

Let's have this difficult conversation

Premier Gordon Campbell has initiated a Conversation on Health Care in this province and has invited everyone to take part. He envisions a public debate among all British Columbians about the health care system we all want, expect, and can afford.

As the doctors of this province, what is our role in this conversation, this dialogue? How should we approach it? The dialogue itself may be viewed on the wide screen, where on one end we see a cover-up for earlier mismanagement of the health care system and on the other we see how it could be an important catalyst for change. Our options could range from cynical dismissal to reluctant involvement to fully engaged participation.

One of the clear roles of the BCMA and individual physicians is leadership. The BCMA has always had a strong voice with regard to the direction our health care system ought to take. We have put forth proposals on developing and implementing health information technology, reducing the wait lists, recruiting and retaining physicians, and expanding and strengthening primary and specialty care, among other issues. It will be important that our formal submissions to this conversation reflect the views physicians have on sustaining a high-quality health care system for our patients now and in the future.

It is equally important that as many individual physicians as possible are part of this conversation, not just at the association level, engaging, debating, listening, and informing.

The good thing is that this process has a time limit: 1 year. But there will be some lack of trust on all sides, a tendency to blame, and hesitancy to make difficult choices and changes. And, with a provincial election just 3

years away, time is short and possible changes could be overturned.

As doctors, we are passionate and attached to our health care system and we share those characteristics with the citizens of British Columbia. It is easy for us to lack objectivity. That is both a strength and a weakness. As a patient, a family member, or a doctor, it might be hard—perhaps even impossible—to look at this as an intellectual exercise. We feel the failures of our present system in our hearts, our guts, and our souls. Our challenge as physicians is to insist on introspection, to look for and declare our conflicts of interest, and to be the first to identify issues of self-interest if they appear.

For this conversation, we need guiding values and principles. What we develop must be sustainable. Parts of the conversation should be very difficult. If the discussion does not contain harsh truths about our current system then it will not be a real or valid conversation. We need crystal clear truths to be told about the current status of our system. Doctors should provide rhetoric-free content, and we must be open about the myths and misinformation. The clear and present inequities and multiple tiers must be revealed, discussed, and debated.

Above all, the discussion must be patient-centred. All of us need to keep the patient first and foremost in our minds as we talk.

Right now there are some who are pretending. The pretense is that the system is fine, even excellent, and that the Canada Health Act is working. Idealism is important, and the ideals of the CHA will be of value to us in this conversation. But part of the discussion must include whether we can have a sustainable health care system into the future without revitalizing this Act. Idealism must be tempered with realism.

We now have a great opportunity to expand upon that conversation, to take part in the dialogue for health, and to compel the powerful to understand the problems and visualize the solutions. We need to do it for our patients, for our profession, and for our future doctors. I urge you take part in this dialogue—to speak out clearly and strongly, share your opinions, make your criticisms, and come with your brilliant ideas and solutions. Decisions are made by those who show up.

—Margaret MacDiarmid, MD
BCMA President



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