

Dr Ramneek Dosanjh: Medicine captures her mind and her spirit

Dr Dosanjh is a family physician, hospitalist, and child and youth mental health advocate in White Rock and the new president of Doctors of BC. Here she shares a bit about where she has come from, what has inspired her, and what she hopes for the future.

Dr Dosanjh started her 1-year term as president of Doctors of BC on 1 January 2022. She spoke with *BCMJ* editor Dr David Richardson in December.

So, you're from Ladner?

I am, I grew up here.

I grew up in Tsawwassen.

Oh my gosh. Really, what a small world.

I'm guessing, maybe a little before you. I'm 58.

Yeah, so a bit before me.

Which elementary and junior high school did you go to?

I started at Hawthorne Elementary and ended at Holly Elementary, and I graduated from Delta Secondary.

It's funny, I worked for the Delta School Board for a bunch of years while I was going to university.

Oh really; what did you do?

I was grounds maintenance, so I know where all the schools are; I spent many hours weeding and raking and trimming and those kind of things. That's really neat.

So, speaking of Ladner, tell me a bit about your upbringing?

My whole family on my mother's side, so my grandmother and her brothers and sister, we are all from there.

Whereabouts in Ladner did you live?

I grew up on the west side of Ladner, closer to Hawthorne Elementary. I still have a lot of family and friends there who I grew up with. There was a great sense of community, great people. We have always had lovely neighbors.

Where's your practice?

I no longer have my practice; I was in Surrey, initially. I was a solo

practitioner but grew into doing a lot more hospital-based medicine, and then locums as opposed to running my own clinic.

What inspired you to get into medicine?

Dr David Kason had more of an influence than he even knew. He was our family doctor—he delivered all of us and was involved in the delivery of my daughters, too. I loved the fact that medicine was, still is, limitless. There are so many things we don't know, and I was really curious about the human body, anatomy, physiology. How things work was always really important to me, and the “why” behind things has been equally important. My dad and I were avid enthusiasts of the Ladner Pioneer Library; I used to take out more books than people would think I could read, but medicine was my biggest fascination, and reading is what propelled me into it.

My mother was pretty sick with severe ulcerative colitis growing up, and I knew there wasn't a real cure at that time, so even at a younger age, I started going to the university libraries with my dad, who worked at UBC. I was also interested in seeing the morgue, things that most kids weren't super fascinated by. I was exposed to the UBC science fairs; one year the medical school put one on, and you could use the laparoscopic instruments. I always loved science; it was intriguing. I thought, wow what a fascinating world, and I still feel that way. I feel like I could read about medicine nonstop and not tire of it. It's alluring; there are so many new inventions and great minds. I've always been a curious learner, so the ability to never stop learning is appealing. I was drawn by the awe of it. I started candy striping and volunteering at Delta Hospital at 12 years old and I volunteered there throughout high school until I was 18, so when I went back and did my first shift there, it was like coming home in a way. I also volunteered for 4 years with the Make-A-Wish Foundation, granting terminally ill children a wish. I was inspired, both from my love of learning and the ability of physicians to intervene to save lives.

Growing up, I witnessed a great deal of respect and admiration for physicians in my family as well, and where my ancestors come from, there had never been a female physician in the family, as far as we know. It seemed like an impossible feat for women or girls to go to school, and now I had all of this at my feet, so with marvel, wonder,



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SPECIAL FEATURE: INTERVIEW

and curiosity, I really got into it and was fascinated by the ability to connect with patients and their families.

I still feel privileged and grateful for the ability to bring life into the world, delivering babies, and then have people take their last breath with you in a palliative situation, that's powerful. It's something that I feel captures my mind and my spirit at the same time.

I totally understand. I've had a full-service family practice in Langley for the past 30 years. What did your dad do at UBC?

I lost my dad this year. He was 69, but he was a carpenter, a shop steward, and worked in plant operations.

My dad was a professor there; he was a dentist. And my mom was involved with the Delta Hospital Auxiliary her whole life. I'm sure you ran into her at some point; funny how many connections there are.

Definitely, and I must have run into her while I worked at the hospital gift shop in high school.

Anyway, so why medical politics? Why take on the presidency at Doctors of BC now?

