Canadian Anesthesiologists' Society Presidential Interviews
Dr. Ron Gregg, interviewed by Archives & Artifacts Chair Dr. Mike Wong
February 10, 2023

Mike
I am pleased today to speak with Dr. Ron Gregg, who practiced for many years on the faculty of the University of Alberta. Over the course of his storied career, he served as president of the Canadian Anaesthetists' Society (1986-1987), president of the Alberta Medical Association (1989-1990), president of the Academy of Anesthesiology (2000), and was active on the board of the Canadian Medical Association.

Welcome, Dr. Gregg.

Ron
Good morning.

Mike
You're joining us today from beautiful Edmonton, Alberta – a city where you've lived for most of your life, I believe?

Ron
Yeah, other than my first year, when I was born in Winnipeg. I think my parents moved here when I was two or something.

Mike
What were your recollections of growing up in Edmonton? I think you grew up in a fairly large household.

Ron
Six kids, yeah. We used to play outside an awful lot because it was a small house. I also remembered that I used to have to walk a mile to go to school. Later on, I went back [to the old house] and it turns out it was only two blocks, but when you were in grade one it seemed like it took forever! I remember when I went back years later and I looked to see how close the school was to the house, I was quite surprised.

Mike
Everything looks a lot bigger at the time.

Ron
Sure did!

Mike
And what were you like as a kid?

Ron
My father said I was a little shit. So did my siblings. I used to deliver Star Weekly to make a little money on Mondays and rest of them used to look forward to Mondays because I was out of the house. I was the oldest and I guess I wasn't too nice to them at the time!

Mike
When you were growing up, did you get a sense early on that you wanted to pursue medicine?
Ron

No, my father was working on the railroad then he started a business and did very well, but he only had a grade 9 education. He said [to me], "You're going to university." He never said for what, though. Now, for some reason, it seemed that every Christmas I would get an ear infection. I'd [then] get a shot of penicillin in the ass every Christmas and I decided early on that I wanted to be on the other end of the needle. [laughs] From a very early age, I wanted to go into medicine, but my father didn't exactly [agree]. He said, "What do you want to do that for?" I said, "I don't know, but that's what I want to do." And so, it was an early choice and I just kept going towards it.

Mike
In the end, you weren't the only one in your family that chose medicine or healthcare.

Ron
My youngest brother [Randy Gregg], when he finished playing hockey for the [Edmonton] Oilers, is also a physician and he's still practicing sports medicine. I had two sisters that were nurses. And one kid, my middle brother, took over my father's business and has done extremely well. He now has something like 22 branches in Western Canada, so he's done. He's the smart one in the family.

Mike
Certainly, no slouches in the family. You're not even the most well-known Gregg out there!

Ron
No, Randy's probably the best known. The hockey player.

Mike
Four or five Stanley Cups along the way?

Ron
Five, he's one of the few [Edmonton Oilers] that got all five.

Mike
That's incredible. Anyway, after you decided to go into medicine, how did you get there? Was it a challenge?

Ron
No, it was pretty good. I did two years of pre-med, and I got into medicine. After [four years of] medical school, I interned and then did a year of general surgery, then a year of [rural] general practice. [Then,] I got married that year and my wife didn't like living in a small town in Alberta, so I realized I was going to have to go back and specialize. I didn't like office practice very much, especially the fact that you worked late in the afternoon. In those days, anesthesia used to finish at three, and you'd come in and you didn't have any ongoing patient problems. So, I decided I quite liked anesthesia, and that's why I went back into [residency].

I had done a little bit of anesthesia in my surgery year, and I quite enjoyed it. I [also] did some anesthesia when I was in general practice. So, it was easy to carry on.

Mike
And when approximately was this, that you started your to focus more on the anesthesia side of things?

Ron
I graduated in ’65. So, ‘66 internship, ‘67 year of surgery, ‘68 general practice. I wrote my exams in the fall of ‘71, and then I took off with my ex-wife for six months. We went for a trip on the Pacific, Australia, New Zealand, and then came back in the summer of ‘72 at the University Hospital [in Edmonton]. That's where I stayed 27 years, and then I went to the Misericordia Hospital for my last 10 years.

Mike
At what point did you start to get involved in the CAS? I think you started as a divisional representative for Alberta.

