

News

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Book review: *When Politics Comes Before Patients: Why and How Canadian Medicare Is Failing*



By Shawn Whatley, MD. Optimum Publishing International, 2020. ISBN: 978-0-88890-311-2.

This book, written by former Ontario Medical Association president Dr Shawn Whatley, is the second in what will be a trilogy

of books focusing on different but overlapping aspects of Canada's health care system.

The book is extremely well written, and Dr Whatley's analysis is backed up by many carefully referenced sources. He demonstrates how political concerns and priorities have trumped patient priorities in Canada. When it comes to diagnosing the systemic problems that plague our health system, he pulls no punches.

In clear, simple language, he explains how Canada's system evolved, and describes the premises, promises, and broken promises. Politicians have repeatedly propagated myths about our system, and Dr Whatley exposes those myths.

Our flawed funding system, including that which disincentivizes hospital authorities when it comes to prioritizing and treating patients, is well explained. Canada stands alone among all developed countries in funding hospitals based on global budgets. Uniquely, our hospitals are penalized financially for every patient treated.

Dr Whatley analyzes the role of political action in creating Canada's shortage of doctors. This was a purposeful policy based on the premise that reducing the numbers of doctors

would lower health costs by reducing the number of patients being treated.

Similarly, the lack of incentives to treat patients has resulted in Canadian politicians overseeing and implementing policies that have led to reluctance to innovate and embrace new technologies that benefit patient care. Our current ranking of 26th in the number of hospital beds on a per capita basis is yet another outcome of ineffective political control.

As Dr Whatley explains, perhaps the biggest myth surrounding our health system is that it is envied by other countries. Not a single country on Earth has ever considered embracing any of its features.

The book reveals that politicians have neglected their responsibility to the public. Yet those same politicians have no difficulty in gaining timely access to excellent care for themselves and their friends. They have the power to manipulate and influence the system when it suits them. This book should be a wake-up call for them and for the public that elects them. Every potential patient (that means everyone) and every politician should read it.

Dr Whatley describes the role of Tommy Douglas in introducing medicare to Canada some 60 years ago. I doubt that any politician of that era would have envisioned that the system they implemented then would be subjected to historical stagnation and inertia by their successors. Evolution requires that we continually adapt to change. There have been many changes in medicine, and in patients' needs and demands, yet politicians have not acted. Perhaps the most startling fact is that, as a result of political neglect, our government's own data reveal that in Canada, low-income groups suffer from the worst health access and the worst outcomes.

As one encounters the shenanigans described in this book, which epitomize governments' handling of our health system, the

reader can come to only one conclusion: the phrase "politically correct" is a classic oxymoron as it pertains to medicare in Canada.

If politicians can assimilate the material in this book, perhaps Dr Whatley's final book in the trilogy will be titled, *When Patients Come Before Politics*.

—Brian Day, MB
Vancouver

COVID-19 recommendations from the BCCDC and Ministry of Health

The BC Centre for Disease Control and the BC Ministry of Health have produced the *BC Care Bundle for Supporting High-Risk Patients During COVID-19 Pandemic and Influenza Season*. This infographic provides recommendations for all care providers managing high-risk patients, including primary care practitioners (family physicians and nurse practitioners), for optimizing the comprehensive longitudinal care of these patients during the COVID-19 pandemic and influenza season. The key recommendations were developed with input from BC specialist physicians and family practice leaders. They include encouraging immunization uptake, creating care plans for intercurrent illness with underlying chronic disease, and optimizing chronic disease management. The infographic is available at www.bccdc.ca/Health-Professionals-Site/Documents/Care_Bundle_High_Risk_Patients.pdf.

A new GPSC one-time payment will support family physicians who are taking on the additional work of identifying and treating patients with care needs noted in the Care Bundle infographic. The GPSC emailed eligible family doctors in February 2021 with information about registering for the payment. Most eligible family doctors will each receive a

one-time payment between \$1000 and \$1500 based on the number and complexity of their Majority Source of Care (MSOC) patients. The GPSC is providing a total of \$6 million for the payments, using unallocated funding from 2020. More information about the one-time payment is available on the GPSC website at <https://gpscbc.ca/news/news/new-one-time-payment-bc-care-bundle>.

