the right documents to ensure your plans will be carried out when you’re no longer here?

Be sure to have an updated Will and written instructions for an executor so that you can spell out your wishes. Ensure your executor has the authority to wind down your corporation. If you have additional complexities, such as an estate freeze, or want to keep the corporation in place, additional resources and executor capacity and capability are often necessary. You can also decide how family members should be cared for, and what gifts might go to family, friends, or charity.

2. Does your plan ensure your assets will be handled properly, after your demise?

Your plan should address the assets you own personally as well as the assets owned by your corporation. These assets may include cash, mutual funds, stocks, bonds and insurance policies.

Your personal assets would include your shares of your medical professional corporation, and other assets such as real estate or an art collection.

3. Are you enhancing your legacy with effective tax planning and management?

Maximizing the value and impact of your legacy is often a matter of smart tax management, and there are many issues and opportunities to consider. For example, it may be financially advantageous to purchase a life insurance policy within your corporation. This has two major benefits.

First, you can pay the insurance premiums using tax-preferred corporate dollars, which is like getting a significant discount. Second, the life insurance policy can eventually give your beneficiaries a tax-free lump sum that they can use to enjoy, to make donations to charities or to provide for family members.

Another dimension of good tax management is having a skilled executor in place. For example, an incorporated physician could literally pay tax twice on the value of their corporation unless their executor knows how to implement post-mortem corporate tax planning strategies.

Estate planning can be a complex area but an MD Advisor can connect you with the right team of experts to make sure you have the right strategies in place to protect and enhance your legacy.

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The fourth Canadian Conference on Physician Health was held in Winnipeg on October 16-17, 2015 attracting 155 participants from Canada and the USA. This conference is held in Canada every two years and alternates with the International Conference on Physician Health (held in London, UK in 2014). This year’s conference was co-hosted by Doctors Manitoba and the Canadian Medical Association.

The conference was highlighted by three plenary sessions:

“Using high performance psychology to improve physician health”
(Jennifer Botterill, three time Olympic gold medalist)

Jennifer shared the lessons of sustainable high performance that have been part of her life and her career in elite sport. She also discussed how sport psychology has become performance psychology and offers many practical strategies. These approaches have the potential to help those in the medical profession perform better, adapt to change and live with new standards for health and sustainability.

“Are physicians eroding their personal and professional identities by declaring an illness?”

This debate session was a spirited forum featuring Doctors Manitoba Board member, Dr. L. Fourie Smith, and Doctors Manitoba member, Dr. Samantha Kelleher. Moderated by Andre Picard, health reporter and columnist from The Globe and Mail, the panelists debated the resolution: “Be it resolved that declaring an illness erodes a physician’s personal and professional identity”, followed by a lively and engaging discussion amongst the panelists and the audience.

“Defining the concept of physician health”
(Dr. Cindy Forbes, CMA President)

The session included discussion of why physician health and well-being should be foremost in the minds of physicians and what physicians can do to improve their quality of life and health in later years.

Please save the date for the 5th Canadian Conference on Physician Health, being held at the Westin Ottawa Hotel from September 21-23, 2017.
Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your physician and family support program provides support, resources and information for personal and work-life issues. Your physician and family support program is company-sponsored, confidential and provided at no charge to you and your dependents. This flyer explains how your physician and family support program can help you and your family deal with everyday challenges.

**Confidential Counselling**  
**Someone to talk to.**
This short-term counselling service helps you address stress, relationships and other personal and professional issues you and your family may face. It is staffed by GuidanceConsultants™—highly trained master’s and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counselling and other resources for:

- Stress, anxiety and depression
- Job pressures
- Relationship/marital conflicts
- Grief and loss
- Substance abuse
- Problems with children
- Job pressures
- Relationship/marital conflicts
- Grief and loss
- Substance abuse

**Financial Information and Resources**  
**Discover your best options.**
Speak by phone with Chartered Accountants and Certified Financial Planners on a wide range of financial issues, including:

- Getting out of debt
- Retirement planning
- Credit card or loan problems
- Tax questions
- Saving for university/college

**Legal Support and Resources**  
**Expert info when you need it.**
Talk to our lawyers by phone. If you require representation, we’ll refer you to a qualified lawyer in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- Divorce and family law
- Debt and bankruptcy
- Landlord/tenant issues
- Real estate transactions
- Civil and criminal actions
- Contracts

**Work-Life Solutions**  
**Delegate your “to-do” list.**
Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- Child care
- Moving and relocation
- University/college assistance
- Elder care
- Adoption

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HOURS OF OPERATION:
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Saturday 9:30am to 1:00pm
Sunday & Holidays Closed

For more information on this opportunity, please contact:
Kristen Marion
Phone: (204) 942-7434
Email: kristenfmarion@hotmail.com

Passages

Dr. R. Grant Benningen - July 8, 2015
Dr. Frank A. Herbert - July 11, 2015
Dr. Michel Tétreault - September 16, 2015
Dr. Johan Wilhelm Gerber - September 27, 2015
Dr. Sunil Patel - October 1, 2015
Dr. Garry Kepart - October 8, 2015
Dr. Karl Riese - November 30, 2015
Dr. Martin Weidman - December 1, 2015
Dr. Francis Patrick Doyle - December 2, 2015
Dr. Brenda Maxwell - December 2, 2015
Dr. Estela Violago - December 3, 2015
Dr. Norman K. Smith - December 4, 2015
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help children learn the fundamentals of movement that make kids confident and competent in life and sport.