

# Hospital staff fear OB closure will be the first of many cuts

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"We end up losing the whole hospital," she said, adding that many staff members believe the Georgetown campus will just eventually be an ambulatory care centre— basically a walk-in clinic with day surgery.

In a letter to William Osler CEO Bob Bell, 28 doctors on the Georgetown hospital medical staff expressed their "bitter disagreement" with the decision to close the obstetrics and pediatrics units.

"It has often been said that the heart of any small Canadian community lies in its

*'I think the community deserves better. I think Georgetown hospital deserves a lot more.'*

— Dr. Deb Zeni

hospital," said the doctors in the letter. "Moreover, the heart of any community hospital lies in its obstetrics and pediatrics programs."

The doctors said they would like to "continue to safely deliver babies and provide a high level of care for sick children in this comforting and nurturing setting" and disagree with Bell's statement the closure of the programs will negatively impact only patients' access to the services.

The services are being permanently consolidated to the William Osler's Brampton campus.

"We also believe that the quality of medical care to our community will be negatively impacted, as patients will no longer have expert on-site care in these areas should they present to our emergency department."

The doctors said they have "grave concerns" William Osler "may end up making decisions that even further erode into the core services that are currently being provided at the Georgetown Hospital campus."

They said they believe the core services absolutely required to provide acute care at the hospital are the obstet-

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—28 doctors in a letter sent to WOHHC CEO Bob Bell

rics and pediatrics departments, emergency supported by an on-site internal medicine/Close Observation Unit (COU), general surgery, anesthesia, family medicine, radiology and laboratory.

"Permanent closure of one of these programs will likely result in instability of the remaining core services," they said.

They gave the example of the impact of the removal of the COU.

Without that, they said, "it would be

unsafe to admit any but the most stable of medical patients, as well as not being able to perform even remotely complex surgical procedures on patients who may require even a short post-operative recovery in the COU."

They said in that example it would be difficult to maintain a full-time medical internist or general surgeon on staff, and therefore there would be no work for the anesthetists.

"Without these services, the safe running of an emergency department, let alone any new recruitment, would be impossible."

At press time the doctors had not received a response to their letter, and Bell declined to comment to this newspaper. A WOHHC public relations staffer also refused to be quoted for the story.

Dr. Debbie Zeni, one of the four family doctors in Georgetown who delivers babies at Georgetown hospital, said doctors at the hospital were not consulted on the removal of the services at the Georgetown campus; they were caught totally by surprise.

"I think the community deserves better," said Zeni, whose name was on the letter sent to Bell. "I think Georgetown hospital deserves a lot more."

In *The Independent & Free Press* May 5 Bell said to make obstetrics economically viable at Georgetown hospital the annual number of births (last year there were 318) would have to be more than 1,000.

Zeni disagrees.

"We would probably be economically viable at 380," said Zeni. She said 450 births a year was "do-able" and if they were able to attract a new obstetrician they could achieve 600 births.

She added at an obstetrical committee meeting just days before the consolidation was announced, staff members stated their desire in continuing to expand the unit, and the need for another obstetrician. She said they were told if they can find one, it would be "great".

Another nurse at the hospital who did not want to be identified said, "this (1,000 births) is a number I've never heard of before."

Zeni is not certain what she will do when obstetrics closes at the Georgetown campus.

She said, based on the rotation system in place at William Osler's Brampton campus, there is no guarantee a doctor will deliver her own patients.

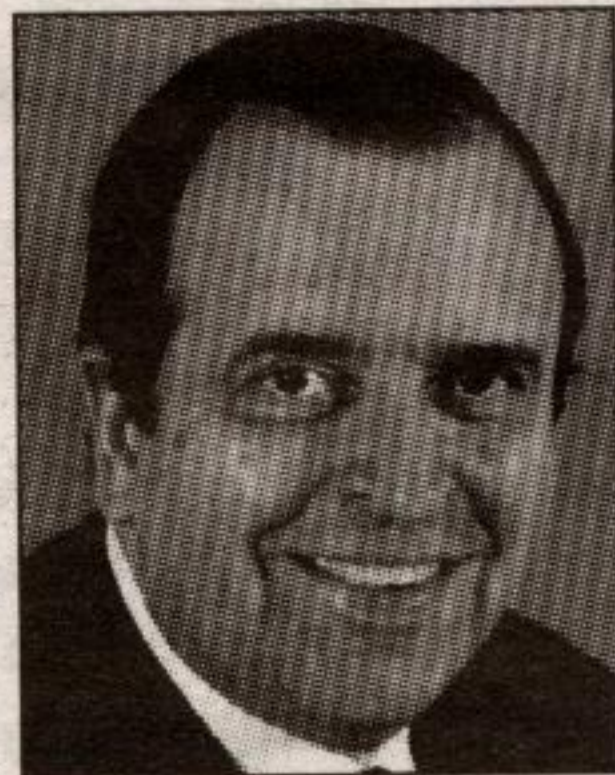
"We do obstetrics in Georgetown to service our community. If I wanted to take care of Brampton patients I would be working in Brampton," she said.