To assist physicians in rapidly applying the Care Bundle guidance, the Pathways online resource now includes an easy-to-use algorithm with embedded links. To find the point-of-care algorithm, log in to www.pathwaysbc.ca and select the specialty of “COVID-19” from the blue “Select specialty” tab, or search the word *bundle* in the search bar. If you do not have Pathways access, send a message to contact-us@pathwaysbc.ca.

MIND and Mediterranean diets associated with delayed onset of Parkinson disease

A new study from UBC researchers suggests a strong correlation between following the MIND and Mediterranean diets and later onset of Parkinson disease. While researchers have long known of neuroprotective effects of the MIND diet for diseases like Alzheimer disease and dementia, this study is the first to suggest a link between this diet and brain health for Parkinson disease. The MIND diet combines aspects of two popular diets, the Mediterranean diet and the Dietary Approaches to Stop Hypertension (DASH) diet.

The study (176 participants) shows that individuals with Parkinson disease have a significantly later age of onset if their eating pattern closely aligns with the Mediterranean-type diet (up to 17 years later in women and 8 years later in men), according to Dr Silke Appel-Cresswell of the Pacific Parkinson’s Research Centre, the Djavad Mowafaghian Centre for Brain Health, and the Division of Neurology in the UBC Faculty of Medicine.

Researchers looked at adherence to these types of diets, characterized by reduced meat intake and a focus on vegetables, fruits, whole grains, and healthy fats, and the age of Parkinson disease onset. The MIND diet showed

a more significant impact on women’s health, whereas the Mediterranean diet did for men. The differences in these two diets are subtle but could serve as clues to the impacts specific foods and micronutrients may have on brain health.

The different effects of diet adherence between sexes are noteworthy as approximately 60% of those diagnosed with Parkinson disease are men. These findings springboard to other research questions that could have significant impacts on the understanding of the disease, and drive home the connection between the gut and the brain for this disease. The research team plans to further examine the potential connection between the microbiome and its effect on the brain.

The study was published in *Movement Disorders* and is available online at <https://movementdisorders.onlinelibrary.wiley.com/doi/10.1002/mds.28464>.

New magazine from the JCCs featuring stories of physician-led innovations

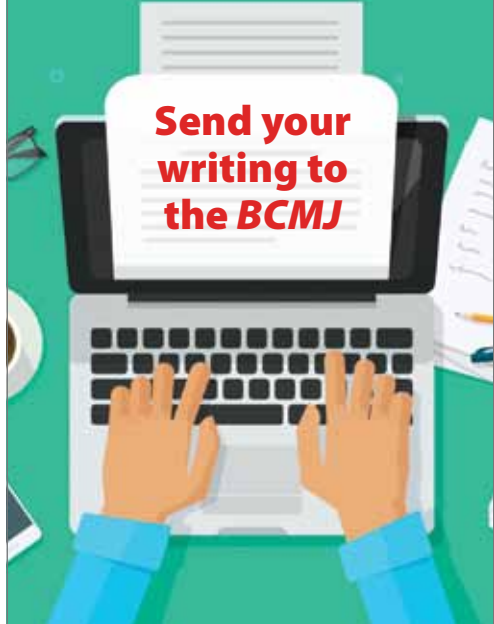
The inaugural issue of *Collaborate on Health in BC* is available online at <https://bit.ly/3aFnZib>. The magazine curates stories about how doctors have worked with health care partners to champion and innovate ways to deliver the best care to patients across BC in 2020, all while navigating the challenges of a global health pandemic.

Featured stories include:

- Patient care toolbox expands with virtual care
- Hospital at Home: Physicians lead the way to bring program to BC
- COVID-19 and mental health: Advocating for children and youth

The magazine is presented by the Joint Collaborative Committees (JCCs), a partnership of Doctors of BC and the BC government. For nearly 20 years, doctors have been leading and advocating to improve BC’s health care system through the four JCCs: Joint Standing Committee on Rural Issues, General Practice Services Committee, Shared Care Committee, and Specialist Services.

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