To be honest, I was nominated by my specialist colleagues. I got more involved after I went to a divisions event where I vocalized my concerns at a roundtable. It was still early in my practice, and I was probably frustrated, I was doing full service. Listening to the people who were making decisions, I vocalized my opinion that it was interesting to be having those conversations, but they were designing medicine to go a certain way without necessarily thinking toward the future; I thought they should try talking to medical students and the people in family medicine residency to ask how they wanted to practise, and about our patients, and how our populations are changing, and other things we need to consider. I also said that I have to raise three kids and do all the other things off the side of my desk as a mom. I wanted to practise medicine the way I wanted to practise; I wanted to take time; I wanted to do comprehensive complex care. And I think people thought, maybe we should listen to what she's saying. A few of them took me under their wing and said, "You need to be involved in politics," and I thought, I don't know about that. My grandfather, who did a lot for immigrant refugee populations, told me when I was younger that I needed to go into politics, and I didn't like the idea at that time. He was a very well-known, connected individual who helped people change the way they looked at things. Eventually I realized it's part of my fabric, part of my being; political conversations invigorate me because, even if they're in opposition to my beliefs, they present learning opportunities.

I realized there was a lot that we could do and influence. If I can influence other struggling primary care physicians and all doctors, I feel like it's the principles of really good medicine that save lives. We need to go back to basics—what are the patient's needs and what are the physician's needs—to make sure that what we're co-creating is going

to be feasible and sustain primary care. It doesn't mean that I'm not for all doctors, but I think we need to do primary care right and bolster support and connect all our specialist physicians around it, and make it a world-class system, anchored tightly on our family practitioners in an environment that is the most suitable for collectively changing society. There are a lot of social justice causes that are important to me—access, equity, health economics, addressing disparities. If we can create something that addresses the needs of our most marginalized populations, then we've done it right; then potentially we've got a system that provides equitable health care.

I'm lucky that I have a group of like-minded physicians that I practise with. It's like choosing a family; you're together for many years. Was there anybody in particular in your career who made an imprint on your professional direction?

I think, for the politics piece, it would be Dr Jean Clarke. She got me involved with the SGP. And Dr Dan Beegan, who was a UBC professor while I was also teaching medical students in my practice and through the hospital, and he got me involved with the Divisions of Family Practice, which is where my whole direction changed. That's the first time I sat at a table and on a board, and I felt embraced by very like-minded physicians, a very inspiring group of people who gave me the fervor and the boost I needed.

I think about diversity, equity, inclusivity as being one big cause; it's all linked to social justice

Are there any particular experiences with patients that stand out as having a significant impact on you?

So many. Ever since residency I've had moments that stand out. The terrible ones definitely stand out—the first baby you lose, first cardiac arrest when you can't save the child, I'll never forget that. The first full-term in utero fetal demise—delivering that baby, that was one of the most challenging times.

Tell me about a pivotal time in your career?

I trained in Atlanta, Georgia, so when I came back I was trying to understand the system here. I was always boasting about our socialized medicine and how we do things so much better [laughing]. It was a really robust family practice residency program where you came out doing surgery and C-sections; you were basically trained to be a rural family physician in the US.

How did you end up in Atlanta?

My brother was at Emory in Georgia, so I put Atlanta as my first pick. I was pregnant at the time, so I wanted to have my daughter close to some family.

Were you living in the States then?

No, I was in Vancouver; I was in CARMS match as well, but the CARMS match was after the US, so I thought, let's see what happens.

I chose to train there because of the volume of cases and experiences, definitely; my ultimate dream was field medicine.

The pivotal moment in my career was when I had my cauda equina syndrome.

You were paralyzed from the waist down?

Yes, and Dr Mark Matishak and the group at RCH took care of me. They didn't think I was going to get the function of my legs back ever, but I was adamant that I was going to walk again, and thankfully, I was able to practise, but at that time, that shift, for me, was a time of introspection of who, really, am I without my work? It was so early in my career that I thought I was going to be lost without it because it had been my dream, my hope.

I saw Dr Matishak, too, because I broke my neck.

But it's okay, I didn't have to have surgery, I just had to wear a hard collar for 3 months. What traits do you most admire in a colleague?

Camaraderie, the ability to be a human, humility, intelligence, honesty, and authenticity. I love it when people can be who they really are, without armor.

As a profession, in general, people are pretty much who they are, I think. There are always exceptions, but...

I love when people can admit they're wrong, and their failures. There are a lot of type-A people and we want control.

I would admit it; it just hasn't happened yet.

[Laughing,] I like humor too.

What would you do if you weren't a doctor?

Human rights activist for sure.

Do you have any personal achievements that stand out for you?

