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The CUA exists to promote the highest standard of urologic care for Canadians and to advance the art and science of urology.



During the buildup to the fall 2019 federal election, I suffered the usual media barrage from campaign messengers, special interest groups, and fresh faces with historical grievances wanting to get a foot in the door to national relevance. It struck me that there were many similarities to the inner workings of the CUA. For example:

1. In Canadian federal politics, the election results are usually decided by Ontario and Quebec. Demographics rule after all. In the CUA, most members are from these same two provinces. Consequently, there is a misperception among urologists working elsewhere that all CUA decisions stem from central Canada.
2. In Canada, there is an appropriate sensitivity to bilingualism owing to the history of our two founding nations. Likewise in the CUA. This is both enriching and challenging.
3. Western alienation exists in both spheres. The election results are determined before western polls close. Yet, the oil and money flows west to east, while Ottawa writes policy. The CUA central office is in Montreal. *CUAJ* supplements feature proceedings from the Northeastern Section of the AUA (which includes Ontario, Quebec, and the Maritimes), as well as those of the Quebec Urological Association. Absent are those from the Western Section of the AUA, the Prairie Urological and BC Urological meetings. Again, the result can be a misperception in the CUA that all decisions flow from a cabal of central Canadians.
4. In any Canadian federal election, polls reflect a rural/urban divide. In the CUA, there is a perceived university/community divide. Although 70% of Canadian urologists self-identify as community-based, the majority of CUA executive members are university-based. Why is that? Is it because the university folks won't let the community urologists into the club? On the other hand, is there no interest on the part of the latter? Two sides of the same coin. It's complex. Opinions vary.
5. Despite regional differences, when Canada is on the international stage, we all become Canadian. Whether it is Paul Henderson scoring the last-minute victory goal against the Soviets in 1972, Sidney Crosby winning 2010 gold for Canada in overtime, the Raptors taking the NBA prize, or Chris Hadfield lauded for his achievements as commander of the international space station, we all drop our regional regalia and become one as Canadian. Similarly, who doesn't feel proud when a CUA member is granted the Order of Canada? (Five so far!) When we go to international meetings, we like to think that Canadian urology punches above its weight. We cheer for the CUA. When outside Canada, CUA members are thick as thieves. Go figure.
6. Like in Canadian politics, we need to move away from being a male-dominated space. Strides have been made with our increasing uptake of female residents in the last decade. However, we still have work to do in order to reach a gender parity congruent with medical school enrollment. This will slowly trickle up to the next generation of urologists in a positive fashion.
7. Canada is a land of opportunity. All of us, except for our indigenous peoples, come from immigrant stock. Despite this historical fact, we endured significant debate about immigration during the recent election campaign. Anyone in Canada, no matter how humble or varied their beginnings, can become prime minister. Ditto for CUA president. Consider a sampling of CUA presidents over the last 20 years: Denis Hosking, immigrant physician from South Africa who started all over in Winnipeg; Larry Goldenberg, the first generation born of parents who are holocaust survivors; Jerzy Gajewski, immigrant

urologist from Poland, who repeated his residency at Dalhousie, rose to the rank of professor, and became CUA president; Joe Chin, came to Canada from Hong Kong at age 14, the smallest, smartest, and youngest kid parachuted into the 11th grade of a burly jock-culture high school in East York, Ontario; Curtis Nickel, CIHR Tier 1 Canada Research Chair, born in rural Plainfield, Ontario, the first in the town's history to acquire post-secondary education; Fred Saad, Egyptian-born Christian working and leading successfully in Francophone Canada; Armen Aprikian, Egyptian-born Armenian rising to many leadership roles at McGill. Me, scrappy kid born in Montreal, raised in Scarborough, transplanted to the west coast. Lots of imposter syndromes in these stories, I'm sure. The list goes on....

The CUA, like Canada, is a story of both success and slow progress. Get involved. We are all CUA.

CUA Spotlight on our community urologist volunteers from Western Canada



Omar Nazif

Surrey, BC
Health Policy Committee Chair
Executive Member 2016-2020

Examining economic issues associated with the practice of urology

- ✓ Tracking of urology work-force needs
- ✓ Sharing information related to fee schedules and negotiations, alternate funding plans and interprovincial income caps
- ✓ Tracking patient wait-times for urological care
- ✓ Studying the financial impact of new technology
- ✓ Monitoring resource utilization



Guy Paterson

Prince George, BC
Member-at-Large and
Board Member 2017-2020

Representing the needs of community urologists in BC

- ✓ Voting CUA Board member
- ✓ Member of the Health Policy Committee

We invite you to consider submitting your name for one of these positions before April 30, 2020 to become involved in the success of your association.



Corporate.office@cua.org



75th Annual Meeting of the CUA • June 27-29, 2020



Jeffrey McCracken and Linda Lee

Victoria, BC
Local Organizing Committee Members 2019-2020



Collaborating with the CUA Annual Meeting Planning Committee to ensure the success of CUA 2020 networking events.