

# The Ottawa Citizen

**A Moral Force: The Story of Dr. Balfour Mount:** Dr. Balfour Mount, an Ottawa-born urological surgeon, abandoned his hard-won medical specialty in the mid-1970s after studying the manner in which people died at Montreal's Royal Victoria Hospital. Those deaths, he said, were a catastrophe that he felt a moral duty to address. As a result, he devoted himself to the care of the dying and, in the process, became the father of Canada's palliative care movement.

Saturday, April 23, 2005

Page: E8

Section: City

Byline: Andrew Duffy

Source: The Ottawa Citizen

Series: A Revolution in Dying (Palliative care)

Illustrations: Colour Photo: Balfour Mount was intrigued by the approach of a London hospice described in *On Death and Dying*, Elisabeth Kubler-Ross's landmark book. Dr. Mount called the founder of St. Christopher's Hospice, pictured above. The week-long visit that followed changed the Ottawa-born doctor's life. 'Once I saw St. Christopher's, I saw there were solutions to that unnecessary suffering ... That was where I wanted to die.'

Colour Photo: Christine Muschi, The National Post / The father of palliative care in Canada, Dr. Balfour Mount, 65, is a graduate of Ottawa's Glebe Collegiate High School. The son of the city's first neurosurgeon, he grew up in a house that overlooks Dow's Lake. Although he wanted to be an artist, he pursued a life in medicine: 'My father was a surgeon, my brother was a surgeon, it didn't occur to me there was anything else in life to do.'

In January of 1973, Dr. Balfour Mount was desperately busy.

The Ottawa-born urologic-cancer specialist had a heavy schedule of surgery, an animal research laboratory to run and teaching duties at McGill University. But when his United Church decided to hold an evening of discussion based on Elisabeth Kubler-Ross's landmark book, *On Death and Dying*, he nonetheless volunteered to organize it.

It was a spur-of-the-moment decision that would change his life and, ultimately, improve the deaths of countless Canadians.

At the time, though, he thought the seminar would simply help others understand dying.

"It didn't occur to me that I didn't have a clue about death and dying," says Dr. Mount, who had dealt with a bout of testicular cancer a decade earlier at the age of 24, and had been forced to confront his own mortality. "I thought, 'I'm a doctor; I must know everything in the world about death and dying.' But, of course, I knew absolutely nothing."

Dr. Mount assembled a panel of doctors to discuss the Kubler-Ross book, which explored the experiences of dying people. Many complained to the author about being left to die in pain, shunned or ignored by medical officials.

During the seminar, someone suggested a study be launched to understand if the problems detailed in the book reflected those in Montreal. Dr. Mount volunteered to lead that study.

With a small grant from the McGill faculty of medicine, Dr. Mount enlisted two students to conduct a survey of terminally ill patients at Montreal's Royal Victoria, one of the leading teaching hospitals in the country.

The study included dramatic case narratives about the unnecessary suffering of terminally ill patients and their family members. "It became clear to me," he remembers, "that to die at the Royal Vic was a catastrophe. And the Royal Vic, I would say, was one of the flagship academic hospitals in North America."

Dr. Mount says he and his colleagues had no idea of the "dimensions of our inadequacies: There was abysmal inadequacy in the control of pain and all other symptoms. And we're not talking about stuff that's difficult in most cases."

Stunned by the findings, Dr. Mount continued his research and grew intrigued by the approach of a London hospice described in *On Death and Dying*. He called Dame Cicely Saunders, the founder of St. Christopher's Hospice, to ask if he could visit.

"I know you," Dame Saunders told him in no uncertain terms. "You want to come over to London with your wife, see a few plays, have a quick run around the hospice and then go back. Well, I won't have it."

She demanded that he leave his wife at home, spend the full week at St. Christopher's and immerse himself in the work of the place. Dr. Mount, impressed by this impossibly fierce woman, agreed and left for London in September 1973 -- alone.

