

City's first baby born on Sunday afternoon

JAN 3, 1984

The daughter of Darren and Bonnie Gruenke, born late Monday afternoon in the Fort St John General Hospital, is Fort St John's newest resident. The Gruenkes have not named her yet, but the 4 pound 15 ounce youngster has been pronounced fit and well.

The Gruenkes also win the First Baby Contest, sponsored by local merchants and arranged by the Alaska Highway News. They are now eligible to receive a \$25 food voucher from Safeway, \$20 worth of baby clothing from the Co-op, a \$25 food voucher at Overweitea, a pair of booties from In Steppe Shoes, a \$25 food voucher from the IGA, dinner for two at both the Pioneer Inn and the Fort St John Motor Inn, and a T shirt with transfer from Crest Mart at the Totem Mall.

The Gruenkes live in Fort St John. Last year was evidently a brisk one for the hospital's maternity section. There were 590 deliveries in the Fort St John hospital, though this was down from the record 667 in 1982.

Last year's number is more in line with the long term average rather than any indication of a general decline according to maternity nurse Claire Harwood.

Harwood says that the number of births ranged in the 450 to 470 range for about 12 years and then rose to an average of 520 to 560 during the peak years of the oil boom. 1982, with its record number, was an exception.

A total of 14 births occurred during the holiday period this year, compared with 19 in 1982 and only 5 in 1981. Twelve babies were born between December 24 and 30 and two had been born in the new year by 10am today.

In 1983 no less than seven babies were born on December 29 and four had been born by the second day of 1983.



Darren and Bonnie Gruenke show how their infant daughter will fit into a car safety seat, presented to them by the BCMA. Baby Gruenke was the first baby born in the Fort St John

General Hospital this year and as such qualified for the seat and her parents qualified for a number of prizes put up by local merchants, see accompanying story.

Doctors make sure she goes home safe

By Joan Gibson

Baby Gruenke, the first born local New Year's baby in Fort St John, gets a head start on safety thanks to a gift from the British Columbia Medical Association and the doctors of the province.

The BCMA ran a program this year to present an infant care seat to the first baby of the year in all BC hospitals where babies are delivered.

Dr William Watt of Fort St John is the doctor spokesman for the area.

Says he, "The New Year's presentation is part of BCMA's ongoing public awareness effort to encourage use of proper vehicle restraints for all passengers."

Dr David W Jones, Chairman of BCMA's Communications Committee says the program focuses on children over the age of six.

A survey done by the Insurance Corporation of British Columbia in

1982, reports 897 children under the age of six were killed or injured in traffic accidents in British Columbia. It also reports that infant and child restraints when properly used, can reduce fatalities by 65 to 70 percent.

The Institute of Highway Safety, of Washington D.C. reports that a ten pound infant in the arms of a buckled-up parent will be ripped from the parent's arms with a force of over 300 pounds in a crash at only 30 mph.

According to a 1981 survey done by Transport Canada, 81 percent of BC residents were in favor of child restraint legislation. That's the highest figure in a national poll.

But, says Jones, Chairman of BCMA's Communications Committee, BC still lacks mandatory legislation to protect children under six-those who cannot make this life saving decision for themselves.



PICTURED WITH Rosemary Wheeler is Mr. George Walling from Vancouver, he is the Director of Development and Communications. He presented Rosemary with the Merit Award for her many years of service to Arthritis. She is the Physiotherapist who is director of the therapy department her in our hospital. Gladys Shank, the Auxiliary President, accepted the award on Rosemary's behalf when she attended the Annual Conference in Vancouver in April. Gladys also received an award for Hilda Cranston. Hilda with Gladys started the Auxiliary Branch in 1975.

JAN 3, 1984

New Year's baby to be buckled up

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Beginning one second after midnight January 1st, 1984, the BCMA will present an infant car seat to the first baby born in all BC hospitals where babies are delivered.

Dr William Watt of Fort St John is the doctor spokesman for the area. Says he, "The New Year's presentation is part of BCMA's

JUNE 7, 1984

New executive for auxiliary

The Hospital WA held its annual dinner meeting and installation of officers on Monday, January 16 at the Legion. Past president Muriel Mytron installed the new executive with a candle lighting ceremony.

New executive as follows:
Past President, Marion Sodergren; President, Dianne Knott; Secretary, Barb Powers; Treasurer, Dottie Snippa; 1st Vice President, Winona Davidson; 2nd Vice President, Margaret Thompson; 3rd Vice President, Rosalynn

Baron; Membership, Lorna Best; Publicity, Jean Lowery; Candy Stripper Advisor, Leona Paynter.

New president Dianne Knott then presented Marion Sodergren with a past president pin. Marion thanked all volunteers for their help and support in the past two years and wished Dianne all the best of luck in her term. New volunteers are always welcome to call Dianne Knott at 787-2347. Jean Lowery Publicity

JAN 25, 1984

1984
JANUARY

Hospital wanting birthing bed

JAN 11, 1984

By Joan Gibson
A new birthing bed planned for the Fort St John hospital is still several thousand dollars away from becoming a reality. The acquisition of the new bed, which should ease the discomfort of child birth for the mother, depends solely on contributions by local individuals and community groups.

