

Dr Martha Ainslie - Nominee for the Position of CMA President Elect



1. What would you like medical students to know about you?

Some of you will already know me. I grew up in Ottawa and received my MD from Queen's University in 1987. During medical school I was undecided whether I wanted to be an anesthetist or an internist. I decided to do a rotating internship before making any career decisions. I did my rotating internship in Vancouver where I learned that I loved skiing, hated the rain and wanted to be an internist. I moved to Calgary to start my residency in Internal Medicine. After my first year in IM I took a year off to travel in Australia and South East Asia and to work in a book store. I subsequently completed my training in Internal Medicine, Critical Care Medicine and Respiratory Medicine. I worked in Calgary as a respirologist and was the Internal Medicine programme director. In 2010 my partner and I moved to Winnipeg. I attend on the CTU and the respiratory service and have an outpatient tuberculosis clinic as well as a general respiratory clinic. I am an outdoor enthusiast and love cross country skiing in the winter and

hiking in the summer. I love my garden as do the local deer and rabbits.

2. Why are you running for the position of CMA president?

Throughout my career I have come up against policies that hinder the health of patients. Why is the government willing to pay thousands of dollars to treat a patient in the ICU but will not pay for the medications that would have kept the patient out of hospital? Why don't all First Nation communities have safe drinking water, safe housing and access to good education? How many more people will die from fentanyl overdoses before safe injection sites become established in our major cities? I have decided that, instead of complaining, I should try to do something about it. If chosen I would like to focus my advocacy on behalf of those who do not have a voice. I would like to advocate for a robust publicly funded medical system that spans the continuum of care from the primary care physician's office to the intensive care unit. I would also like to advocate for the environment and highlight the impact on health from governmental environment policies.

3. What are the biggest issues that face students and their future in the medical profession?

The practice of medicine is changing rapidly making it hard to predict what will happen over the span of your career. Certain careers in medicine will change dramatically as we become better at minimally invasive procedures. We have already seen this with the advent of endovascular stents and TAVI. The solo physician will be a thing of the past. We will be working in teams and group practices both in and out of the hospital dealing with patients with chronic diseases and complex needs. With the advent of robust EMR systems patients will have access to their records which will hopefully empower them. This will change the physician-patient relationship. The path to certification is already changing. Royal College specialties will soon embark on competency by design which will ensure that all the required skills and knowledge have been acquired before a resident can complete their training programme. I think the key to success for new graduates will be an abilities to: harness technology (to keep up with medical knowledge, work with an EMR etc.), to work as a team and an ability to care for patients with chronic diseases.