Founded in 1967, St. Christopher's took a holistic approach to the physical, psychological and spiritual needs of dying patients, many of them cancer sufferers. Without St. Christopher's, most of these patients would have died in pain because opioids and morphine were at the time rarely prescribed in adequate doses.

"It was ... one of the most stimulating single weeks in my life," Dr. Mount recalls. "Once I saw St. Christopher's, I saw there were solutions to that

unnecessary suffering ... It was evident to me that that was where I wanted to die."

Although impressed by its level of care, Dr. Mount believed the hospice model was too expensive to apply to Canada. (All of the services at St. Christopher's were offered free of charge; the hospice relied on private fundraising to cover most of its costs.)

Dr. Mount instead decided to create a hospice-like ward within the Royal Victoria Hospital. He devised a pilot project that featured a hospital ward for the dying, a consultation team to work with other hospital wards, a home-care outreach service and a bereavement follow-up program.

Some in the medical community criticized the proposal as soft and sentimental, a waste of money. But the two-year pilot project was ultimately approved, Dr. Mount believes, largely because he was considered a serious-minded cancer surgeon.

"It meant what I was suggesting was taken seriously in a way that it would never have been ... had I come out of psychiatry or psychology, even internal medicine."

Once the project was approved, Dr. Mount faced the task of naming the new hospital ward.

Initially, he wanted to call it a hospice, but, in French, the word already was used to describe nursing homes in France. He decided instead to call his new creation a palliative care ward based on the word's etymology: to palliate meant to improve the quality of something.

The launch of the program marked the entry of "palliative care" into its modern English usage.

Dr. Mount recruited Dr. Ina Cummins and Dr. John Scott to work in the palliative care ward. (Both would go on to long, distinguished careers in palliative care in Canada; Dr. Scott would become a key figure in the development of Ottawa's Elisabeth Bruyere Health Centre.) By 1976, it was clear to the officials who ran the Royal Victoria that the palliative care program was invaluable. It became a permanent feature of the hospital.

By the end of the decade, Dr. Mount abandoned his hard-won career as a cancer surgeon to devote himself to the emerging field of palliative medicine, in answer to what he believed was a moral imperative.

"It was clear to me that as much as I enjoyed surgical oncology, this was far richer. This was what I had to do," he says. "It was totally unethical to leave health care the way it was ... I did it because it mattered. It was meaning-charged. There really is a lot of suffering out there. It really is unnecessary. We really can do something about it."

Although he didn't admit it to himself at the time, he now believes his own battle with cancer influenced his decision to devote himself to palliative medicine:

"It sure helped me see some of the questions," he says.

Dr. Mount, now 65 and living in Montreal's Notre-Dame-de-Grace neighbourhood, has been forced to confront those questions again in recent years. He was diagnosed with cancer of the esophagus in 2000 and had surgery to remove part of that passageway; his prognosis suggested he had only a 24-per-cent chance of living five years. Then, the next year, he suffered a heart attack.

He has recovered from both afflictions and continues to teach and research at McGill University, where he's a palliative-medicine professor and director of the school's whole-person-care program.

Dr. Mount says he considers his life's work -- and his health problems -- to be blessings.

"It has added untold richness to my life," he insists. "It sounds like a fanciful thing to say. It's not."

"Our culturally conditioned assumptions are that all of these things -- what car I drive, the job I have, the accolades, the recognition, are important -- but it isn't until you have these life crises that disrupt our existing value system, our continuum of life events, what Tom Wolfe would call our climbing of the ziggurat, that we actually examine with any sense of urgency and depth the ultimate existential questions that frame life.

"What is meaning? What is the significance of meaning in our lives? What gives us meaning? It can open us in a way that is extremely helpful in enabling reconsideration of our assumptions about life."

Dr. Mount considers it a privilege to be regarded as the father of palliative care in Canada, even though he gives others such as Dr. Cummins and Dr. Scott much credit for the success of the palliative care revolution to date.

"To be caring for people and working in this milieu year after year, that has been a great gift," he says. "As a friend who works in palliative care told me: 'You can't do what we do for a living and still think that only a Porsche is going to make it all better.'"