An Interview with Dr. Bill Abelson, Secretary/Treasurer of the BCPS and Co-Chair of the Economics Committee

What brought you into pediatrics?
I worked as a general practitioner for a year doing locums in Southern BC, followed by a locum tour of the Arctic from West to East (starting in Inuvik and ending up in Iqaluit - Frobisher Bay at the time). I was interested in the Arctic; I’d been there on vacation and saw it as an adventure. It was there I decided I wanted to go into pediatrics. I liked that my patients (who were great to work with) got better and could be cured; most of the illnesses I saw there were infectious diseases like pneumonia, meningitis, and bronchiolitis. In the summer I applied to a number of schools and ended up going to London, Ontario for two years, Sick Kids in Toronto for third year and fourth year as the Chief Resident there, followed by two years of infectious disease fellowship, also at Sick Kids.

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Why did you join the BC Pediatric Society (BCPS)?
At an Annual General Meeting, I spoke about the inequity between pediatric income and other specialist income, and was approached by Dr. Todd Sorokan to get involved in the Economics Committee. I ended up as President after a few years and was (and still am) heavily involved on the economic front; we’ve been successful, but we have still a way to go. The wage gap is partly historical (and occurs in the U.S. as well, although their pattern of practice is different as pediatricians there do primary care); also, procedure based specialties make more than cognitive based specialists.

One of the BCPS projects you have led has been adoption of the EMR, how did you get interested in that topic?
In general, medicine has been very slow to adopt EMR as compared to other sectors (e.g. banks, hotel reservations, etc); probably because of complexity of the information in the record, and differences between practices. Even the EMRs we now use take some customization, and a steep learning curve, and that can be difficult to manage in a small practice. In pediatrics, we’ve been particularly slow adopters, and slow to see the advantages of EMR for example in analyzing data. I particularly like the ease of keeping in touch with my office – I can keep up on my documentation from anywhere, my secretary no longer has to pull charts, I can quickly share information with other offices, and fax from inside the program. We now have close to 100 pediatricians in the province on Accuro (the EMR recommended by the BC Pediatric Society).
You’re now the President of the American Academy of Pediatrics (AAP) BC Chapter – what does that mean?

The AAP operates in tandem with the BCPS. This position is very interesting because it allows one to compare and contrast our two healthcare systems. When I first started with the AAP, I was very proud of our system and its advantages over the US system. I think, however, that we’ve lost some ground; for example, their funding models have improved (although not ideal). The AAP also focuses on issues such as child poverty and early childhood development, both important topics that we can learn from each other on.

What are you personal advocacy priorities?

A grand vision is challenging. Society is stressed. There is a lot of family dysfunction that leads to other problems, disorders, attachment issues, drugs, etc. There are fewer multigenerational families together, less family support, and that is taking a surprising toll. I’m distressed at the normalcy of marijuana use in younger people, particularly because of possible detrimental effects on the developing brain. At the same time, many of the kids I see in practice do survive negative experiences, and this is encouraging to observe.

One of your BCPS advocacy priorities has been immunization – do you think we’re making progress in that regard?

This topic can be very frustrating. Everybody’s an expert – so now there are vaccination issues such as vaccine refusal. I recently visited a fairly small community in the NWT, where in previous times the vaccine rates were close to 100%; now there are a few individuals in community advocating against vaccines using false information from the internet, and vaccine rates have gone down. This is a huge public health issue because there hasn’t been improvement. Ironically, the explosion of information on the internet, rather than making people more informed, sometimes has the opposite effect (for amusement you might want to read on the net some of the “facts” about fluoridation of water).

What your advice to young pediatricians?

I encourage young pediatricians to do locums first, see what kind of practice you enjoy, and don’t be in a big hurry to settle down. Younger pediatricians, in my observation, do a better job at work life balance than I do, and it’s important to have this balance.

The BC Pediatric Society (BCPS) is the professional association of the pediatrician and pediatric subspecialists in BC. The BCPS vision is that all BC infants, children, adolescents and their families will attain optimal physical, mental and social health.

It’s time to renew your BC Pediatric Society membership!

top reasons to renew

• With your support, we can continue our work on decreasing the pay disparity between pediatricians and many other specialists

• With your support, we can offer CME accredited events at a reduced fee (or no fee) to members

• With your support, our advocacy efforts can really make a difference for your patients and their families.

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