

# Aiming at the right things

Reflections on public health care,  
community, and social accountability

Story by Sarah de Leeuw



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**D**r Daniel Boudreau's golden Lab spent a lot of time barking the other night. So Dan thought that whatever was in his yard must be being kept at bay.

When he woke up the next morning, however, it was clear the barking hadn't done much good. All Dan's delicious Nova Scotia Honeycrisp apples were gone. Eaten right off his trees by deer. In one fell swoop.

It just goes to show that sometimes when we think a problem is being solved, it's not. No matter how much barking goes on.

"We're in this big system," notes Dan, a family physician practising emergency medicine in Halifax, NS, where he also teaches, with a special passion for service learning, in Dalhousie University's Faculty of Medicine, "and we're in it together."

Dr Boudreau is reflecting on an issue of national import: the debate about for-profit health care in Canada. The debate skyrocketed into news headlines this past September when a constitutional challenge begun by Dr Brian Day, owner of the for-profit Cambie Surgery Centre in Vancouver, BC, officially went to court. Dr Day's challenge claims that provincial health legislation, which limits for-profit delivery of medically necessary services, violates the Canadian Charter of Rights and Freedoms.

You might be able to imagine what a physician devoted to big-system collective thinking thinks about Dr Day's court challenge.

Along with more than 20 other physicians from coast to coast to coast, Dan sits on the Canadian Doctors for Medicare board of directors. Canadian Doctors for Medicare is an organization focused on *strengthening*

Canada's universal, publicly funded health care system. As opposed to starting up a for-profit system. Being the Director from the Atlantic Region, Dan knows there are problems with public health care. He's the first to acknowledge the sometimes fatal and tragic outcomes of waiting lists that are too long, the burdens that too many health care sites are facing because of understaffing and a lack of funding. Canadian Doctors for Medicare's goal, though, is advocating for innovations in prevention and treatment services and for improved access, quality, equity, and sustainability.

"It's far more complex than one may realize," notes Dan. "Right now, a lot of the conversation is only from one vantage point. Wait-lists exist and they're unfortunate. But they're symptomatic of a larger problem that's not going to go away with for-profit delivery. A for-profit platform is fundamentally driven by the need to make profit, not necessarily to provide the best health care. If we let that genie out of the bottle [private insurance for services covered under Medicare, extra billing], we can't blame it for doing what it's designed to do, which is making a profit, potentially at the expense of health outcomes. We do not need the opening of a 2-tier system with those unable to obtain private insurance or have the ability to pay out of pocket getting left behind. What we need is better Medicare."

From Dr Boudreau's point of view, for-profit health care is a misguided solution for a number of reasons. First, any for-profit system will require resourcing: nurses, social workers, occupational therapists, physicians, and many others who are currently working in the public