Just over 600 babies are born each year in the Fort St John hospital. According to Director of Nursing, Andrea Houghton, that is a sizeable amount of newborns for a community of our size. Even though the hospital is able to handle the number of births, it has decided that it would be desirable to acquire a birthing bed.

The 'birthing bed' looks like an ordinary hospital unit, but its unique design is making it a leader in the obstetrics care field across the country. On first glance the bed looks warm and comfortable, but its adaptability in height and position combine safety plus important functional features that contribute to the experience of a family birthing center.

The 'Adel' bed, as it is called by its manufacturer, can offer several different delivery positions, and does facilitate any necessary surgical repair. But most important the bed contains the mother from the beginning of labour right through to delivery.

That most uncomfortable leap from the labour bed to the delivery table is not necessary with this kind of bed.

Continued on page six

Hospital wanting. . . .

JAN 11, 1984

Continued from page 1

The bed will complete stage one of the 'birthing room', which is designed to closely resemble a home environment. Houghton says the main purpose behind the development of such an environment is to promote a comfortable and fear-less childbirth experience. Houghton admits that consumer demand initiated changes to the orthodox

hospital environment.

Use of the birthing bed is on a first come, first serve basis. High risk deliveries will not enjoy the comfort and convenience of the birthing room and bed. The hospital needs about \$5000 dollars to finance the bed. Any donations can be made to the Fort St John hospital in care of the Director of Nursing.



It's not that the hospital's existing maternity ward facilities are inadequate (see above), but they could be so much better with a birthing bed in the opinion of staff there. Various groups are

trying to raise the \$11,000 required to bring one in; fundraising has almost reached the halfway point.

1984
JANUARY



Candy Striper Cindy Doll sold the first raffle ticket on an afghan and sweater to Mayor Brian Palmer, yesterday. The candy stripers are running the raffle to raise money for a donation to the Variety Club with supplied the biggest

JAN 19, 1984
part of the financing for the new Child Development Centre. Tickets are 50 cents or three for a dollar and the draw will be held in the Coop Mall on February 10.

1984
JANUARY



Thanks to the auxiliary, the Fort St. John General Hospital now has a fetal monitor for its maternity ward.

On Monday, the auxiliary officially presented the hospital with a \$17,697 cheque to cover the purchase cost of the new machine. The money was raised through various auxiliary fundraising activities, including their highly successful December raffle.

The fetal monitor, which arrived in October, provides a means of measuring maternal contractions during labor. The heart beats of the mother and unborn baby can be monitored on a continued basis.

The hospital's model has a new feature which allows the mother and baby to be monitored without being restricted to bed.

Continued monitoring is not

JAN 20, 1989
required in all cases. For those moms who will use the monitor, it will allow early detection of possible complications.

The auxiliary is reminding people at this time of their upcoming annual dinner at the Coachmans Inn. It takes place on Monday at 6:30 p.m. Anyone wishing to join this volunteer group should call president Winona Davidson at 785-3188.

1984
JUNE

New hospital birthing bed offers women greater comfort

JUN 8, 1984

A woman can have a child with somewhat greater comfort now that Fort St. John has its new birthing bed. "Although it took 18 months to raise funds, it has been well worth the wait," says Andrea Houghton, Director of Nursing at the Fort St. John General Hospital. "Before we got the bed, a woman had to labour in

one room and deliver in another. Now she doesn't have to be transferred via a stretcher to the delivery room." A project called Family Centered Care, which encourages the father to be with the mother while she is giving birth, has been launched. Stage one included the setting up of a birthing room and stage two involved the pur-

chase of the bed. The birthing room is the room housing the new bed. It is set up in a homey atmosphere and includes a lounge chair for the father, magazines, drapes, a nice bedspread and wallpaper. "We've tried to make it as much like a bedroom rather than a delivery room," says Houghton. "Delivery in this

country has become a sterile procedure rather than a natural happening. With the new birthing room and bed, the delivery room is not so much like a surgical ward anymore," adds the Director of Nursing.

The birthing bed will be used on a first come, first serve basis. "If two women are having babies at the same time, one will have to go to the old delivery room," Houghton adds.

The birthing bed is nothing new though. All bigger hospitals have one, in addition to a number of smaller ones, such as Fort Nelson. However, the government won't buy one for smaller communities.

Thus, funds were raised by community groups and private individuals to help obtain some \$10,000 for the new bed. Thanks goes out to Beta Sigmathi, Zeta Kappa, the Kinsmen and the Catholic Women's League who helped contribute to the purchase.

Westcoast Petroleum Ltd, Order of the Royal Purple and the Royal Canadian Legion

(Women's Auxiliary) also helped to bring the birthing bed to Fort St. John.

