Populism and the death (and rebirth) of medical associations

"We must indeed all hang together, or most assuredly we shall all hang separately." —Benjamin Franklin

This is a fragile, uneasy time. Unstable markets, privacy breaches, and politicians who treat nuclear codes and human rights like the plot lines of a reality TV show have all created a collective unease. In health care, we're seeing soaring costs due to bureaucracy, increased needs, and innovations in investigation and treatment. What resources we do have are further stretched by preventable outbreaks of disease due to vaccine misinformation, the replacement of nutrition by a supplement industry worth billions,[1] and mistrust in medication due to Big Pharma scandals.[2]

Professionally, doctors also feel under threat. Scope creep, overregulation, and antagonistic relationships with government and administrators have left many distrustful and wounded.

So is it any wonder that in the face of uncertainty many have chosen to turn inward? There is comfort in being with one's own kind, who will protect you, and populist leaders have quickly played to this fear by blaming those who are different—sometimes even creating or accentuating those differences. Though these walls may be literal or figurative, and may even produce short-lived change, they do not lead to lasting positive gains.

As doctors, we are at risk to populism due to our heterogeneity. We work in urban, suburban, and rural locations. We are based in communities and/or facilities. Some of us refer, some consult, some do both. For historical reasons, those of us trained in Canada belong to one of two Colleges. Some are early in their career, some are at the end, and a lot are in between. We have varied backgrounds and beliefs.

Clearly there are many ways we can divide ourselves into distinct groups, and there are reasons for spending time in those groups. For example, divisions of family practice and medical staff associations focus on issues that are most important to a particular community or facility. Sections help represent doctors in certain areas of practice on matters such as fees, policies, and guidelines. But as much as I encourage everyone to become involved in the groups that work on their behalf—whether by simply joining or by doing something more—and as much as these organizations should address barriers to involvement, the choice to participate must be voluntary. For example, unlike for most doctors in Canada, being a member of your provincial medical association is your decision in BC, and whether or not you become (or stay) a Doctors of BC member doesn't affect your ability to practise medicine in the province. And just as I encourage you to join your division, medical staff association, or section and support the work they do, this too should be your decision. The same argument applies to societies and to the CMA, with whom we ended our mandatory conjoint membership earlier this year.

Conversely, just as it is your choice to join an organization, the onus is on the organization to tell you what they do and to prove to you their value.

Thank you for choosing to be a member of Doctors of BC.

Doctors of BC, your medical association, is made up of members. Full stop. Sections, societies, divisions, and medical staff associations are some of the organizations with which we have working relationships, some outlined in the Doctors of BC Bylaws and some through the Physician Master Agreement. And as your organization is the only one that speaks for all doctors in the province, I hope that Doctors of BC will continue to earn your trust and advocate for you as best we can to support you in your profession and personal lives.

Thank you for choosing to read this. Thank you for choosing to be a member of Doctors of BC. Though the future is uncertain, our best chance is to face it united. We need a stronger community rather than more tribes. And when you decide to reject populist rhetoric, you choose a future that is Better Together.

—Eric Cadesky, MDCM, CCFP, FCFP
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References

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2. Meier B. Origins of an epidemic: Purdue pharma knew its opioids were widely abused. New York Times. Accessed 22 March 2019. www.nytimes.com/2018/05/29/health/purdue-opioids-oxycontin.html.