

The Enduring Value of the Queen Elizabeth Hospital of Montreal

Address to the Queen E Alumni at their Annual Gathering, November 4th, 2008 Montreal

Comments include:

- a book review of *Who Killed the Queen* by Holly Dressel, published by McGill-Queen's University Press, 2008 and
- reflections on what the Queen E taught us about managing healthcare in the 21st Century

Comments and Address by **Peter Nixon**:

- Great Grandson of Dr A.R. Griffith, Founder & Medical Superintendent 1898-1936,
- Grandson of Dr J.J. Griffith, Head of Surgery 1935-1961,
- Son of Albert J. Nixon, Director General 1971-1989

Introduction

In 1995, after 101 years of service to both the community of Montreal and healthcare globally, the Queen E, as it is still affectionate known, died. But in Hong Kong where I have lived for the past twenty years it is believed that spirits don't really die they simply change form and reappear in another form. That form can take on either good or bad characteristics based upon whether or not it accumulated good or bad karma over its lifetime. Considering the positive impact the Queen E has had and continues to have on people and healthcare around the world, it is clear there was a lot of positive Karma created in those 101 years.

Holly Dressel accepted a daunting task when she agreed to write the story of the Queen E. It took her more than 400 pages to capture the essence of the people and the institution that we love and remember tonight now some 13 years after she died. While the book title *Who Killed the Queen* reflects on why anyone in their right mind would close an internationally recognised institution of the stature of the Queen E, I prefer tonight to reflect on what most of Holly's book describes which is *What Made the Queen E Live?* All of you here tonight made the Queen E live and you continue to do so. So does this remarkable book.

I was given a copy of this book by my father in July of this year when I visited Lac Des Iles to celebrate his 85th birthday. Due to an exceptionally heavy work schedule this summer I read most of the book between engagements in Beijing, Shanghai, Hong Kong and Taipei. It was an amazing experience to curl up at Starbucks on the other side of the world and then dive into the history of the Queen E. Reading this book brought alive the people and the institution that had so touched my life and that of my family.

I was born at the Queen E in 1961 which makes me I guess the last of the Griffith offspring born in the institution. My grandfather Dr Jim retired soon after my birth but his brother Uncle Harold was to continue a few more years. It would be 10 more years before fate would tap my father on his shoulder to become the last of the long serving Executive Directors at the Queen E. Like all of you I was touched by this remarkable institution: Dr Jessie Scriver was my paediatrician, Dr Katz removed by tonsils, I first met many of you when I served Christmas lunch in the Cafeteria or visited the floors with my family. I worked for Miss Sullivan in Medical Records one summer and would proudly gaze at my ancestors hanging on the wall as I walked into the lobby off Marlowe Avenue.

Following the boom years of the 1950's and 60's, Montreal, Quebec and healthcare all went through dramatic changes in the last quarter of the 20th Century. While the Queen E had weathered many storms in its illustrious history, the fiscal situation caused by overspending generally in the public sector led scared politicians with no awareness of the value of the Queen E, to take bad decisions in haste and the result was that the Queen E was closed. The book was written and the rest, as they say, is history.

How the Griffith Culture supported Dialogue

It was fascinating to read Dressler's account of my great grandfather's formative years in New York's Almshouses at the start of the 20th century and of how these experiences shaped the culture and values of the Homeopathic Hospital, later to become the Queen E. The culture of the institution was strongly shaped by the Griffiths because for most of its history you couldn't avoid them. Dr AR and his two sons Harold and Jim together with their selected colleagues and board members established an egalitarian system underpinned by dialogue and this led to medical breakthroughs, a fun place to work, improved health for most and a compassionate end for others.

Dressler talks of the numerous mechanisms that encouraged dialogue. The parties, the lunches, the good food. I even remember Dr Gillies Scotch in the OR on Christmas Day but I'm not allowed to tell you that. These mechanisms and the openness of the people involved generated regular dialogue between the specialists and the GPs, between doctors and nurses, between management and union, between patients and medical practitioners, between senior doctors and residents. It was a culture that worked in amazing ways and the fact that you all continue to gather annually to rejoice in each others company is testimony to this culture.