Thanks also to West-coast Transmission Co. Ltd, the Fort St. John General Hospital Women's Auxiliary and the Medical Staff for supporting the project. As well, the Fort St. John General Hospital Social Club, Mr. Lessing and the Guru Nanak Sikh Temple and Cultural Society helped to raise funds for the new bed.

There were also a number of smaller donations which are too numerous to mention.



Funds coming in for birthing bed

MAR 2, 1984

By Joan Gibson
The new birthing bed planned for the hospital maternity ward has recieved good community support. Andrea Houghton, Director of

Nursing, says only about \$3,600 more is needed to buy the bed. She says that community support has been strong from both individuals and groups. The

bed, properly known as the Adel bed, looks like an ordinary hospital unit. Its height and position may be altered though and this adaptability makes it a leader in the obstetrics care field.

Pregnant mothers delivering their babies with a minimum of risk, stay in the Adel bed from the beginning of labour right through to delivery. That uncomfortable leap from the labour bed to the delivery table is not necessary.

Even so, the BC health ministry considers such items a luxury, hence the need for volunteer effort

to buy it. Most similar beds throughout the province are bought with local donations.

To raise the rest of the money needed to buy the birthing bed, there will be a benefit evening held on March 17th at the Elks Hall in Fort St John. The evening will feature supper, entertainment and a dance. The cost is \$20.00 per person. Tickets can be bought at the Art Space or at the Hospital. Money donated from ticket sales will be put toward buying the bed plus an instrument table and overhead light.



Outgoing Kinette president Barbara Anderson presented a \$500 cheque to Andrea Houghton, Director of Nursing, at the Fort St John General Hospital yesterday. The

donation will go towards purchasing a spotlight for the new birthing room. Janice Hamp will be the new Kinette president as of July 1. JUN 29, 1984

JUN 12, 1984



Ranger Laurence Richardson of the Independent Order of Foresters presents \$400 to the Extended Care Unit at the hospital. Nurses Mary Marcellus and Sandra Curry received the cheque while resident Betty Kroeker looked on. The foresters are a

fraternal organization who have donated to the Cancer Society, Multiple Sclerosis Society, Child Development Centre and the hospital in the past year.

Better bed makes sense

A woman can have a child with somewhat greater comfort now that Fort St. John has its new birthing bed.

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Better bed . . .

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The birthing bed is nothing new though. All bigger hospitals have one, in addition to a number of smaller ones, such as Fort Nelson. However, the government won't buy one for smaller communities.

Thus, funds were raised by community groups and private individuals to help obtain some \$10,000 for the new bed. Thanks goes out to Beta Sigmathi, Zeta Kappa, the Kinsmen and the Catholic Women's League who helped contribute to the purchase.

JUN 13, 1984

Westcoast Petroleum Ltd, Order of the Royal Purple and the Royal Canadian Legion (Women's Auxiliary) also helped to bring the birthing bed to Fort St. John.

Thanks also to Westcoast Transmission Co. Ltd, the Fort St. John General Hospital Women's Auxiliary and the Medical Staff for supporting the project. As well, the Fort St. John General Hospital Social Club, Mr. Lessing and the Guru Nanak Sikh Temple and Cultural Society helped to raise funds for the new bed.

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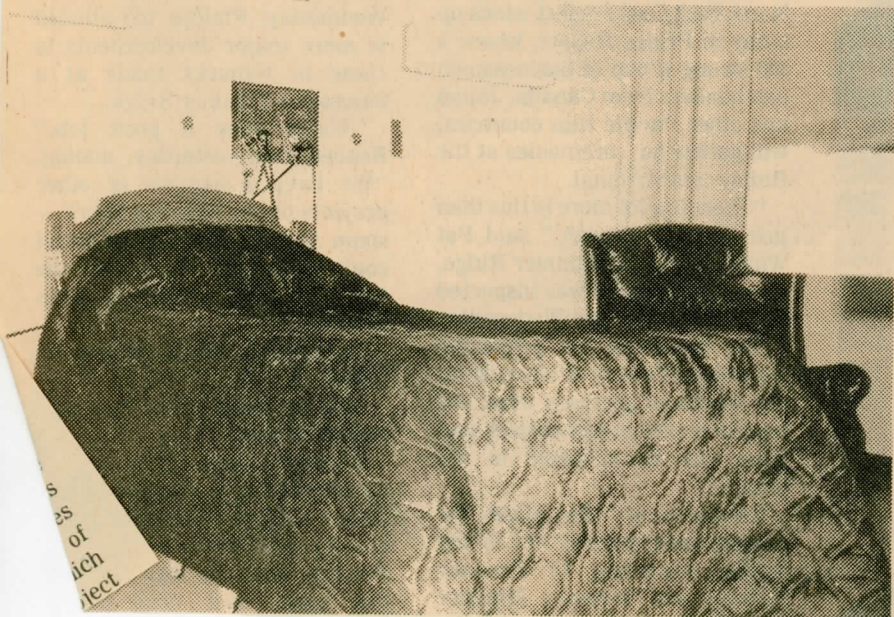
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Tom Bennett takes over as president of the Fort St John and District Chamber of Commerce following yesterday's election. Bennett ran against current president Robin Fairservice and Linda Scarfo.