Ron
What happened was, the guy that was going to be the President of the Alberta Division was – just to say – a little hyper. I got asked if I would be his Secretary Treasurer kind of keep him under control because he was the kind to fly all over the place. I said, sure, so I did that for two years. At the end of the two years, I became the President of the Alberta Division. When you did that, you then sat on the board of the CAS for two years as a Rep from Alberta. I became very good friends with Dr. Terry Queree who was in the lineup to be president. In my second year he said, “Would you like to be the second Rep from the board or council to the executive?” I said, sure, why not?

I went out to a cocktail party that night and somebody came up and said, “Congratulations!” I said, “What do you mean?” “Well, you're now in the line to become president.” It was a big surprise to me because I didn't know that!

So that's what happened. It was totally by accident!

Then, I ended up going through as President, then Past President. Following that, my ex-chief of anesthesia at the University Hospital had gone to the Alberta Medical Association (AMA) as executive director, although that didn't last very long. [AMA] were looking for somebody to come in as president-elect from Edmonton, and he suggested me. They phoned me and said, “Would you like to be president-elect of the Medical Association?” I was previously on the Fees Committee, so I had some experience with the AMA. I said, “Sure, why not?” So, that's how I got into that.

It was kind of by accident all the way along. It certainly wasn't planned.

Mike
I imagine there were probably things that bugged you about practice or the landscape of medicine that got you involved in the first place with both [organizations]?

Ron
Not really! I mean, I quite enjoyed what I was doing. I just felt it was something, you know, [that] you have an obligation to put something back into the profession. I've said that to other people, like Dr. Rob Seal, for example, who became [CAS president in 2000]. I said, “You’ve got to put something back.” My oldest son is also an anesthesiologist now and he's involved. He's on the Alberta Medical Association General Administrative Council, and he's not involved with the CAS. He's president of the Anesthesia section of the AMA. So, you know, if you're going to enjoy the benefits of [professional organizations such as CAS or AMA], you should put something back into it, so that's kind of where I went.

Mike
That's a great attitude to have for this whole endeavor. Now, is there anything you can look back on during your time with CAS that stands out as a particularly memorable aspect of it, or perhaps an accomplishment you are proudest of?

Ron
Certainly, the most memorable thing was the people you met: Drs. John Price from New Brunswick, Germain Houle from Montreal, and Jim Beckstead from Manitoba, to name a few. The people you met were the guys that were involved, that would do things. There's a lot of really, really good people that I met. I think that was probably the highlight.

As far as memorable accomplishments, that's when the CAS bought that house in downtown Toronto, that they moved the office to. It got sold [later]. I can't remember when they got rid of it, but that was one of the things we did. [The house was at 187 Gerrard Street East and served as CAS headquarters from 1987 to 1991. This was followed by an office at 1 Eglinton Avenue, until the transition to a virtual head office during the COVID-19 pandemic in 2020]

We were also quite involved for a while […in the issue of malpractice]. When I started my practice, all physicians in Canada paid $100 a year for CMPA dues, then it started going up. When it hit $500 for everybody, the GPs [general practitioners] in Quebec could get it cheaper on their own, so they were dropping out. That's when the CMPA split it into different groups. Anesthesia was in the high-risk group, along with obstetrics and orthopedics and neuro[surgery]. We were in the top group and our fees were going up.

That was the time that pulse oximetry came.

When pulse oximetry came in, all of a sudden, you didn't have patients that were hypoxic during the procedure, that would not wake up, or wake up with big deficits. When pulse oximetry came in, [those complications of hypoxia] kind of ended and our fees dropped. We dropped out of that top group and the obstetricians kept going up to $20,000 to $30,000 a year while we dropped back to $10,000. That was one of the things that came, and that made it better for patients. Although we had nothing to do with the fact that it came, when I was involved, we kind of promoted it.

Mike
It was practice changing.

Ron
[It] made a big made a big difference for the patients.

Mike
The challenges that you faced as President of the AMA were similar but also quite different, from what I can tell. There were a lot of big-picture issues that were going on at the time: provincial healthcare funding, abortion laws, seatbelt regulations, all sorts of issues.

Ron
Oh yeah, lots and lots of neat stuff. It's interesting. The [new provincial government was] going to take 20% off our incomes over five years. In the first year, they wanted doctors to give up 5%. At that point in time, I was on the negotiating committee. We said, well, that's not fair. That takes it out of the staff and all the other things. We actually only lost 3.5% that year, then the next year, I think, we went *up* by 8%, or something. But that was just one of the issues.