Since the closing of the Queen E many of you have gone onto work elsewhere or have sought medical service in other institutions and you long for the qualities that were inherent in the culture of dialogue at the Queen E. This culture of dialogue resulted from the leaders' beliefs in egalitarianism and openness and was supported by the size of the institution, the type of people it attracted and the channels for dialogue which were put in place since its very beginning.

How Dialogue Led to Success at the Queen E

Dressler does a good job capturing the remarkable successes that resulted from the Queen E culture of dialogue. Well documented successes include the following:

- the ground breaking respect for women
- the progressive support, training and treatment of nurses
- my Uncle Harold's world renowned breakthroughs in Anaesthesia,
- early adoption of X-Ray technology,
- leading work in ENT
- possibly the first Chinese women doctor hired in Canada in 1949
- the first ICU in Canada
- breakthroughs in laparoscopic and laser surgery
- first use of pre-operative antibiotics
- best primary and secondary teaching hospital in Quebec if not Canada
- the most efficient hospital in Quebec
- the fastest changeover time of any hospital operating theatre in the world (12 minutes)

- the first accredited mammography service in Canada
- widely considered the best community hospital in Quebec

It would be wrong to focus on the above successes without focusing on the real success of the Queen E which was to keep delivering outstanding healthcare through all the ups and downs of the 101 years of its existence.

What we can learn from the Queen E about effective dialogue

I touched on the egalitarian nature of the Queen E and I can compare the Queen E culture with the organisational cultures that I have witnessed first hand in hundreds of organisations that I have worked with around the world in the last 25 years either as an auditor or consultant including most recently as a corporate governance consultant to the Hospital Authority (HA) in Hong Kong, the body that oversees healthcare delivery for all 7 million inhabitants of Hong Kong. If you were wondering the HA manages something like 32,000 beds and 80 institutions.

The culture at the Queen E was possibly initiated in large part by the Griffiths but it was extended and refined by all of the people who walked its corridors during its century of service including all of you tonight. I differentiate communication from dialogue. Communication is when people tell you things. That is what you get at the big impersonal and specialised institutions typical of what we deal with today. Dialogue is when you think together and that is what typified the Queen E. If there was a problem or challenge people would think about it together and come up with a solution. People voiced out their concerns and everyone listened. People had respect for each other regardless of their status in the hierarchy of the institution. Even though many were experts in their chosen fields they would suspend their preconceived notions long enough to really understand what the patient, nurse or GP was saying because they knew the importance of understanding the full picture. People at the Queen E understood from its roots in homeopathy that surgery and medicine were not always the route to health. Finally people working at the Queen E were most noticeable for their presence. When you spoke to them you were connecting with them and this was caused in no small way by the fun family atmosphere created inside its hallowed walls.

Listening, voicing, suspension, respect and presence. These 5 attributes of good dialogists are the key to open the door to dialogue and it was regularly demonstrated amongst the professionals and staff at the Queen E.

How a lack of Dialogue killed the Queen E

Dressler does her best at diagnosing who really killed the Queen but it appears not to have been any one person really but rather a series of mistakes made by the Quebec and Federal Governments and at the heart of those mistakes was a lack of dialogue. In 1978 when I was studying at college in Lennoxville a colleague ran up to me and showed me the front page of the daily newspaper from Montreal. “Is that your father?” asked Edith. Indeed there was a photo of Albert feeding a patient at the Queen E and the article was referring to another endless round of public sector strikes affecting the delivery of healthcare in Quebec. As costs were escalating and the government was cutting funding everyone on the team at the Queen E was pulling together to save money and win private sector donations to sustain many of the services the provincial government no longer wanted to fund due to cuts it was sustaining from the Federal government transfers to the provinces. Right across the country the federal and provincial governments were overspending but when the IMF warned Canada it had to get its financial status in order no one at the table was talking about the enduring value of the Queen E and so without including the key stakeholders in the dialogue a bad decision was made. Dressler points out in her book that the Queen E was closed at the same

time as a historic number of other healthcare institutions in Canada, none of which should ever have been closed.

How Stress Kills Dialogue

As we reflect on the decision to close the Queen E the main question all these years later is how could smart people make such a stupid decision. Unfortunately such behaviour is repeated around the world every day and our current financial tsunami is yet another example. If we are so smart why do we keep screwing up?