Tom Bennett

new

president

chamber

Hospital director of finance Tom Bennett was elected as president of the Fort St John and District Chamber of Commerce yesterday, replacing Robin Fairservice who will serve as past president.

Third presidential candidate Linda Scarfo will serve as vice-president along with local Inter City Gas manager Bill Emmerzael and Thrifty Rent-a-Car manager Donna Spear.

In his pre-election speech Bennett emphasized the need to

expand and broaden chamber membership and outlined six areas that he feels are important for the chamber in the coming year.

As well as promoting membership Bennett's program includes promoting civic and industrial development and trying to influence government to implement sound legislation and efficient administration at all levels.

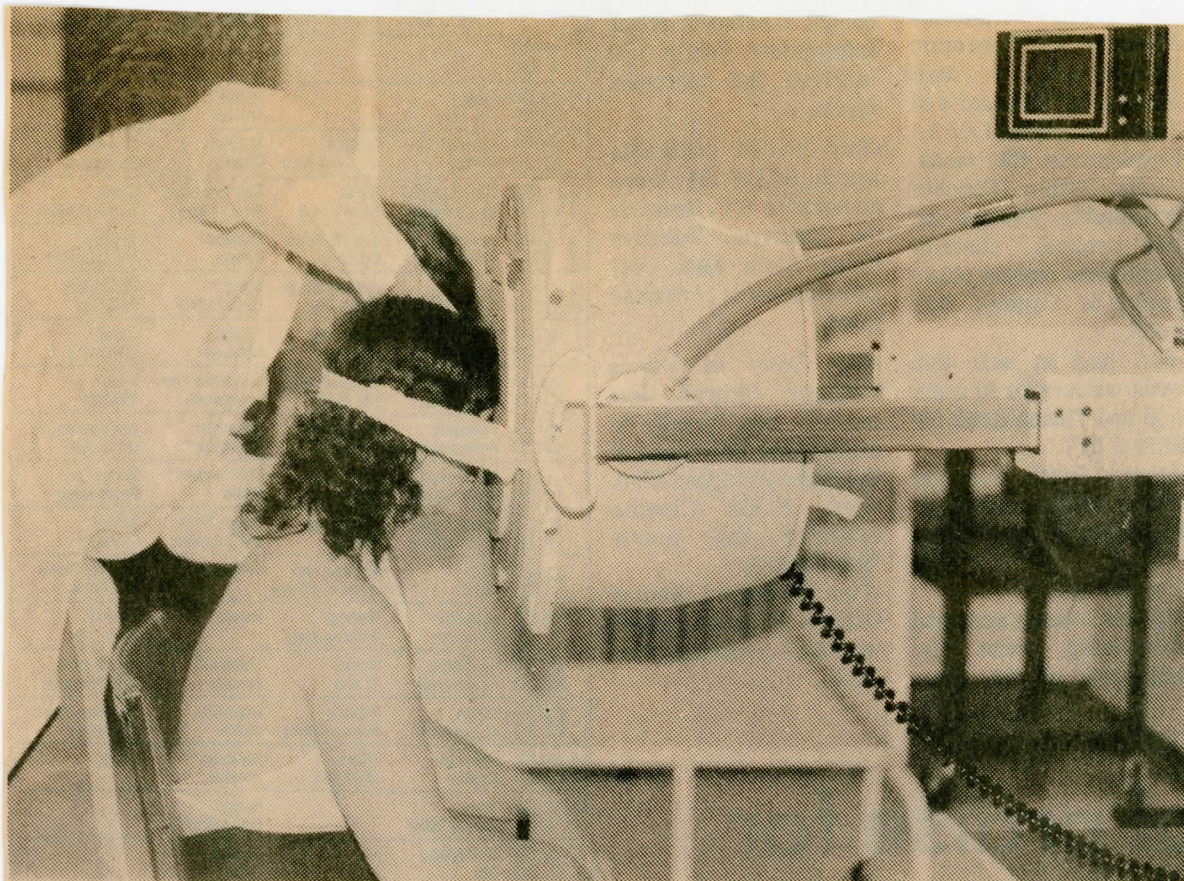
Along with all three presidential candidates, he

emphasized co-operation with the Economic Development Commission and the city.

Eight directors were also chosen.

In other business the chamber voted to borrow \$25,000 to complete the new campsite in Centennial Park and announced that they now have been 11 students taking part in the student venture capital program whereby students receive small loans to conduct summer businesses.

JUN 20, 1984
CHETWYND, BC
"The Echo"



Edward Clunn, director of Nuclear Medicine Service, secures the patients head, before he injects $\frac{1}{2}$ a milligram of Technetium TC 99 m

Glocoheptanate, a radio active substance in the patients blood stream.

