

Farewell to the Chief: An Interview with Arthur Bookman on His Term as President

Arthur Bookman, 39th president of the Canadian Rheumatology Association (CRA), was recognized for his great efforts at the Annual Awards Dinner of the CRA. He was given a gavel for his time in office and a camera from the CRA as a gesture of thanks. The *CRA Journal* has asked for his thoughts, upon completion of his very successful term in office, which are presented herein.

As president of the CRA, there are certainly highs and lows during the term of office. What were your major challenges during the past two years? What do you see as your most important accomplishments?

You know the saying, “We stand on the shoulders of giants.” By the time Glen Thomson became President of the CRA, we had accumulated enough financial resource to begin branching into areas other than holding annual conferences. Glen put down the foundations of committee structure that enabled us to move forward. Dianne Mosher used that structure to collect vital statistics and information on Canadian rheumatology and, during her tenure, we fought some major battles. We used media to become recognized by the public as an organization and a specialty. We demanded an advisory role at The Arthritis Society (TAS), and no longer allowed TAS to speak for us. We spoke out in public and set standards for use of biologics in Canada.

I saw it my natural mandate to move Canadian rheumatology forward into the role of public leadership that behooves us. If we do not lead, others will, and the result will be wasted effort and resources in research dollars, care and organization. To move that agenda along, we hosted the first combined discussion of representatives from the Canadian Orthopedic Association, Arthritis Health Professionals, Patient Advocates, the Canadian Arthritis Patient Alliance (CAPA) and TAS on the common issue of Access to Care for arthritis patients. We took this issue to the Federal Ministry of Health and we made it a national platform of the Alliance for a Canadian Arthritis Plan. From a position of strength, we have fostered closer interaction with the Arthritis Health

Professionals Association and a true affiliation with the Canadian Pediatric Rheumatology Association. These alliances will move forward and they will give us a stronger national voice.

We also established a more formal structure for our organization. We created a printed binder of standard operating procedures, we set out our rules for membership, we created a formal disclosure form and a code of ethics for the CRA executive.

Perhaps the greatest high for me was the move we made to celebrate our own excellence in Canadian rheumatology at our conference in Lake Louise, Alberta. The biography posters of our distinction awardees, our young podium award winners, the Great Debate by four brilliant women in our specialty and our Saturday morning lectures from Drs. Rae Yeung, Robert Inman, and Watson Buchanan made me burst with pride.

The CRA has had an interesting relationship with The Arthritis Society (TAS) over time. You have formalized this relationship and brought more rheumatology input to TAS. What concrete steps have been taken to improve the interaction between rheumatologists and TAS?

The Medical Advisory Committee (MAC) was formed at TAS at the insistence of the CRA. We fought for this because we felt that TAS needed our leadership and was making its decisions at the behest of many constituencies, and moving in directions that were making it difficult for us to support this important organization. The committee consists of seven rheumatologists, an orthopedic surgeon, an Arthritis Health Professional, a patient advocate and two members of the board. My first battle was to define a role for the MAC, especially since the Alliance for a Canadian Arthritis Plan (ACAP) (*i.e.*, CIHR, CAN, TAS, CAPA, CRA and COA sitting as “Knights at the Round Table”) made it difficult to understand what it was that TAS stood for. After a day-long meeting with the ACAP executive, I think we have clarified that they hold national conferences to direct the research agenda in arthritis. TAS can now set its own direction.



*President Michel Zummer and President Arthur Bookman:
Why are they both smiling?*

I sit on the board and act as spokesman to the board for the Canadian Council of Academic Rheumatologists (CCAR) as well as the MAC. I also sit on the Scientific Advisory Committee (which adjudicates grants) and the MAC adjudicates clinical manpower awards, such as the Geoffry Carr and the Metro Ogryzlo fellowships.

You will continue as the chairman of the Medical Advisory Committee (MAC) of The Arthritis Society (TAS). What are your policy priorities in this role?