Many wonder why I never followed in the Griffith tradition to become a doctor. One clinician at the Hong Kong Hospital Authority said I must be a mutation. Actually when I was young I very much saw the Queen E as our family business and I certainly wanted in. I thought at the time the best job was that of the Chairman. At that time the Chairman was Phil Aspinall and he was a partner at Coopers & Lybrand so I figured that was the root to go. The only problem was that by the time I was qualified and ready to return to work at the hospital it was being rumoured to close.

In the early 1990's, while still working at Coopers & Lybrand in Hong Kong, I made one of my half yearly trips to Montreal where I met with Alex Patterson, then Chairman of the Queen E to discuss taking the hospital private. "Its illegal" said Mr Patterson and it is hard to get lawyers to do anything illegal. Deciding the future of the Queen E was out of my reach so I returned to Hong Kong resigned to the fate that the family business that had endured for 100 years was soon to come to an end.

My professional work today tells me a lot about what happened 13 years ago at the Queen E and why smart people continue to make bad decisions. As you move into higher and higher levels of stress your focus narrows from worrying about yourself, the problem and the institution to worrying about yourself and the problem and then only to worry about yourself. As Federal and Provincial politicians started worrying about their financial status they grew increasingly focused on cutting costs until they reached the point in 1995 when they no longer cared about the Queen E or the other institutions in Dressler's book and put an end to their existence. This didn't solve the problem but it did protect the individuals who were accountable to cutting costs. And the outcome was a bad decision.

How the QEH Culture has outlived the Institution

I started tonight by referring to the Buddhist belief that we don't die we simply change form. When the Queen E closed its doors it released all of its goodness into each and every one of us to carry forth the culture of the Queen E into places far beyond its walls on Marlowe Avenue. Yes it would be nice if it was still there and I think all of us wish we could seek treatment there if when we are sick but all things must pass. Dressler's book has also captured the enduring value of the Queen E in a way that it can be shared for others. For example I am making reference to it and its contents when working with the Hospital Authority in Hong Kong and with the Faculty of Medicine at Hong Kong University. I teach a class on Corporate Governance as part of the Master of Public Health and I have doctors from across China learning about the value of egalitarianism and dialogue at the Queen E. Everyone who learns about this amazing institution and the people that graced its halls agree with one thing – the solution is in the dialogue. The Queen E culture has outlived the institution and the good karma that you created continues to influence healthcare delivery in ways we cannot even begin to imagine around the world.

Why Dialogue is prescribed for healthcare's chronic condition in the 21st century?

Right around the world today healthcare is in crisis. Dressler's book provides plenty of valuable examples, statistics and anecdotes to prove that dialogue is needed to sustain quality healthcare delivery into the 21st Century. Examples of where healthcare needs dialogue include:

- Skyrocketing costs require dialogue between private and public funding alternatives. Both are needed.
- The increasing complexity of healthcare delivery requires even greater dialogue between the equipment and pharmaceutical suppliers, the specialists and GP's.
- The shortage of medical professionals requires dialogue to find ways to attract more top graduates into the field without steeling them all away from countries like South Africa and the Philippines.
- Large hospitals and healthcare management bodies need dialogue to cut through the red tape and get things done. They need to save money and save lives not slow procurement and frustrate employees.
- Proper patient care needs dialogue to ensure prescriptions are taken, treatments are working and home conditions are not adversely affecting the patient.
- Patient care needs to allow for doctors to talk to their patients. In Hong Kong public consultations last 5 minutes and there are moves afoot to push this to 8 minutes but there is simply not enough doctors or money to pay for this time. Dressler on the other hand makes reference to the cardiologist Dr Bernard Lown (of the Lown Cardiovascular Centre) who has proven improved health at reduced costs because proper dialogue leads to proper diagnosis and treatment of conditions. His consultations (i.e. dialogue) last no less than 1 hour.
- Doctors on duty need to dialogue with the patients doctors to know the background otherwise they are only addressing the symptoms they see not the causes and history known by the patients doctor

Large Hospitals and Medical Training today don't promote dialogue

Dr Robert Fung, a renowned McGill trained paediatrician (and classmate of Dr Weigan) working in Hong Kong hopes that I will stress the need for dialogue in medical training. He sees the really tough cases that other doctors can't really diagnose. He seems to have an innate ability to spot the real problem. How does he do it? "I sit down and talk to the mother and the child for as long as it takes and I figure it out".