Nuclear medicine here

Nuclear Medicine Service, is a 180 thousand dollar wonder. Edward Clunn, Director of Nuclear Medicine Service was at the Chetwynd General Hospital June 15th.

To start the procedure, the patients head is secured so there will be

no movement. Then the technician inserts syringe into the patients vein and injects one half a milligram of Technetium TC 99m Glocoheptonate, a radioactive substance. The technician then waits as the blood circulates through the body and into the head, a matter of a few seconds. When the

substance has reached the brain, a picture will appear on the viewing screen. If any disease has attacked the brain, such as brain tumors, stroke damage etc. The radioactive substance will display the injury on the viewing screen.

Twenty four hours after the injection, the

Technetium TC 99m Glocoheptonate is undetectable.

The Nuclear machine has been in operation in this region for approximately one month. The machine is licensed to travel and operate in Fort Nelson, Fort St. John, Dawson Creek and Chetwynd.

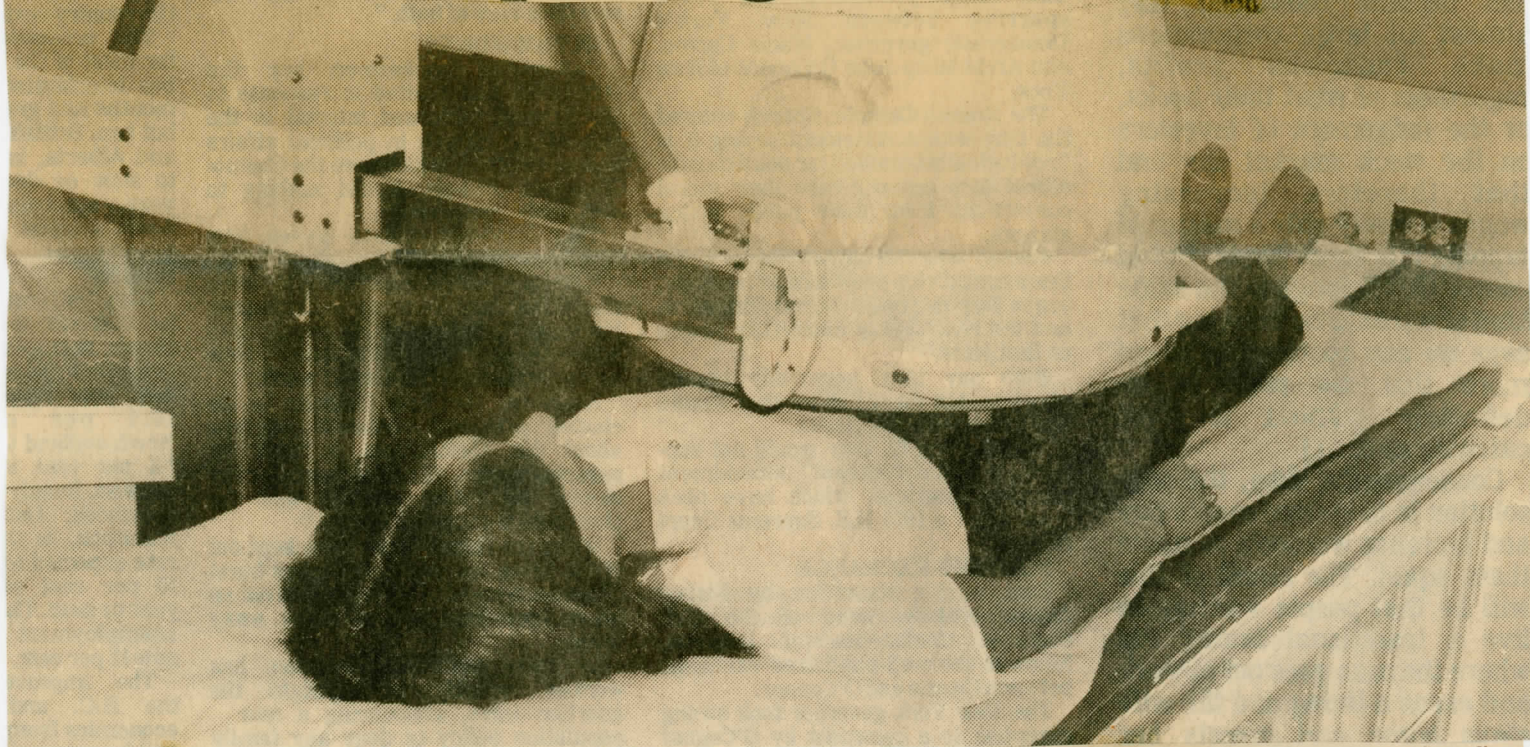
JUN 26, 1984



Farewells and best wishes were extended Friday by hospital staff with a retirement party for Winefred Johnston R.N., Head Nurse of Paediatrics at the Fort St. John General

Hospital. Johnston's employment in this community dates back to 1956, when she and Mrs Phylis Wright were the only registered nurses working here.

