Throughout the history of healthcare, revolutionary insights into the biological systems underlying human disease have been repeatedly informed by the efforts of correspondingly radical thinkers. Notwithstanding the relatively brief chronology of Canada, several prominent contributions from Canadian scientists, physicians, and academic leaders have facilitated innovations that continue to curb illness worldwide. The channels for these transformations have been facilitated by perspicacious individuals that have devoted their lives to bridging crucial holistic gaps between science and medicine. Dr Douglas Bocking is one of these individuals. Through progressing the conception of medical innovations and pioneering the launching of novel academic partnerships, he helped establish the University of Western Ontario (UWO) as a leader in medicine within Canada and throughout the world. Bocking’s ardent enthusiasm and cheerful character continues to empower mentees at all experience levels. The Government of Canada formally recognized his steadfast commitments to Canadian healthcare by appointing Bocking to the Order of Canada in 1999. His empathic and innovative disposition has also been immortalized by the Douglas Bocking Award, one of UWO’s highest teaching honours. Beyond the admirable appointments and accolades, Bocking remains an active member of London and UWO communities at 98 years young, continuing to engage and inspire future generations of physicians. His contributions to the development of Canadian healthcare have transcended into improved understanding of the human experience and have enhanced the quality of life for millions of individuals.

“The moral and medical lessons from this story are even more relevant today. Medicine is in the midst of a vast reorganization of fundamental principles. Most of our models of illness, [they] produce the illusion of a systematic understanding of disease—but the understanding is, in fact, incomplete.” “We have invented many rules to understand normalcy—but we still lack a deeper, more unified understanding of physiology and pathology.”


Canadian medicine has experienced tremendous shifts in knowledge and innovation throughout the past century that have revolutionized clinicians’ approaches to healthcare. The channels for these transformations were enabled by unique and resilient individuals that have devoted their lives to bridging crucial holistic gaps between science and medicine. Dr Douglas Bocking is one of these individuals.

Bocking served as the Dean of Medicine from 1965-1978 and acted as Vice-Provost of Health Sciences at the University of Western Ontario (UWO), where he built a reputation for his professionalism and patient manner. During his tenure at UWO, Bocking implemented several important changes to the medical curriculum and oversaw the execution of clinical research endeavours that would attain international attention and establish UWO and Canadian medical research on the world stage. To honour his steadfast commitments to improving healthcare and his service to Canadian communities, the Government of Canada appointed Dr Douglas Bocking to the Order of Canada in 1999.

Bocking began his medical pursuit at the UWO Faculty of Medicine in September 1938. During this time in London, Ontario, major reconstructions of the medical program were already underway and new buildings were erected on the UWO campus to accommodate the growing number of students admitted to biomedical programs. Bocking’s medical education was fast-tracked to accommodate the growing requisite for physicians during World War II. “The war started in September 1939,” Bocking recalls. “In ’41 and ‘42, things weren’t going too well for England – they were just hanging on by the skin of their teeth. So, the war had a large
impact on the medical students at the time,” Bocking explains. “Junior internship was cut to 9 months from 12 months. Classes were also accelerated, so instead of graduating in Fall of 1944, we finished in August of ‘43.”

Collectively, the social and economic factors of WWII and differences in training and decision-making that physicians in training and early career physicians experienced largely impacted their career trajectories. “My colleagues and I signed up as privates with the Royal Canadian Army Medical Corps and received fairly elementary training on marching, how to shoot, and other tasks,” notes Bocking. “Joining the Service, we were given a stipend of $25 per month, which covered our annual tuition fee and then some.” Bocking later explained that tuition fees increased in the second year of the program, from $125, to $225/year. Remarkably, despite interminably increasing tuition fees, the Royal Canadian Military continues to fund the educational costs of Canadian medical students in return for future military service.

During his time at UWO, Bocking enacted lasting changes to the medical curriculum and facilitated the launching of novel academic partnerships that would brand UWO as a leader in medicine within Canada and throughout the world. He became Chair of the Medical Curriculum Committee in 1959 and worked to implement program changes that he felt would enhance the clinical preparedness of newly trained physicians. “I was involved as chair of the curriculum committee that assessed the curriculum, and we began to make important changes,” asserts Bocking. Owing to his collective experience as both a physician trainee and faculty member at UWO, Bocking was uniquely positioned to provide valuable and indispensable insight that would improve the efficacy of the medical curriculum.