Research proves Dr Fung right but since society moved into the 21st Century we all spend a lot more time communicating (28 hours/week on email) but a lot less time in dialogue. Dressler quotes the cardiologist Dr Bernard Lown who says "Medicine's profound crisis is only partially related to ballooning costs; the problem is far deeper than economics...Healing is replaced with treating, caring is supplanted by managing and the art of listening is taken over by technology." Early in the book Dressler quotes Queen E Dr Derek Marpole who says "the more technological a hospital becomes the less hands-on and personal it is."

It is clear that today's super-hospitals are a far cry from the community hospital concept enshrined in the Queen E's history of excellent service. Dressler's good work at understanding the environment in which Dr AR first worked over one hundred years ago resulted in her quoting another author, Charles Rosenberg (The Care of Strangers) who writes that "Hospitals are created and supported by human beings for social and moral purposes, yet they increasingly seem oddly isolated from, one might say almost indifferent to, the real social needs of most humans".

The Queen E is the Solution for the 21st Century

Dressler and I arrive at the same conclusion but for different reasons. In summing up the problems of healthcare in the 21st century she concludes that the Queen E, as a relatively small community based hospital, focusing on the whole patient using mostly general practitioners and funded by a blend of private and public funds, is the best building block upon which to build healthcare systems today. This configuration has been proven to be less costly, more effective, more efficient, easier to protect from infectious diseases as compared to big hospitals and more enjoyable to work in and be a patient in.

I suggest that what really makes for successful healthcare, as measured by cost and health rates, is dialogue. What is needed in hospitals and organisations today is effective dialogue. Listening, voicing, suspension, respect and presence. These are the keys that will open the door to success. As Uncle Harold reminded the younger doctors assembled for his retirement speech, the success of healthcare “lies in the very human element, staff dedicated to their patients”. That very human element is dialogue. Healthcare is facing more expensive and complex problems than ever before and the solution is in the dialogue that will result from the egalitarianism, openness and mechanisms you put in place to ensure regular interaction between the key stakeholders including the patient.

It was dialogue that made the Queen E famous and organisations that ensure effective dialogue will gain recognition, satisfaction, reward just like the Queen did for 101 years of service. And most important of all, you’ll have fun doing it. Tonight is an example of all of that.

It is a pleasure to be amongst you. Please join me and charge your glass.

On behalf of Dr AR, JJ, HR, AJN - **Long live the Queen E and thanks to Holly Dressel for her wonderful book.**

Before I finish I wish to return to Lac Des Iles because it was at Lac Des Iles that I collected my copy of Holly Dressler’s book this summer. Her book covers The Lake in quite some detail. I showed the photos to one of my colleagues in Hong Kong and she laughed at how old everyone looked in the black and white photographs. Those photos represent full colour memories for me and for many of you who have visited the Lake over the years. Lac Des Iles was very significant in sustaining the values and happiness of the Queen E because its leaders could go there and “recharge their batteries” as Albert has said for so many years. It was at the Lake that I really knew my grandfather and uncle Harold and it was Dr Jim’s cottage that Albert inherited in 1968 when Dadan, as we grandchildren called him, passed away.

[Invite family forward].

Several years ago Albert collapsed while walking through the park in TMR. It was bitterly cold and his asthmatic lungs were shutting down. Albert told me later that as he passed out of consciousness laying on the icy snow it was the 23rd Psalm that shone through his mind. “Thou I walk through the valley of death I shall fear no evil”. We thank God that Albert survived that near death experience and the other scares that he has overcome but it is not for this that I ask him forward.

What you might not know is that just before Thanksgiving this year Albert did what he has been doing for a record 40 years. For more years I believe than any Griffith, Albert once again closed up the cottage at Lac Des Iles just as he has done for the last 40 years.

So, in recognition of Albert's outstanding stewardship not just of the Lake since 1968 but also of the Queen E since 1971 and most importantly of these annual parties since 1995, I would like to invite Albert forward to receive this framed, hand inked Chinese version of the 23rd Psalm.

Please put your hands together in a big round of applause and thanks for the stewardship and friendship of Albert Nixon.

Peter Nixon
The Atwater
4 November 2008