City hospital goes nuclear



This is the new gamma camera used to scan patients at the hospital's nuclear medicine unit. Patients are injected with, or breath in, chemicals containing harmless quantities of

radioactive material which the machine detects as they flow through the body. The large pod held over the patient contains a detection crystal which is in effect the machine's eye.

AUG: 16, 1984

Although many people don't know it the Fort St John hospital has had a full-fledged, modern nuclear medicine department in operation since May. Now people needing tests to discover if they have any problems with specific internal organs or bones can receive their treatment here instead of going to Prince George.

The service is based here but is made available twice a week in Dawson Creek and once every second week in Chetwynd by hauling the equipment to these centres in a special truck. So if you see a large white van with a big square metal box on the back marked with signs warning that it is carrying radioactive materials, it is probably nuclear medicine director Ed Clunn on his way to served patients in Dawson Creek or Chetwynd.

ONLY DIAGNOSTIC

Nuclear medicine is a safe, effective way of diagnosing various kinds of internal medical problems by injecting small quantities of radioactive chemicals into patients and watching how specific organs react. Various procedures and techniques are used in association with various organs.

In order to test a person's liver for example a colloid which has been made radioactive with the substance technetium is injected into the bloodstream and the gamma ray pattern emitted from the liver is photographed.

Since the liver normally removes colloids from the

bloodstream most areas of the liver will absorb this material and begin emitting radiation and exposing a photographic negative. But a non-functioning area would show up as a 'hole' on this negative - which looks very similar to that produced by the familiar X-ray.

The various procedures almost all involve making a chemical acted on by or attracted to a particular organ radioactive, and measuring what it does.

GAMMA CAMERA

The heart of the system is a \$180,000 gamma camera which has a large pod that looks like a miniature search light which is held over the patient to make a scan. The pod has a sodium iodide crystal $\frac{1}{4}$ inch thick and over a foot in diameter which acts as a detector for the radiation coming out of the person. This huge crystal is very sensitive to temperature changes and is worth about \$15,000. In fact a change of more than $\frac{1}{2}$ a degree per hour can cause it to crack - something that concerns Clunn when he thinks about moving it around in his truck in the winter.

Behind this detector are 37 photo-multiplier tubes which convert the light emitted by the crystal (created when the radiation hits it) to electrical signals.

A small computer in the machine then processes the signals and they are transferred to film. They can also be stored on computer disks

and be reproduced in the future.

HOT LAB

In order to make the gamma camera work Clunn has to inject his patients with various radioactive chemicals - or in some cases have them breath in radioactive gasses.

Because the chemicals he uses have very short half lives (the time it takes a radioactive substance to decay so that only half of it is left) he must continually make fresh chemicals in what is known as a hot lab.

The Technetium which is forms the basis of most of his work has a half life of just 6 hours which means that within a week, no matter what happens to it, the substance will have almost completely disappeared.

The technetium itself is in turn generated from Molybdenum 99 which has a half life of 66 hours. One of the main fixtures in the hot lab is a round lead lined canister which contains Molybdenum 99, which when it decays, produces the Technetium which Clunn uses on a day to day basis.

In order to keep a fresh supply of Technetium on stream Clunn receives a new Molybdenum canister every week by air freight from a manufacturer in the States.

The old canisters must be kept for several months until all the Molybdenum 99 in them degenerates and then they can be returned to the manufacturer to be refilled.

The lab also contains a ven-

tilation machine which relies on radioactive Xenon gas to detect lung problems.

Nuclear medicine is usually associated with detecting cancer (treating cancer with radiation is a whole different field known as radiation therapy) but it is actually used to detect many other problems, Clunn points out.

VERY SAFE

Clunn admits that many people automatically assume that anything to do with radioactive materials must necessarily be unsafe but he insists that nuclear medicine is safe if proper procedures are followed.

"Any of the materials taken out (in the truck) are destined to be injected into people anyway. People have to put things in perspective. They probably get as much radiation flying to Prince George or staying out in the sun for a few hours," he explains.

Clunn has radiation monitors to warn him of levels beyond those deemed safe. Almost everything he works with is lead lined so it all tends to be very heavy.

As well as a technician Clunn has to do some of his own pharmacy work. When he arrives at the lab in the morning he scans his patient list and mixes up the necessary chemicals for the day's work.

So far the unit has handled about 150 patients and Clunn expects to serve five to seven per day as referrals begin to increase in the fall.

Hospital Auxiliary seek volunteers

Sept 25, 1984

The Hospital Auxiliary are in need of volunteers. We are looking for people that can be relied on to donate one hour every week or more if they can spare the time. Volunteers are needed for such things as:

Delivering and setting up T.V.

Ladies to take pictures of newborn babies.

Taking goodie cart around to patients.

People to work in Gift Shoppe.