The thing was to try to keep all the groups happy, and you can't. The people that see that they're at the bottom of the fee schedule, they want more. The guys at the top think they deserve what they've got. That that still goes on today. It hasn't changed. We tried adjusting the fees and, every year, we tried to give money to the groups at the bottom. It's one good thing that happened. Because I was involved, Anesthesia did pretty well.

Mike
Mentioning these considerations, it takes a real sense of political savvy to be successful in these kind of leadership roles – balancing competing interests and being able to execute a vision for these organizations. Was leadership something that came naturally to you, or did you have to train and work on it consciously?

Ron
The only training we had was some stuff from how to deal with the media. That's the only training I remember. We had a professional guy come and talk to us about how you sit, how you do things, and how you think about what you say. You know, don't call them *ladies* – call them women. There were a whole bunch of things, and I had a little trouble at times. Sometimes I said what I thought but then, you get into the rhythm of these things. I didn't realize this, but it was working.

At the end of the year, I said to one of the one of the guys that was in the media, "Jesus, I didn't have any trouble all year with the media." He says, "Well, that's because you manipulated them!" So, I was like, "What are you talking about? Manipulated them?" He said, "Anybody that phoned up that needed an interview? You were always available." The guys on TV, by 3:00, wanted to have a soundbite for the 5:00 news and they were always in a bit of a hurry. I'd say, "Come over! I get somebody to look out for my [operating] room, and I'd be available. I always had my stethoscope on and a mask around my neck. [And I] looked like I just came out of a working situation. That's what I wanted to look like. Then, people say, "Oh, geez, this guy's talking. He's a real doctor, you know, because he's saying come right out of the operating room." I never thought about that [at the time] but, Jesus, these guys would be good to me if I'm good to them. It was their job, and they were doing this stuff. I didn't realize I was [air quotes] manipulating the media, but it just worked out!

Mike
There is that aspect of diplomacy in these jobs, and also being able to stand up for things you think are right, as well.

Ron
Yeah. I remember one of the guys at the end of my year. He was a GP from one of the small towns. He said, "We had some real concerns about an anesthetist from a tertiary care hospital being the head [of the AMA], but you supported us very well!" I thought that was good, because that's what you're supposed to do when you're head of the association. You represent everybody.

Mike
Taking a step back from administration and thinking about the clinical side of your life, can you describe that for us – what a typical anesthetic might have looked like when you first started practicing, compared to the last one you gave?

Ron
I started at the Alex [Royal Alexandra Hospital] and there was something like 14 operating rooms, but there were only four ECG [electrocardiography] machines. And, if somebody got the ECG, everybody

used to go look in the window to see what the hell was going on! You never put an ECG on [in those days]. You kept the finger on the pulse; it's what a lot of British-trained anesthetists did in those days. A finger on the pulse was the way they'd monitor [hemodynamics]. Sometimes, they wouldn't even do blood pressures, but you had a blood pressure machine. That was about it.

Things have changed. The drugs have obviously changed. When I was resident, I saw one ether anesthetic that they gave to a kid because the surgeon was doing tonsils and he used adrenaline, and you couldn't use halothane with adrenaline. I saw one ether anesthetic – I never gave one, but I saw that. We had halothane, methoxyflurane, [and] that was it. We had curare, gallamine, and succinylcholine as relaxants – and decamethonium! If you had a real bad patient, mix succinylcholine with decamethonium because it would give you 10 or 15 minutes until they made an incision. Because if you used curare [instead], you'd have no [blood] pressure if somebody was in bad shape.

I mean, the drugs have changed totally. I remember when Innovar, which was fentanyl and droperidol, came in. Other than that, we had morphine or Demerol [meperidine]. Those things have changed. We had only pentothal for induction. A lot of patients were [hypotensive] frequently. Those drugs that had the biggest advantages were the things that were cardio-stable, as they came out [on the market].

I went into the OR – my oldest kid's an anesthesiologist and when he was a resident out in Banff, I dropped by to see what he was doing. He puts in lots of pain blocks in at the end of the procedure for post-op pain. We didn't do that. He uses ultrasound, if he's starting lines: art lines, internal jugular [central venous catheter]. We used to do them blind [landmark technique]. You know, you'd stick [the needle] and if you got dark blood back, you're in the right spot. If you're bright, carotid artery!

