Obituary

Colin Andrew Ramsay


Colin Andrew Ramsay, MD, FRCP, FRCPC, clinician, researcher, and medical educator passed away in Jeddah, Saudi Arabia, on 24th April 2003, in his 67th year after a recurrence of non-Hodgkin’s lymphoma.

Colin was born in Radcliffe, England. He spent the first half of his life in the UK, graduating in medicine from King’s College Hospital Medical School, University of London, and practising dermatology in London as a Consultant at Guy’s Hospital and St. John’s Hospital for Diseases of the Skin, where he developed a special interest in non-Hodgkin’s lymphoma.

When the opportunity arose in early 2002 to assume a teaching and clinical position at King Faisal Specialist Hospital and Research Center in Jeddah, Colin was eager to meet the challenge. He relished the opportunity to experience a new culture, to work in a new environment, and to teach another generation of young dermatologists. Colin worked at King Faisal until his death, showing a level of dedication that would surprise only those who did not know him well. His Saudi colleagues and students respected and loved him and this was reflected in their compassion during his final illness.

Colin’s contributions to Canadian dermatology and medical education are immeasurable. He is fondly remembered by many students, colleagues, and patients. He will be deeply missed.

James Ramsay
Son

Diagnosis & Treatment Centres

A recent conference, sponsored by FIPD (the Federation of Independent Provider Organisations) showed how serious and far advanced are the Government’s plans to provide alternative resources for delivering the more routine parts of medical care and to stop acute medicine and surgery interfering with this delivery. Diagnostic and Treatment Centres have been on the agenda of service provision for some time, but there has been a surge of recent publicity in the media in general and the BMA News Review in particular. The concept of the DTC is that routine surgery will occur in a facility that does not provide acute care and so cannot have its beds filled unpredictably. These centres, which may be sited in or out of major hospitals, will be run by independent consortia to create extra surgical capacity and to cut waiting lists. Their scope will be limited, and will result in ‘simpler’ cases being taken for day case surgery, whilst more complex cases will remain within the NHS, with inevitable consequences for costs. It is intended that they will be staffed by doctors from overseas, particularly from South Africa, and will need to attract nursing and ancillary staff from outside the NHS, and particularly from abroad. Established private sector providers can bid for contracts (which last 5 years) – they are just beginning to be successful – and funding will come both from PCTs and from central sources, with referrals direct from primary care. An inevitable spin off from the process is likely to be the adoption of national tariffs for procedures. A second inevitable spin off will be a challenge to existing private practice.

The drive for this new resource is obviously the perennial problem of waiting lists, and of course access targets get more stringent all the time. By 2005, no patient should wait any longer than 6 months for their operation, and subsequently, this reduces to 3 months. In addition, the European Working Time Directive comes into force in August 2004, and this will make compliance with waiting times even more difficult.

The potential benefits to patients are obvious, and there may be additional benefits for training if surgical juniors are allowed to take advantage of the supply of extra surgical capacity. Potential drawbacks are a lack of follow up to deal with complications which may have to be picked up by primary care and then the conventional NHS hospital. If most routine surgery ends up treated in these centres, and trainees are not allowed to follow it, then there will be a significant impact on training opportunities.

Sir Archibald Gray Medal

Nominations are invited for the 2004 Sir Archibald Gray Medal which is awarded for an outstanding contribution to British dermatology.

Please send a paragraph supporting the nomination.

Please write to the Honorary Secretary c/o BAD by 14th April 2004.

Valerie Neild
Canterbury