Some of the facilities that we have provided funds for

in the past few years are: The Helicopter Pad and the Patio on the Extended Care Wing, refurbishing and decorating the Birthing Bed Room, and \$2,000 towards the purchasing of the new birthing bed.

These things



Dianne Knott, President of Hospital Auxiliary, presenting a cheque to Clare Howard for \$2,000 towards the purchasing of the New Birthing Bed.

could not have been accomplished without our volunteers. If you are interested

in donating some of your time please contact Dianne Knott at 787-2347.

It is the sharing of ourselves that makes volunteer work so rewarding.

Sept 27, 1984



Ed Klunn, Director of Nuclear Medicine at the hospital, showed off the equipment to a party of interested delegates after last night's hospital board meeting. The newly acquired

facility is an advanced diagnostic technique which will show up tumours not shown by conventional X rays.

Hospital notes good year, good decade

As the board of Fort St John General Hospital celebrated the tenth anniversary of the facility becoming a publicly owned institution, it was able to reflect on the immediately preceding year with a good deal of satisfaction at last night's annual general meeting.

Extended facilities, a good financial situation and excellent staff-management co-operation were highlighted in reports from the board, the hospital administrator and the chief of staff.

Principal among the services added to the hospital is the nuclear medicine unit, which is based at Fort St John but shared with Dawson Creek and Chetwynd. The equipment, which can be hauled around the Peace country in a specially insulated van, broadens the range of diagnostic procedures available to doctors and should eliminate many costly trips by local people to larger centres.

"Another bright spot during the past year," added hospital board chairman Lawrence Brown, "has been an expansion of the Chemotherapy program. Dr

Spibey has been appointed by the Cancer Society of BC to head up a program. With changes in funding methods for cancer control drugs, many patients who previously had to either stay in Vancouver for therapy or travel back and forth, can now be treated in this hospital on an in or out patient basis."

Of particular satisfaction to hospital administrator Ric Wilson is the management shared services contract with the Fort Nelson Hospital which he says has given the opportunity to relate and share special services between the two hospitals to a much greater extent than formerly possible.

"It has done much to co-ordinate the 'regional' approach to health care," says Wilson, who remains committed to fostering that approach for the coming year.

The birthing room with specially adapted birthing bed was another welcome addition to the hospital, though Brown added that there were other obvious needs, such as expanded ultrasound services, ECG testing and more sophisticated cardiac testing.

The hospital has certainly come

a long way in ten years, he added.

This year's report added some details of the 1973-4 report, noting for instance that it was on November 1 1973 that the facility was bought by the Regional District from the Sisters of Providence, who had founded it in the early thirties. Extracts from Duncan Cran's notes showed that on September 26, 1932, the hospital had 13 patients, 'including Indians in tents' and that in 1950, the per diem rate was \$7.35. In 1951, the sisters were in financial straits and there was talk of closing the hospital, but funds from the community were forthcoming and in 1952, a cheque for \$5,000 was issued to the sisters by the newly formed Hospital Improvement Board.

The decision to begin the present structure came in 1955 when it was voted to spend \$1.1 million on an 80 bed hospital.

In elections during the meeting, Sheelagh Garson was returned to the board for a second three year term and Jack Cheeseman was elected.



The Hospital Board for the coming year posed for a picture after last Wednesday's meeting. From left to right are Jack Cheesman, Abe Goertzen, Grant Timmins, Lawrence Brown

(chairman), Pauline Hannaford, Gloria Pope, Sheelagh Garson, Shirley Pomeroy and John Wetzel.

Hospital looks good in ten year review

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Continued on page six

Hospital...

Continued from page 1

This year's report added some details of the 1973-4 report, noting for instance that it was on November 1 1973 that the facility was bought by the Regional District from the Sisters of Providence, who had founded it in the early thirties. Extracts from pioneer surveyor Duncan Cran's notes showed that on September 26, 1932, the hospital had 13 patients, 'including Indians in tents' and that in 1950, the per diem rate was \$7.35. In 1951, the sisters were in financial straits and there was talk of closing the hospital, but funds from the community were forthcoming and in 1952, a cheque for \$5,000 was issued to the sisters by the newly formed Hospital Improvement Board. Cran was an early hospital society sret

The decision to begin the present structure came in 1955 when it was voted to spend \$1.1 million on an 80 bed hospital.

Smithers Hospital Board forced to compromise

SMITHERS, B.C. (CP) — Facing pressure from medical staff, the board of the Smithers hospital has backed down on its decision to scrap its therapeutic abortion committee.

A new committee, comprising three medical doctors who are "conservative with respect to their opinions regarding abortion," has been established at the Bulkley Valley District Hospital, the board said Tuesday in a prepared statement.

But the new committee does not satisfy some residents of the northwest B.C. community of 4,600 who want abortion to be freely available at the 55-bed hospital.