The MAC is just starting to roll. We feel that we must recreate a culture that supports research at TAS. This means meeting with the Divisional Executive Directors to see how we can best communicate the success of TAS-funded arthritis research to fundraisers, and how we can advise on policy that will make contributions to a national research agenda more palatable at the divisional level. We will create a larger role for rheumatologists on the board of every division of TAS.

There is also an opportunity to work more closely with the new Chief Executive Officer of TAS, Mr. John Fleming. I will explore means of achieving this, including regular meetings, and perhaps an expanded role for a "Medical Officer" within the organization.

We will develop a protocol for validating the impact and financial benefit of any regional or national program developed by TAS, so that any funds siphoned away from research and into programs must be justified.

You will continue to have an active role in the CRA. One of your roles will be in completing the

arrangements for the Canada-Mexico Joint Meeting in 2006. Tell us about this process and what Canadian rheumatologists can anticipate.

The Mexican College of Rheumatology (MCR) is a well-run organization of very warm and enthusiastic physicians. Michel Zummer will strike an arrangements committee and a program committee to work with members of the MCR. It is evident that they have their way of meeting, that is much like the American College of Rheumatology (ACR), and they depend on pharmaceutical revenue as much as the CRA. The venue will, thus, likely consist of both individual and combined sessions. There are many opportunities to develop unique interactions, including panels on manpower, regional disease manifestations, discussion of systems of health delivery and research consortiums. We can also develop working groups to evolve opportunities for education and research interactions.

Our expectation is that a very large proportion of our membership will attend and our greatest responsibility is to assure very careful financial planning to protect the resources of the CRA.

What advice would you like to give to the President-Elect Michel Zummer and the Vice-President Gunnar Kraag?

Michel needs to listen to his wife more and should give up his love for chocolate-covered chicken enchiladas! I have every confidence that he knows his own mind without my advice and he is going to be a very strong voice for the CRA. Gunnar never listened to me before, so why would I try to give him advice now? I am delighted that he has resumed his role with the CRA executive.

I would advise every executive of the CRA to maintain the tradition of proactive planning. This organization cannot afford to drift. I think that Michel is the perfect president to explore our relationship with our colleagues in Quebec. Participation of eastern Canada is lower in our organization than in the west and Toronto is underrepresented on our board. To remain vital, we must remain cognizant of the many regional meetings that are springing up around our country and try to catalogue their various issues to prevent division within our very successful organization.

Our Annual Conference is growing, and this threatens the intimacy and special cohesiveness of our meetings.



We are going to have to make some choices and look at novel venues to maintain the special feeling that we all have each year when we get together.

What message do you have for the CRA members?

Do you know that I celebrate every day that I went into rheumatology? Professional satisfaction among our specialty is very high despite the rotten income, the paperwork and the long hours. I have made wonderful friends among my colleagues, I love to teach my students and I have the most fascinating group of patients.

I think that this specialty is worth fighting for. It makes my blood boil when I hear colleagues say “I can’t be

bothered,” “I don’t go to the Annual Meeting because it’s in the mountains,” “I don’t have time to participate.” We are fewer than 300 rheumatologists in a country of 31 million people. We drown every time we remain silent. There is no room in this specialty for apathy, silence, abdication.

If you take pride in the CRA, get on a committee. Come to our meetings. If you take pride in rheumatology, demand your place in the teaching curriculum, fight for your hospital facilities. If you want a voice of empowerment, sit on the board of your Arthritis Society Division, teach and inspire them.

Thanks for letting me serve as President of the CRA. It has been a highlight of my life.

Words of Wisdom: Carter Thorne’s Reflections on Eight Years as the CRA Secretary-Treasurer

Carter Thorne is the 15th Secretary-Treasurer of the Canadian Rheumatology Association (CRA). The list of those who have served before is a list of the most dedicated of all Canadian rheumatologists. Starting in 1996 and ending this year, Carter’s duration in the toughest job of the CRA is only surpassed by W.S. Barnhart who was secretary-treasurer first of the Canadian Rheumatic Disease Association (1936-1946) and then of the Canadian Rheumatism Association (1946-1947).