I have a funny one. I won the storm cage survivor at UBC during my last year of undergrad and I won a trip to Europe.

What did you have to do for that?

A lot of weird obstacles, like being chained to a group of people running around campus doing obstacle courses. I had to eat a cup of butter. There was a mud-wrestling event. Ridiculous things, and it snowed that year while we were outside in a cage. Thinking about it now, holy!

That looks good on a résumé.

Not at all.

Any regrets?

Yes, staying too long in places that didn't serve me.

What are your concerns about the future of medicine in our province?

That's a big one to unpack. Because medicine is such an evolution, I do worry about the demise of family practice and primary care. I hope that the new era of technology and advances don't take away from the relationship and the importance of having a provider throughout your life's continuum; I really value that.

Is there a particular health care issue you think needs more attention right now?

Physician health and well-being, human resources. The inequities that exist need to be addressed. There are a lot of access issues. Even our supplies, for example—COVID was a good learning opportunity, when we talk about ventilators or ICU beds or PPE. We need the infrastructure and the means to support our growing patient populations.

Also the changing dynamics of our patient profiles in our population; we've got an aging population, and we need to think about things in terms of health economics. There are places where we could streamline things; for example, health care data sharing, making it easier for us to evolve EMRs and remove the burden of paperwork.

Are there any technological advancements that you're excited about, that you'd like to see?

I'd love to see a universal health record, where we can all see what's happening in real time.

It would be nice to be able to access people's medical records from different health regions; that's one of the biggest frustrations right now.

Yes, and it would decrease our redundancy, or even the ordering multiples of tests, even if it was attached to the health care card.

Any thoughts about telemedicine?

I think telemedicine, virtual care, are great additions. People are allowing you access in a way that you haven't had before, which increases rapport. What I get fearful of is when it's not done in a continuum of primary care or longitudinal care, because if those sessions aren't captured or you don't get that information sharing, then it becomes a problem. In conjunction with a robust primary care setting or with follow-up, I think it can be used wisely.

COVID forced it to the forefront. In our practice it's probably increased capacity, which is one of the biggest issues in primary care. What do you think are the current challenges for residents and students? You said it's important to talk to the next generation, the people who are going to take care of us when we're old.

Really understanding their needs is important, because in the traditional systems that we've created, the gaps, spot, aren't being filled one-for-one. And with the impending mass exodus from primary care, to replace people we have to look at the way incoming physicians want

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to be remunerated, but also how they want to practise—do they want to be in a large group setting and a team-based setting?

Not to speak for them, but what I've heard from them is that they're making work-life balance more of a priority; we all should be emphasizing physician health.

Maybe there's a different way of doing 24-7 care? Postsurgically, I had to choose shift work, where I knew that if I was off, I was off; if I needed to rehab, I could do that. Certain things you have to compromise, which I was not happy about, but I had to tailor my practice to meet my needs as a patient. It was a hard pill to swallow, at times, because I started out thinking I was going to change the world and practise exactly as I wanted to. We are not infallible, we are human. Life affects us just as it does our patients.

You still have time. What aspects of the president role do you think you're best equipped to tackle?

Listening to my colleagues and connecting with them. Relationship building, because I think that's one of the most important aspects of the role. I hear them, but I also want them to know that I feel them. I understand the hardships of balancing your own well-being, your own family life. I know the hardships of divorce or relationship demise, children getting very sick, and not being well yourself, or patients dying, family dying. I can empathize on those levels, but I also need to be a representative and a voice for all the people who need to have a voice at this time, especially in this state of vulnerability during the pandemic.

I admire my colleagues, I look to them for inspiration, but I also want to help them if there are grievances, or if there are issues I can bring forward on their behalf. I have the courage to do so.

What changes have you seen in the association since you've been involved, and where would you like to see it 10 years from now?

With the new governance model—the representative assembly of 104 members and a smaller Board—I was on the representative assembly for 3 years before I came into the presidency role. Watching that evolve, I'm hoping that in the next decade it becomes the most robust entity in which our members and our sections are engaged to bring forward issues, but also to create innovative solutions to a lot of our frustrations on the ground. I've dreamt of this think-tank idea for so long; I would love for the representative assembly to become that because there are 104 members, which represent all the sections from all over the province, and I feel that if we come together we can create monumental things.

