Ronald S. Weiss MD CCFP FCFP

Dr Weiss got into the vasectomy business serendipitously: he was part of a small group practice in Ottawa and a colleague was struggling to learn how to do conventional vasectomy from a local general surgeon. Dr Weiss’ partner offered to pass the opportunity on to Dr Weiss, and Dr Weiss took on the challenge, eventually performing 50 conventional vasectomies on his own.

One day, a patient of Dr Weiss’ partner brought a magazine clipping into the office about a no-scalpel vasectomy technique popular in China. Dr Weiss investigated the technique, found it had been documented and described in a few major Western medical journals, and learned the technique had been in use for more than 25 years. Dr Weiss became interested in learning this technique, and soon came in contact with Dr Philip Li, a master in no-scalpel vasectomy. Dr Li caught a plane to Ottawa and trained Dr Weiss in the technique for 3 intense days in the summer of 1992; thereafter, Dr Weiss performed a few each week until he was interviewed by Peter Gzowski on CBC Radio’s Morningside on November 16, 1992. To Gzowski’s amusement, Dr Weiss answered the phone from the maternity ward of the Ottawa Civic Hospital where his wife had just given birth to their third child. This interview resulted in an explosion of awareness and referrals. At present, Dr Weiss does more than 70 vasectomies every week.

I discussed with Dr Weiss his accomplishments in the field of no-scalpel vasectomy, including modifications to the equipment used to perform vasectomy. In any given year, he performs the most vasectomies in North America, being responsible for 10% of all the vasectomies in Canada, and 5% of those in the province of Ontario. He has trained hundreds of doctors across North America to perform the procedure, and physicians from overseas travel to Ottawa to learn from him. Hearing this, I wondered what Dr Weiss thought being the mythical “good doctor” requires. He told me this story:

In 1981, Dr Weiss’ father underwent a cataract removal at the Jewish General Hospital in Montreal. His dad was part of a research study in which intravenous fluorescein was used in post-op angiography of the retinal artery. Dr Weiss traveled to Montreal from Ottawa the weekend after the cataract removal to check in on his father, who was doing just fine. The Tuesday after that visit, Dr Weiss’ father was dropped off at the Jewish General for the research procedure with fluorescein. Dr Weiss’ stepmother waited in her car in a no-parking area near the hospital because her husband’s procedure was supposed to take very little time.

Dr Weiss’ father developed anaphylaxis from the fluorescein. The ophthalmology area did not stock epinephrine. A code blue had been called in the hospital just before Dr Weiss’ father was injected, and the team couldn’t handle both emergencies happening at once.

Dr Weiss’s father died.

Learning of his father’s death late in the evening, in the absence of bank machines and without a car, Dr Weiss went down the hall of his apartment complex and borrowed money from a neighbour. He bought a ticket and took the bus from Ottawa to Montreal. Dr Weiss said, “To answer your question, a good doctor would have had epinephrine. A good doctor would have been prepared for complications—any complication. A good doctor would treat the patient the way he or she would want to be treated.”