During the “Thorne Era,” the CRA experienced logarithmic growth in its financial resources. The CRA executive also expanded and took on greater responsibilities. The Incorporation of the CRA is a reminder of Carter Thorne’s lasting influence on our national association. The members present at the CRA Annual Business Meeting and later at the Awards Dinner at Lake Louise thanked Carter with a standing ovation for his sincere stewardship of the organization. The *CRA Journal* approached Carter Thorne to ask him his thoughts upon

completion of his term in office. His responses are presented herein.

You are the longest serving Secretary-Treasurer in the history of the CRA. On your watch the CRA has metamorphosed. What were the key turning points in the evolution of the CRA in the last decade?

Paul Davis’ leadership in the early 1990s allowed the CRA to begin its transformation into a meaningful organization for rheumatologists—both academic- and community-based. Furthermore, development of a Mission Statement gave both the membership and the Board a direction for strategic planning. Finally, the decision of the Board to establish a unique meeting venue, program style and professionalism, has allowed the CRA to develop not only a tool for education of its members, but an opportunity to network with other members, partners and organizations, while at the same time accruing financial resources that have allowed the organization to attempt to meet its mandate.



Carter Thorne accepting a gift from the CRA for long service as Secretary-Treasurer... but refusing to return the bank card.

You have presided over an exponential growth in the budget of the CRA. How has the CRA managed to accomplish this? Is the growth in our budget sustainable?

The growth in the budget and the reserves of the CRA have resulted from strategic planning of the Board and establishment of both priorities and achievable outcomes. We have had, as your responsible representatives, to be cautious in our commitments and planning and this has allowed the CRA to continue to support growth without taxing our reserves or our members. The CRA faces more challenges in the short and medium term, and the Board must continue to be vigilant and responsive to changing circumstances, which are often unanticipated.

The role of Secretary-Treasurer is one of attention to the smallest of details. Those who have served with you would say that you may be the most organized person alive. How do you stay on top of so much information?

I have had the support of the executive (five different presidents) and fantastic colleagues. The arrival of the Internet (hi-speed always on) has facilitated communication and the ability to attend to issues as they arise and even when away from the office. The support of

Christine Charnock, who joined us as Administrative Assistant while on “my watch;” the hiring of Sylvia Clayton, our book-keeper, to help us keep track of bills and payments; and my own office staff have allowed me to keep track of both the macro- and micropicture.

Finally, the understanding of my wife, Jena, was imperative to allow to me pursue what has been a wonderful adventure.

What were the greatest challenges for you in your role and the greatest sources of pride?

1) Convincing the Board of the need for a concise Mission Statement and 2) presenting the Mission Statement to the membership for ratification.

This allowed us to move forward with a clear direction. I feel confident that the CRA will continue to be a source of professional pride and support as we attempt to improve the care for those who have arthritis.

You are now the founding Secretary-Treasurer of the Canadian Rheumatology Research Consortium. Why did you agree to take on this complex and important role with this new organization?

I have always enjoyed “organizational challenges” and I saw the opportunity to work with and for my colleagues as both a privilege and a challenge. I believed in the vision that Paul Davis had to make the CRA an inclusive association, and I wanted to be in on the ground floor!

What advice would you give to the CRA’s new Secretary-Treasurer, Jamie Henderson?

Look at the horizon while keeping your feet firmly planted on the ground. I also saw my role as being that of the “memory” of the organization. Jamie, “keep good records” and don’t lose them!

What’s the next challenge for Carter Thorne?

I have both clinical objectives (e.g., continue to improve our delivery of care to patients) as well as professional objectives (e.g., attempt to put PANLAR on track) in my role as executive member and Treasurer. I am currently organizing a Strategic Planning retreat to develop a Mission Statement for PANLAR.

My time with the CRA Board and its members has been one of my most rewarding activities!