If we take 5% or 10% of our leadership abilities—everyone is a leader in their own office or practice clinic or operating room—and bring that together to take on social justice causes or health care innovation or fees or whatever the issue that we are passionate about together, I think we will have solutions that could change the way we practise medicine locally, but nationally as well. We have such remarkable, intelligent, influential, innovative physicians who have had to work outside the box at times because of the constraints of the system that we could leverage one another's knowledge to do something substantial.

Do you have one cause that speaks to you personally?

People say to me, in 122 years you're the first Indian woman ever to hold this position; you broke barriers. So people think I'm a spokesperson because I'm a woman of color. But I'm also doing this during an earlier part of my career than most—most get into politics after they're done with their practice.

So I think about diversity, equity, inclusivity as being one big cause; it's all linked to social justice, for me, because the advocacy I have for my marginalized patient populations, Indigenous patients or families who don't get the access they require or may not know any better—there's a lapse in education there for them to even understand health care. I think I can bring a voice to those situations.

I have also had a lot of lived experience in racialized environments.

I hope some of my previous interactions have given me the confidence of my colleagues, but I think one issue I bring to the table that's different is that I have intersectionality as part of my platform, because it's just my lived experience. It's all I know.

What would you personally like to take away from your year as president?

It would be a win if even more than a handful of my colleagues felt heard, seen, validated, appreciated. Maybe that I inspired them in some way to have hope or lead differently. If I could take that with me to continue on a journey to lead in a way that we haven't before, that's my hope.

Maybe we can have those more vulnerable conversations. I've had a lot of things impact my life that maybe not many people have had to experience at my age or may not even be aware of. I would be willing to share and lean in and encourage others to do the same. If we could sit in a moment of introspection—many of us haven't had a moment to pause because the pandemic has been consuming us, because we've been on the front lines, we've been so heavily involved on all fronts for the last couple of years.

I think it's the human being component—who we are, and are we okay, are we checking in—that's important.

I don't know if you know about the project I'm working on; I have been inspired by the Humans of New York project and I would like to showcase physicians as humans. We have a culture of stoicism and perfectionism that pervades us. We need to make an effort to change that and be seen for the humans we are, our lived experiences, and why we are who we are. We have always been responsible for life; it is time the world sees life in us.

Some of my colleagues get offended when I say “heroes” because they think that's too heavy a word for us. I don't think it's a heavy word, I think every one of you deserves that. There's a heroism that needs to be applauded, and for the first time we could use our patients' stories and our public acknowledgment to our betterment. A lot of times we get negative press, being depicted in a certain way, but by humanizing ourselves and using the courage of vulnerability, we can learn a new way of showing up for one another and the world.



PHOTO BY JIMMY JEONG

Dr Dosanjh with her colleagues Drs Jeff Obayashi, Connie Ruffo, James Rudnik, and Navpaul Rattan.

I haven't read it, but you authored a book with your daughter. I thought that was pretty cool.

As a way of connecting, she and I co-created a dreamland space, and I started talking about it in my family practice. I used it for kids and parents, to give them some advice about what may work for kids to go to sleep, to get away from the monster in the closet; I would get a lot of parenting questions.

I had one patient in his early 40s come to see me; he broke down in my office and told me he had just lost his wife in a car accident, had three young kids, and didn't know how to handle it. He told me I was the first person he was reaching out to. I was at a loss. I gave him a little grief counseling and tried to walk him through the stages of what to expect, and then I asked about the kids. He said the kids were struggling; they wanted their mom. I told him what I did with my kid, the dreamland stuff, and the next time he came in he said it changed their lives, the way his kids were sleeping, and he asked me to make a commitment to publish this as a book. It percolated for a while, and eventually my daughter said that we should do it.

Some wonderful colleagues—palliative docs—put it into all the palliative care units, and Canuck Place invited my eldest daughter and

me to put it in their library; that was more than enough for me. It was never going to be for profit but a tool to help people, especially children and their families. It was a special venture between my daughters and me to remind them, and other children, that no matter where in the world they were, no time or space would ever separate their spirits from their loved ones.

So, being an author, as the president, you get to write in our journal every issue.

Yeah, no pressure. It's interesting, it was my favorite pastime, and now I have so many things to say, but I feel like I have writer's block. It's hard to write when you know the audience is filled with brilliant minds, mentors, role models, and doctors making a difference, especially in the current world.

An hour is up; see how fast it goes? Do you have any final thoughts?

I think about all my colleagues, so many of whom I hear from have heavy hearts, are feeling burnt out, are feeling spent. I wish that we can impart some hope and optimism, and also change the current system in a way that makes sense for them. ■