“Throughout my degree, we really didn’t get much into clinical medicine until the final year of our program. Of course, there were courses in physical diagnosis and lectures in medicine and surgery, and we also participated in clinical wards related to bacteriology, but for the most part we engaged in fairly didactic learning,” recalls Bocking. “Classes went six days per week, and each morning involved lengthy sessions in gross anatomy in which we dealt with cadavers. So, by the time the session was through, you pretty well reeked of formaldehyde,” jests Bocking. “So, we cut down on gross anatomy a great deal, which allocated greater emphasis on patient interaction, especially in the later years of the degree programme. Those experiences with the curriculum committee were quite valuable while I was dean, and I believe we were able to improve clinical exposure for students a great deal.”

Bocking was promoted to Dean of Medicine in 1965 and further led the curriculum through crucial transitions in medicine that involved newly developed program initiatives and academic departments. By this time, medicine in London had shifted to accommodate a greater patient and physician load. Bocking oversaw the affiliation of University Hospital with UWO in 1970 and it quickly gained reputation for innovations in neurosurgery and cardiology, attracting physicians and patients globally. “The university was expanding, faculty was growing, and we had a very large need for new physicians. I saw the implementation of new programs in medicine, including physical and occupational therapy, speech pathology and audiology.” Bocking’s inherent vision for recognizing opportunities for individual and community-oriented growth and development facilitated the development of the medical school curriculum and novel interdisciplinary collaborations. However, at the time, resource allocation toward novel areas of research and medicine attracted fierce backlash from established physicians and faculty members that contended with the shifting curricula due to the potential for greater competition for funding resources.
and laboratory space. Bocking’s intuitive insight prevailed, and among his most persisting contributions includes development of the Department of Family Medicine at UWO – the first of its kind in Canada. “In 1968, we brought Dr Ian McWhinney to UWO as the first Chair of Family Medicine in Canada. He went on to develop the field of family medicine across Canada and is remembered as the ‘Father’ of family medicine.” With the recruitment of Dr McWhinney to UWO, and the conceptualization of a novel approach to clinical medicine, the university began to establish itself at the forefront of medical innovation. “That same year, Dr Charlie Drake and Dr Henry Barnett established the Clinical Neurological Sciences Department, which combined neuroscience researchers with individuals from neurology and neurosurgery. This collaboration formed truly unique partnerships, bringing together surgeons and neurologists with fundamental researchers. I think it was certainly very valuable here at Western, and the collaboration is still happening today.”

It was this brand of innovation through collaboration that placed UWO and London on the world stage. Dr Drake later received international recognition for revolutionizing surgical interventions on brain aneurysms, further solidifying London as a centre for medical revolution. By forging interdisciplinary collaborations between burgeoning fields of medicine, Bocking demonstrated insight ahead of his time. His progressive leadership style served as a model for innovation, creating a culture that would foster future medical breakthroughs at UWO and beyond. “Dr Mustard at McMaster first discovered the role of aspirin in treating various heart conditions. Dr Barnett then followed up with a study that laid the roadmap for ‘baby aspirin’ for heart attacks,” explained Bocking. More recently, UWO has continued these innovative ventures through an expansion of high-profile research projects including efforts toward the first functional HIV vaccine, links between cannabis and mental health, and treatments for traumatic brain injury, among many others.

Furthermore, Bocking served at UWO during a period of considerable social and cultural progression. “In my cohort in ’43, there were 3 females in a class size of 30,” recalls Bocking. Yet, as Dean of Medicine and Vice-Provost of Health Sciences, Bocking presided over a rapidly shifting gender landscape in medicine. Indeed, during the 13-year span that he served as Dean from 1965-78, the ratio of male-to-female trainees admitted to Canadian medical schools was reduced from 10:1 to less than 2:1.

During his time at UWO, Bocking empowered mentees at all levels of experience through his ardent enthusiasm and cheerful character. The Government of Canada formally recognized his “innovative leadership in medical education” and “his commitment and dedication to health care and community service” by appointing Dr Douglas Bocking to the Order of Canada in 1999. His empathic and innovative disposition has been immortalized via the induction of the Douglas Bocking Award, one of the highest teaching honours awarded at UWO, which is presented annually to a faculty member of the Schulich School of Medicine and Dentistry who has made outstanding contributions to the advancement of Canadian medical education. Beyond the admirable appointments and accolades, Bocking remains an active member of the London and UWO communities. At 98 years young, he regularly participates in community events and continues to inspire future generations of physicians.

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REFERENCES

Figure 3. Post-interview photograph featuring (left to right): Matthew Lund, Roger Hudson, Dr Douglas Bocking, Vasiliki Tellios.