Words from Distinguished Rheumatologist Dr. Watson Buchanan

(Introduction by Dr. Gunnar Kraag)

Mention the name “Watson” in rheumatology circles anywhere in the world and you will undoubtedly see a broad grin appear and hear a story. Watson Buchanan became a legend as the driving force at the Centre for Rheumatic Diseases in Glasgow, where countless students of rheumatology spent time and never forgot their experience. His greatest attribute was that of mentor and facilitator, and at last count, 39 of his disciples now hold senior academic positions. Shockingly, he left his beloved Glasgow and came to Canada. When asked why, he always replied that, “bees come to honey.” I always suspected that he couldn’t resist working at a place called “McMaster,” a name with close links to the “Clan Buchanan.” Destiny?

Watson has over 500 publications and continues to write as well as see patients. He remains a facilitator, role model, academic, mentor, ambassador and physician without parallel. He has very recently been awarded the prestigious Cullen prize by the Royal College of Physicians of Edinburgh, founded during Queen Victoria’s Jubilee Year, “for the greatest benefit done to practical medicine.”

Watson Buchanan is most definitely a distinguished rheumatologist.

P.S. Although I must say, I was shocked that the following interview with Watson is so “short” and that he didn’t say anything absolutely outlandish!

What aspects of your career bring you the most pride?

I would say the number of doctors and laboratory scientists with whom I have worked and who now hold senior academic posts throughout the world. At a dinner at Loch Lomond Golf Club House in 1999, some 200 colleagues attended. Of course, I have been in rheumatology for some four decades, which, in part, accounts for the number.

If you had to do it again, what parts of your career would you change?

None.

Which individuals most influenced your career? How?

These are largely from my formative years in Scotland:

- **Dr. Peter McKenzie.** Chief Practitioner at Belvedere Hospital in Glasgow. This was the largest “fever” hospital in Europe. I gained experience in dealing with a large number of acute medical emergencies, especially in infectious diseases, both in adults and children, and not only in Glaswegians, but in people from abroad (with malaria, leprosy, etc). Dr. McKenzie was a superb clinician who taught me how to take a history and how to examine patients. He was also a talented musician, as is his son, and he proved an admirable mentor.

- **Dr. Lawrence D.W. Scott.** An internist at one of Glasgow’s hospitals, he gave me experience and guidance on how to diagnose patients with a variety of diseases, from malignant hypertension to scurvy. Also a great mentor.

- **Professor Sir Edward Wayne.** I spent my research years under his guidance. With him I studied endocrinology and took my exam in the Edinburgh College of Physicians in that discipline, not rheumatology. Professor Wayne was one of the old-type professors who actually professed and practiced medicine as well as gave advice and encouragement in research. His particular influence on me was to appreciate the use of mathematics and statistical analysis in clinical problems, and to determine the “evidence.” He was, alas, the last of a breed since most modern chairmen are largely administrators and concerned with finances.

- **Dr. Joseph J. Bunim.** One of the people who had the greatest influence on me was the late Dr. Joseph J. Bunim who was in charge of the arthritis research group at the National Institute of Health in Bethesda, Maryland. I spent two years with him and his talented team, including Leon Sokoloff, Jarvis E. Seegmiller, Norman Talal, Nathan Zvaifler and Kurt J. Bloch. Dr. Bunim was a superb clinician—an internist as well as a rheumatologist. His concern was not his own career, but the careers of those who came to work with him. There have been many giants in the American College of Rheumatology, but none, in my opinion, as great as Joseph J. Bunim.



*Centre: Dr. Watson Buchanan,
2004 Distinguished Rheumatologist*

Not only had he come to grips with the science of rheumatology, but he was also in the Olsen tradition.

Throughout your career, many changes and developments have occurred in rheumatology.

Which do you consider the most important?