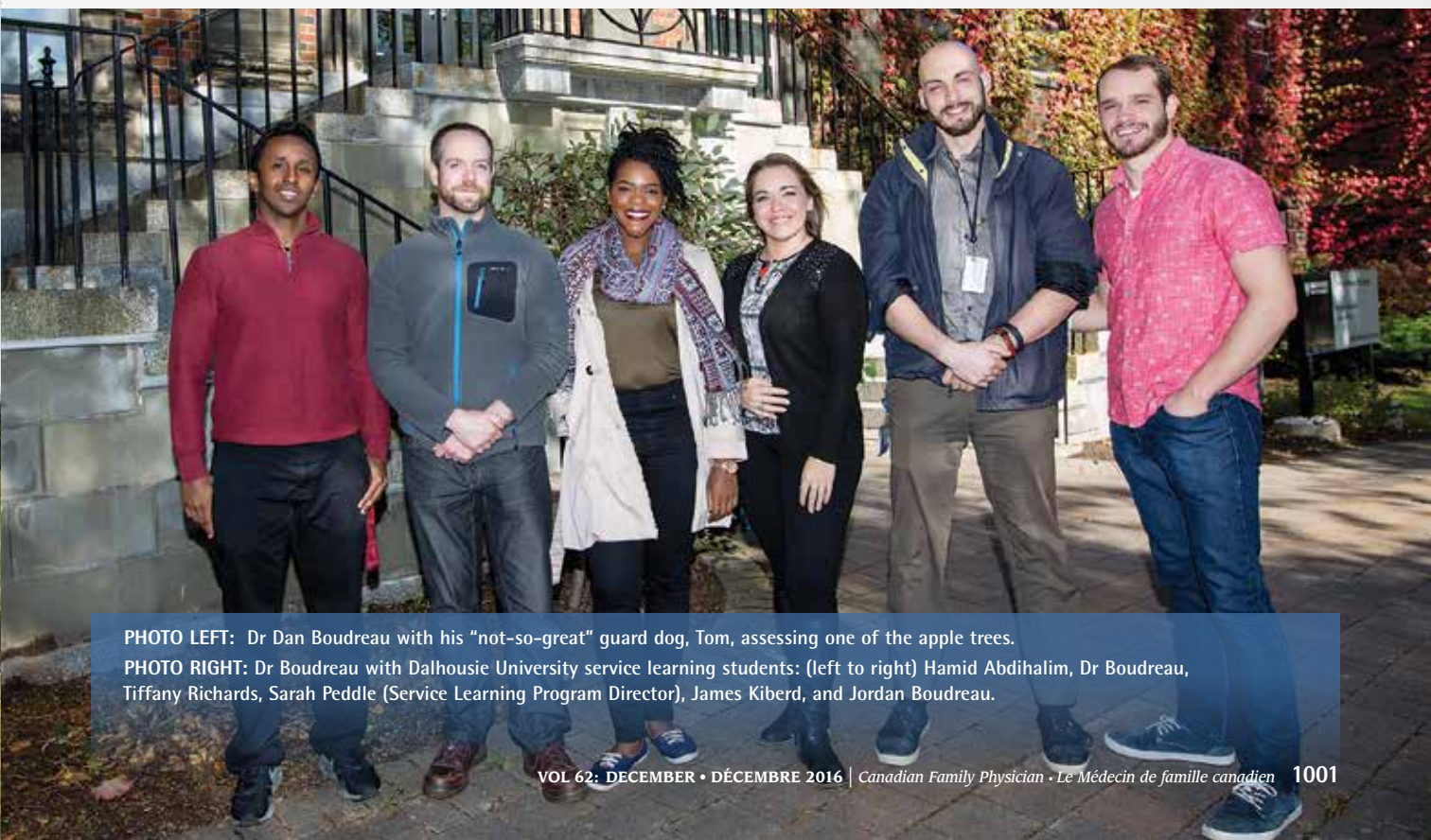


PHOTO LEFT: Dr Dan Boudreau with his "not-so-great" guard dog, Tom, assessing one of the apple trees.

PHOTO RIGHT: Dr Boudreau with Dalhousie University service learning students: (left to right) Hamid Abdihalim, Dr Boudreau, Tiffany Richards, Sarah Peddle (Service Learning Program Director), James Kiberd, and Jordan Boudreau.

domain will be recruited into a for-profit system, leaving the public domain even more bereft of professionals than it already is.

“We only have a certain number of human resources to go around. A for-profit system will divide practitioners’ time away from the public system.” In addition to being profit driven, the second reason for-profit health care is misguided, from Dan’s perspective, is that it also remains “disease driven, never interested in focusing on preventative care or the social determinants of health. Poverty does not make a profit. So treating marginalized people and the underlying reasons for their marginalization, will likely not be a focus.”


Dan offers an analogy to people who think a for-profit health care system is the solution to challenges facing the current public system. “Think about the resuscitation process. Yes. The public system needs resuscitating. But we have to follow the *A, B, C, and D*’s. Airways, breathing, circulation, and disability. If we start at *D* and we have not addressed the *A* or *B*, we know the resuscitation will likely fail. With a disease-focus model, and by not addressing what ultimately makes us sick, we are focusing on the wrong portions of the process. We have to focus on the *A*’s and *B*’s, which are the social determinants and preventative care, which a for-profit system won’t do. By using a 2-tier solution we remain only focused on the last steps of that process. Ultimately the wrong things that drive costs in the system and ill health.”

An important part of refocusing how we view medicine, reflects Dan, involves training medical professionals, especially future physicians, about prevention and the social determinants of health. “As a privileged individual, it’s difficult for me to fully understand a lot of the difficulties my patients face. As a group, physicians are sometimes handicapped by our hubris. So many of us are from privileged backgrounds, which may make it difficult to appreciate the challenges some of our patients face. Until there is a greater diversity of people within the profession these structural challenges may be difficult to recognize or act on by the profession.”

Dr Boudreau has suggestions to address this: work with community groups dedicated to marginalized populations in order to open applied and experiential learning opportunities for medical students and residents. “The Dartmouth North Community Food Centre has a nurse, a cook, a garden, and a healthy food program. As a doctor in the [emergency department], I am dealing with end-of-the-pipe outcomes. A place like Dartmouth North Centre, it is addressing upstream issues and providing disease prevention. Let’s open students’ eyes to that, get them to see the big issues, to advocate for social justice.”



Maybe Dan's passion for social justice and a public, not-for-profit health care system is a case of the apple not falling far from the tree: after all, he grew up on Madame Island, a tiny rural enclave in Cape Breton, NS. A place where stories abounded about the pre-universal health care system of yesteryear, about rural physicians needing to charge wealthy people's medical insurance coverage to make up for the many impoverished people they served, people who had no insurance. About doctors going door-to-door to deliver food, because that was health care too.

"Like it was back then," reflects Dan, "we have to be advocates in our communities. We have to have each others' backs in this country." 

**Dr Boudreau** is Assistant Professor of Emergency Medicine and Co-faculty Lead for the Service Learning Program of the Global Health Office at Dalhousie University in Halifax, NS.

**The Cover Project** The Faces of Family Medicine project has evolved from individual faces of family medicine in Canada to portraits of physicians and communities across the country grappling with some of the inequities and challenges pervading society. It is our hope that over time this collection of covers and stories will help us to enhance our relationships with our patients in our own communities.

**PHOTOGRAPHER** Johanna Matthews, Valley, NS



**PHOTOS:** Volunteers at the Dartmouth North Community Food Centre in Dartmouth, NS, harvesting in the community garden, offering fresh vegetables in the affordable-produce market, and serving drop-in lunch at the centre.

**PHOTOGRAPHER** Dartmouth North Community Food Centre photos by Snickerdoodle Photography



**BACKGROUND PHOTO:** Lawrencetown Beach in East Lawrencetown, NS.