Dr. Jeff Sutherland, a family doctor who delivers 40 to 50 babies a year, has decided that he will give up that aspect of his practice after the services are

removed from Georgetown, a decision he regrets because obstetrics is a "very enjoyable part of my practice."

He too is very disappointed that the decision was brought to doctors as "a fait accompli" and believes the William Osler administration hasn't done much to help the obstetrics department grow in the past.

Dr. Kiran Cherla, a doctor who recently moved to town, said one of the reasons he decided to come to Georgetown was because of the opportunity to practice obstetrics here, and when he was recruited he was told there were plans to expand obstetrics.



WOHHC CEO BOB BELL

*'These women who come to our hospital they get excellent care. I think it should be a celebration, not an assembly line. We're angry. That hospital was built by the community.'*

— A Georgetown hospital nurse

"It was a sad day when I discovered they were closing the department," said Cherla, who called the decision "very short-sighted."

He plans to continue delivering his patients' babies at the Brampton campus. "We all feel terrible about it," said a nurse about the closure of obstetrics.

"These women who come to our hospital they get excellent care. Now they're going to have to go to a larger centre. That's not what everybody wants," she said. "I think it should be a celebration, not an assembly line."

"We're angry. That hospital was built by the community," she said.

She stressed the obstetrics unit does a lot more than just labour and delivery. They also do non-stress tests on expectant women to check for fetal well being, microbilirubin tests for jaundiced babies, circumcisions, gynecological surgeries, breastfeeding counseling, and there are also four medical/surgery beds on the unit.

Another nurse at the hospital believes the amalgamation of hospitals has resulted in residents of small communities supporting the larger communities.

"Should the community of Georgetown not be outraged when it is about to lose its obstetrical services because the Brampton campus has such a huge shortfall in its budget, the only way the management feels it can save money is by eliminating a service?" she asked.

She believes the issue of removal of the services from the Georgetown campus should have been addressed at a town hall meeting.

"I would like to see this community served the way it deserves to be," said another nurse, who supports the idea of Georgetown Hospital pulling out of the William Osler Health Centre amalgamation.

—By Lisa Tallyn, staff writer

## How to voice your concerns about OB closure

Georgetown doctors are urging all Halton Hills residents to fight for their community hospital, by writing or calling William Osler Health Care Centre's senior management and board of directors or the Minister of Health and his deputy.

Below are the names, numbers and addresses of who to call.

### WOHHC board of directors

Bryan Heald, chair; Dr. Farooque Dawood, past chair; Robert Francis, vice-chair; Duncan Glaholt, treasurer and Hal Brooks, Susan DiMarco, Victor Ford, Gordon Laschinger, Donna Northeast, Dolores Franco, Stien Lal, Arnold Pundsack, Pushminder Judge and Dr. Rachel Edney. Ex-officio members are Bob Bell, president, CEO and board secretary; Dr. Ian Smith, Chief of Staff; Marlin Morrell, auxiliary; Ed Upenieks, Foundation; Dr. Praveen Bansal, PSA-Brampton; Dr. Wei Chu, PSA-Georgetown; Dr. Brian Klar, PSA-Etobicoke WOHHC, 20 Lynch St., Brampton, ON L6W 2Z8

### To attend a WOHHC board meeting

The board meets next on May 27, 4-5 p.m. in the west-end cafeteria at the Etobicoke hospital campus, 101 Humber College Blvd. All observers will be required to sign in, will not be allowed to ask questions, but questions can be submitted and answered in writing later.

Members of the public may request to make a 10-minute verbal presentation to the board, but only if a written request is made ahead of time and only if it's accepted to be heard.

Requests can be made to Board of Director Meetings c/o Brenda Bushey, WOHHC, 20 Lynch St., Brampton ON L6W 2Z8 or e-mail to: Boardmeetings@oslerhc.org (905-494-6808).

### To call the

### WOHHC the numbers are:

- Main reception, 905-494-6855
- Office of patient ombudsman (patient advocacy), 905-494-2120, ext. 25635
- Public relations, 905-494-2120, ext. 59940 or public\_relations@oslerhc.org

### To call or write the Ministry of Health:

- George Smitherman, Minister of Health and Long-Term Care— Minister's Office, Hepburn Block, 10th Flr, 80 Grosvenor St., Toronto ON M7A 2C4 (416-327-4300).

- Philip Hassen, Deputy minister, 416-327-4496 or e-mail: DeputyMinister@moh.gov.on.ca