Healing our health care system

Lessons from the past

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In the past 50 years, medicine in Canada has undergone substantial evolution, from a quasi-private system to a largely government-funded system. The introduction of medicare was, from a historical perspective, a clear example of creative evolution—"a creative product of a vital force." The force at that time was the will of the politicians and the difficult transition that doctors experienced.

My father was a family doctor in Saskatchewan. When medicare was introduced, my father, as President of the Medical Staff of the Regina General Hospital, was in the thick of the battle. And make no mistake: it was a battle—a vicious and acrimonious battle. I have vivid recollections of the tension in our home, and in our province. I recall my father considering job offers in Nebraska. Many nights he met with his colleagues in our living room, planning responses, expressing frustration; their voices were loud, angry, and unhappy. My mother kept many news clippings, speeches, and documents my father accumulated during that time. As I reviewed this collection, it became clear that the primary sources of dissatisfaction for the medical community were the lack of meaningful consultation and collaboration and the overriding concern that the government would interfere in the doctor-patient relationship.

The same, but different

Although the context is different, those angry voices were expressing the same sentiments that we have heard in the past few years. Note the following words delivered in a speech by Dr E.W. Barootes (written communication, May 1962), a urologist in Regina, a family friend, and President of the Saskatchewan Medical Society:

We stand in a position of having to make decisions which are right, proper, decent decisions that may be hard for the immediate future but decisions that must safeguard the health care of people into the future. We mustn’t make decisions which are momentarily expedient, but we must look into the future as to what is best for the health care of our citizens, 1 year, 5 years, 10 years from today. So many doctors have indicated that they are unable to do their work with the same zest, zeal, the intent, the satisfaction, and the gratification that medical work should bring. We are not having the time to devote to our scientific studies, to our patients as we should.

Fourty-six years later, some of the same frustrations exist. While our relationship with governments has become more collaborative, improvements must still occur. The failures of our health care system have created stresses for practising physicians that eat away at our zeal and passion. We are frustrated by our system’s lack of responsiveness in providing timely access to care for our patients. Organized medicine is frustrated by the lack of long-term planning that we expect our governments to champion. We have seen the fallout from short-term, expedient decisions and it is not pretty; we are now living with the resource crisis that is a direct consequence of such decisions.

Good work is being done in many areas, and well-intentioned, bright bureaucrats and politicians are working hard to achieve some of the same goals that we value. What is lacking is effective sharing of information and bridges between silos. The challenges in Canada are compounded by geography and population spread, and by the reality of a federalist governance structure in which health remains a provincial responsibility and consensus at the federal-provincial-Territorial table is inconsistent.

Skills for change

We learn many skills during our professional growth as family physicians. We develop a capacity for dealing with ambiguity and uncertainty. We learn to distil information quickly and effectively. We learn to listen to and work well with those whose areas of expertise complement ours. We learn from our mistakes and the experiences of others. We learn to be discriminating—to defer jumping on the bandwagon until we know our patients’ safety will not be compromised. We promote prevention because we know that health is not a static state of being, but a dynamic process.

Is it reasonable to expect our political leaders to exhibit these same skills? Absolutely! Is it prudent for our leaders to use all the information from various silos across our country to map an effective Health Human Resource Strategy? Of course! As the doctors in 1960s Saskatchewan learned, change is challenging. But change can be both progressive and well considered, especially if it engages stakeholders rather than alienates them, uses evidence rather than speculation, and anticipates long-term consequences. The College wants to ensure that such collaboration exists so that in 40 years we can look back with pride at the health care system we helped to evolve.