There's a whole bunch of things. I was thinking today that, for difficult intubations, we didn't have a Glidescope [video laryngoscope]. At the University Hospital, one of the other fellows, Dr. Hal Haynes and I used to do most of the difficult intubations. What we did is, one of us would take the laryngoscope, [apply laryngeal pressure] and expose the cords, and then the other will go over your shoulder to put the tube in. We usually got called to do the difficult intubations. Now, you use the Glidescope or something and it's totally different. All these advances have come along, and they're so much easier. Part of the problem, of course, is when you had a difficult intubation, you had to be fairly strong to be able to do it. In those days, you didn't have a lot of female anesthetists and, if they weren't strong enough sometimes to do it, you had to help. That's changed.

It's easier now because you got the Glidescope, all the other stuff, and the monitoring is better. End tidal CO_2 monitors, we didn't have any crap like that. Like I said, it was literally a finger on the pulse for blood pressure and hope the patient wasn't hypoxic.

Mike
During your career, which subspecialties in anesthesia most appealed to you?

Ron
Three of us started the pediatric cardiac service. I did that for three or four years and I got out because the surgeon [at the time] didn't want to upset the OR during the day and he booked them late in the evening. So, every third week you do your day and then you'd be back in for PD [peritoneal dialysis] access. I got fed up with that and did [adult] hearts for a while. The last number of years [at University of Alberta Hospital] there were four of us that did neurosurgery and did call for that, on top of regular call. When I was 55, I was Vice Chair at the university, but I also was kind of in charge of the OR. That's when they did the first reorganization of healthcare in Alberta, and they made the University Hospital tertiary care; they kicked out the day surgery unit. It was an extremely good day surgery unit with four rooms, and it

got cancelled. They moved all that stuff off to the two smaller hospitals in town, and all the major stuff came to the university. I remember, the problem was – I remember, when I was in the neuro room – I did my elective list on Friday for all the cases which had been [originally] booked on Monday because, all week, all we did was emergencies. That was happening to everybody [at University Hospital]. People were very, very unhappy. Of course, they bitched to me, and I was supposed to fix it because I was the coordinator. I got tired and that's when I thought, no, [I've] done this long enough. That's when I went over to the Misericordia [Hospital], which was great because there was no ICU. [Sometimes], maybe people might stay overnight. That was it, and the ORs closed at 3:00.

So, my wife and the four boys were down in BC [British Columbia] at the lake, and I'd go home at 3:00 with a cigar and a Scotch and sit outside.

It was wonderful.

It was like second life had started again.

Mike
Speaking of a second life, I think you retired around in 2010. What has life been like since stepping away from practice?

Ron
I was just about 68 when I quit. About a year later I had to go to the Misericordia, for either my father or my kid – I can't remember – somebody's emergency, anyway. I went up to the doctor's lounge and [the overhead page] called for somebody to go to the OR. I thought God, am I ever glad that's not me.

I was quite happy.

I was going down to the lake in the summertime.

I was a little bored, so I started marshalling at one of the golf courses for something to do. I did that for seven years. I did it until this last summer. That was three days out of the week, and I got free golf. You go check people in, then drive around the golf course and the park, make sure everything's going fine, and everyone has a good time.

Mike
That's sounds terrific.

Ron
It was good. I liked it down there, so I did that from May 'till the end of October. Then, I was driving down to Palm Springs. I had a buddy that had a place on the golf course down there, so I'd spent February down in Palm Springs, relaxing. That kind of went with the COVID stuff.

Mike
That would have made things challenging. Looking back now on your career, who do you identify as being the important people, the mentors and sponsors in your life who really influenced that trajectory?

Ron
Probably Dr. Bill MacDonald, who was the head of anesthesia when I was going through. Bill was on the CAS, and he was very supportive as chairman of the board at that point in time. He kind of influenced me that way.

Like I said, most of the other stuff happened accidentally. I didn't know what I was getting into.

I enjoyed it. I met so many really neat people. Some of them are still good friends today. When I was president of the AMA, the executive director was Dr. Bob Burns; I still see him and he's out on the island. I still talk to him, Facebook, or stuff like that. He was also a big sponsor for me when I got involved with the Academy of Anesthesiology. There were a lot of people I met, just some really neat people. [In] CAS, Dr. Germain Houle was a good guy.

So, there were a lot of lot of people. Nobody specifically pushed me in any direction, some of it just kind of happened.

Mike
Also looking back on your career, do you have any specific advice to give to the next generation of trainees and early career staff?