All of them! The whole field has developed and expanded in the last 40 years. Radiology has been transformed with CT scans, MRIs, ultrasound and radionuclide scans. Indeed, today radiology is in its golden era. I believe the time is now to make radiology part of a large department which also includes anatomy and pathological anatomy. Anatomy needs to be reintroduced into the undergraduate curriculum. Immunology has also developed in a most breathtaking way. It is part of every rheumatology work-up. Genetics have intruded with the discovery of certain HLA types associated with certain disorders. It has transformed bacteriological “gardening” into consideration of not only bacteria and viruses, but also the soil. The evaluation of drug testing has been much improved and I am happy to say that some of the advances have been made by faculty at McMaster University (it should be noted that *Mac Mhaighster* means “son of the master

or scribe” and, as such, *Mac Mhaighsters* were members of the *Clann nan Cananach*, i.e., the Clan Buchanan). So we should not be surprised that McMaster University has played such an important role in developing the methodology and outcome measures of clinical trials!

Had you not entered medicine, what path would you have pursued?

A hypothetical question difficult to answer. I might have entered politics, but I would have been worried, had I run for election, of actually being elected! I would have found opposition most objectionable. My ideal government is a dictatorship—punctuated by fairly regular assassinations! No, I might have been interested in a career in history—provided, of course, I would be allowed my own prejudiced views!

As an international figure, you have had many opportunities on where to live and work. Why did you choose Canada?

Canada has always fascinated me. Of course, many Scots came to this country. The first two Prime Ministers were Scots—the first being from my hometown of Glasgow: John A. Macdonald. A man of great spirit, albeit of the wrong kind! McMaster University fascinated me, especially its revolutionary character. I must say I have been very happy in Canada, but whether Canada and Canadians have been equally happy with me is another question! The medical school at McMaster University has now established its system of medical education, and has exported it to many universities around the world. But does it need a renewal of its mission? Yes, I would agree, but this is difficult to achieve. Most revolutions in history resist a second revolution.

If you could meet and have a discussion with any historical figure (medical or not), who would it be and why?

Another difficult question. There are so many people I would like to meet. I have always had an admiration for Scots who have been successful. Andrew Carnegie is one such person—the richest man in the 19th century, who



offered to buy the Philippines their independence when the United States took them over. Also, he pleaded with Kaiser Wilhelm not to start World War I. Of course, there are others—perhaps William Shakespeare. Who was he? Was he just an actor? Or was he a member, as I suspect, of English royalty?

What advice do you wish to impart to Canada's rheumatologists?

I would urge them to be bilingual, *i.e.*, to know not only clinical rheumatology, but also one other "ology," be that immunology, biostatistics or genetics. We must ensure that the specialty doesn't become inward looking, like cardiology, but that it develops expertise outside the locomotive system. A clinical rheumatologist who is also an expert in clinical pharmacology or some other discipline is the way

I would suggest we go. I would also suggest that the Canadian Rheumatology Association (CRA) have combined meetings with other disciplines. It is essential that clinical rheumatology continue to be in the mainstream of medicine—not in a side eddy—and to ensure that it becomes even more important in the years to come. Canadian rheumatologists should also consider combined meetings with other national groups. Small meetings, not large meetings, are the answer. So the CRA could have a meeting with the Scandinavians—in Iceland. Canadian rheumatologists should continue to ensure their papers also are published in general medical journals. The *Journal of Rheumatology*, under the editorship of Duncan Gordon, has been one of Canada's success stories. Dr. Gordon will not, I am sure, disagree that rheumatology papers should also be published in general journals.



Left: Dr. Walter Maksymowych, Scientific Meeting Chair; Right: Dr. David Felson, 2004 Dunlop Dotteridge Lecturer



Left to right: John Thomson; Sindhu Johnson (Toronto), winner of the Dr. Ian Watson prize for Best Lupus Paper; Bin Liu (Toronto), winner of the Dr. Phil Rosen prize for Best Clinical Paper and also the winner for Best Overall Paper; LeeAnne Luft (Calgary), winner of the prize for Best Basic Science Paper; and our beloved Arthur Bookman.