Abortions at the hospital were abruptly ended and the hospital's therapeutic abortion committee terminated Oct. 3, sparking protests from residents and doctors at the hospital who favor patients' freedom to choose abortion.

The announcement of the new committee came the day after a closed meeting of the board's executive and the hospital's medical staff.

The statement said that the board considered the legal requirements for an abortion committee at the hospital and "appointed a new committee of three

medical doctors and one alternative doctor.

"Members of this new abortion committee are conservative with respect to their opinions regarding abortions."

Board chairman Gail Tompson refused to elaborate on the statement.

A COMPROMISE

But board member Bill Clarke, one of four who voted against the scuttling of the original committee, said the decision is a compromise.

Clarke said the notion of a conservative committee that would be able to order abortions but presumably would be more cautious than the previous committee, "satisfied everyone there (at Monday night's meeting) as of that moment."

He said the compromise was reached in an effort to buy "breathing space" for the hospital, faced with the possibility of all its doctors resigning from medical committees — in effect halting the operation of the hospital.

"This will give us time to cool off and perhaps work out a more permanent solution," he said. "The majority of us (on the board) felt it was the best solution at the

moment."

He declined to reveal the vote on the compromise.

The Oct. 3 decision to terminate the abortion committee was reached on a 5-4 vote, with Tompson breaking the tie.

Dr. Ted Potsepp, medical chief of staff at the hospital, was unavailable for comment on the compromise, but Karen Ochs, a member of the Bulkley Valley Pro-Choice Alliance, which had organized a petition campaign against the board's original decision, said appointing the new committee does not solve the problem.

"It might reduce some of the public pressure, but the protests will go on," she said.

The compromise in Smithers resembles the abortion controversy at Surrey Memorial Hospital four years ago.

At Surrey, anti-abortionists ran for the hospital board vowing to end the abortion committee there if they won control. They did and made good on their promise, but had to back down six weeks later after doctors resigned from hospital committees and the board came under pressure from then-health minister Rafe M a i r .



LIAM HYLAND

Drunkenness response to societal pressure

NOV 28, 1984

OCT 22, 1984

Misuse of drugs and alcohol are a reflection of society and a person's relationship and responsibility to society. That is, the working philosophy at the North Peace Alcohol and Drug Counselling Services.

"I don't focus in on the use (of drugs or alcohol) because that is symptomatic of other problems," said Liam Hyland, director-counsellor. "Alcoholics are just like workaholics - they use it to handle problems.

The problem may be one of not being able to socialize, not being able to communicate effectively, poor interpersonal relationships or a poor self-identity.

"A loss of self-identity is a loss of who you are," Hyland says. "If you are not free to be who you are you get backed into a corner fighting."

The counselling service tries to confront and stop the ongoing misuse of drugs or alcohol. Hyland has a continuous caseload of 25 to 35 clients. He sees people once a week for three months. It is strongly recommended that the counselling be combined with the Alcoholics Anonymous program. The service also makes assessments and referrals.

Initially, Hyland says, a lot of the work is educational; talking about what behaviour is socially acceptable, what is medically acceptable, what communication is acceptable. To integrate that behaviour and see the connections. To confront them with what they are doing and show them what is happening.

relationships are so important, Hyland says, because our identities are developed partially through how people see us and how we see others.

Hyland is quick to say that he is not painting everyone with the same brush, but there are elements of the intense kind of work that happens in the oil industry that may encourage misuse of alcohol and drugs; a kind of work hard, live hard, drink hard attitude.

Hyland sees some of the solutions to the problem of drug or alcohol misuse in trying to make society more non-addictive. In a school system that is oriented toward right-wrong, pass-fail, we are not in charge of our own power and autonomy Hyland says. The ethics of the work environment encourage rivalry and competition rather than satisfaction. People relate to what you do rather than who you are. We dwell on what we do rather than what we feel.

"Society should be encouraging accountability, tolerance for other points of view and a sense of power. There has been a tremendous loss of social contact. We have become so individualistic."

"They have to come to trust me. To trust me and to trust themselves and to own what they have disowned. I ask them 'What do you want to do? Where do you want to go? What do you want to work on?' Success may not be total sobriety."

Sometimes it is the wives or girlfriends of men who are having difficulty relating that come to the service. Out of frustration women can become slaves to their emotions. Interpersonal



Lieutenant John Blair of the Salvation Army was in Fort St John yesterday distributing some 150 Sunshine Bags of Christmas treats at the Elks Lodge, the care home and at the hospital. This is part of the League of Mercy work that the Army carries out in FSJ, Dawson Creek, Chetwynd and the surrounding areas.

Hospital bazaar

OCT 24, 1984

The ladies of the Hospital W.A. have been busy getting things ready for their bazaar October 27 from 2 - 4 pm at the Legion. There will be baking and handicrafts along with our Lucky Seven table and the White Elephant table. We will have Christmas gift items and a good selection of Cabbage Patch Doll clothes. Come and have a cup of tea with a friend and browse around. See you there!

NOV 13, 1984