Ron
Well, I didn't realize it at the time, but…like I said, my kid's an anesthesiologist. He's involved [in professional service commitments] but he told my wife – he says, "I'm not gonna get involved like Dad was." He says, "I've got two young kids and Dad was never around because he was always at meetings!" I didn't realize that.

[One time] I said something to Nancy [spouse] – my two grandkids were [visiting]. I said, "Jesus, we had four [kids]. Were they like this [rambunctious]?" She said, "Yeah, but you were never around!"

I think that [among] my classmates, when they were in general practice, everybody was working 60 hours a week. People aren't doing that anymore, which is partly why there's – in my opinion – a shortage of physicians. People don't put the same hours as the people they're replacing. I think, maybe, they're [the current cohort of physicians] a lot smarter. Like I said, Kevin, my son, has a lot of time with his kids, and he works hard and stuff. He said he's not gonna do what I did because he wants to be around to see his family. I think you can't fault somebody for doing that, you know?

Mike
You raise an interesting point. It seems the demand for peri-op services is only increasing. How do we deal with that kind of human resources mismatch, right?

Ron
When I was involved with the AMA or the CAS, a lot of the [provincial] governments were trying to save money. They felt the way to save money is have fewer doctors, so they cut back on the admissions to medical school. Well, then you'd have fewer doctors [in the future]. I think we're still suffering from that. [The politicians] want to get all these [new] doctors, but where the hell are you going to get them from? It takes nine to ten years to train a GP, you know! "We'll get them from elsewhere." Well, that's fine, but some people from other countries, if you're going to get them [from abroad], they're not trained the same way. Yeah, okay, they can look after you, but don't look after me. You read all this stuff that's going on, and they're gonna do this, and they're gonna do that.

It's not like you snap your fingers and, all of a sudden, there's a whole bunch of people heading off from general practice, you know? Or anesthesia. Or anything else!

Some of the things that they're talking about are pretty unrealistic. When you've been involved with this stuff, you see it's just not going to work.

Mike
It must be annoying to see, every number of years, some old ideas resurface that either didn't previously work or were too unrealistic to even try.

Ron
Oh yeah. It doesn't change. The problem is the same. Just like right now with the GPs saying they're not making enough money, and somebody else says, "Well, you are. You only work four days a week." It goes on and on and on. It never changes. Or, you have a lot of females in general practice, who don't want to work 60 hours a week. My classmates that went out in general practice, there weren't that many of them, but they were working 60 hours a week, you know?

Mike
Well, I mean, males and females alike. Both seek the kind of work-life-family balance you mentioned earlier.

Ron
I mean, we all did what we did because that's what you expected to do. Just like when we interned, we were on every second night – every day and every second night. Now, what is it? They can't work more than one in four [nights] or something like that? Yeah, well, we were on every second night, so the night you're off you slept because you've been up the whole 24 hours before! But that's the way it was.

And then, you'd have some old fart saying, "Oh Jesus, when I was an intern, we worked harder! I had to work and walk through three feet of snow because I didn't have a car!" [laughs] You know, the usual crap.

Mike
Right. Any last comments for our readers?

Ron
Anyway, looking back, I'm glad I did what I did. I enjoyed it. I was happy when I finished, but I was also 68 and I figured I'd done my time. I had lots of neat experiences.

I was thinking the other day about my year in general practice. I was 25. I think at that point in time, I had finished medical school and this girl came into the hospital and she obviously had an ectopic [pregnancy] and the other doctors were all out hunting or doing something else. I ended up starting an anesthetic with the nun because it was Catholic hospital. I had the nun squeezing the bags as we didn't have a ventilator, then I opened [the patient] up and I did this surgery. She survived! I remember I was 25, operating by myself. It turned out it was on the ovary, not on the tube. It was a rare variant, something like 1 in 80,000 pregnancies or something. She survived! I remember at the end, going and sitting in this little room off the ward. Then, the head nun came in with this bottle of brandy. She said, "I think you need a shot of this!" It was interesting. I'd been there for two or three months in this small town, and by the next day, everybody in town knew about it. That made it for me. From then on, there was never any question from the nuns or everybody else. If I ordered something, that was okay, because I had made my name.

I look back at that as one of the one of the highlights of my life because she survived…and *I survived*!

Mike
No small feat there! That is a very interesting note to end on. We all thank you very much for your time and experience.

Ron
Okay, have fun out there. [laughs]