The crisis that COVID-19 exposed, highlighted, and worsened (but did not cause)

"It's interesting to note that in the '90s, not a single hospital was built, that 1600 full-time nursing positions were eliminated, and that no additional medical school space was developed."

—Terry Lake, BC Minister of Health, May 2016

It is with great reluctance that I write about COVID-19. Like many, I am suffering from COVID fatigue. I've had my three vaccine doses and have also had multiple (negative) COVID tests, but I am sick of COVID, and no doubt have probably been sick with COVID.

Canadians are inundated daily with media stories of COVID leading to health worker burnout and shortages, hospital and ICU bed deficiencies, and cancellation of lifesaving procedures for non-COVID illnesses and injuries. Patients are paying with their lives.

Those responsible for running our health system should have seen this coming. Both prior and present government actions have greatly worsened this crisis. They have been negligent and need to be held accountable.

In my early years in Canada, there was no shortage of nurses, and our world ranking in doctors per capita varied between fourth and eighth.

Decades ago, three economists, Barer, Stoddart, and Evans (I refer to them as the "terrible triplets"), presented their explanations for rising health costs: too many doctors, treating too many patients, needing too many nurses, in too many hospital beds. The 1991 Seaton Royal Commission accepted their advice. Nursing schools were closed, medical school admissions were cut countrywide from 11% to 30%, and hospital beds were closed. Immigrant doctors were also targeted as government complied with Seaton's directives to "State clearly that immigrant physicians do not have a right to practise medicine in BC," "Require visa trainees to agree not to stay in Canada when they complete their training," and "Develop a program to limit the number of physicians practising in BC."

As commissioner Robert Evans had previously written: "A central cause of the problem was the oversupply of physicians, which tended to generate greater utilization of services . . . there are too many doctors . . . and a supply-induced demand . . . a bed built was a (hospital) bed filled."

This was as logical as reducing the number of security guards, police officers, and prison staff to solve a crime wave that was increasing our prisons' budgets.

The VGH nursing school was a major supplier of graduate nurses, but it was among many that were closed in the early 1990s.

Other direct quotes from Seaton were, "A true health care system would concentrate on reducing our need for doctors and nurses," and "I honestly don't believe there is a shortage of nurses." The Seaton report received national approval and recognition.

Government actions were successful.

We are now 51st in the world in doctors per population.[1]

The VGH nursing school was a major supplier of graduate nurses, but it was among many that were closed in the early 1990s.

The nursing shortage is not just in absolute numbers (we exceed the OECD average in nurses per population). Long before COVID hit, the CBC reported that 25% of Canadian nurses wouldn't recommend their hospital and 40% were plagued by burnout.[2]

In Saskatchewan alone (the birthplace of medicare in Canada), Roy Romanow, as premier, closed 52 hospitals. This apparently qualified him for his appointment as leader of the infamous 2002 federal government–sponsored Royal Commission on the Future of Health Care in Canada. The OECD recently placed Canada 31st in hospital beds per population among developed countries.[3] Perhaps even worse is that for each hospital discharge Canada spends over $4000 more than the average of developed countries that provide universal care.[4] This speaks to our extreme inefficiency.

Governments now have the audacity to blame the COVID crisis for pressuring our health system. They use the excuse of a lack of doctors, nurses, and hospital beds, *which they created*. And they are not being held accountable.

The public is subjected to propaganda that many passively tolerate. I am not one of them, and I yearn for the old days when we (and the media) consistently forced governments to accept responsibility for their failings.

If there is one good lesson to learn from the COVID crisis, it is that we need to address our past mistakes. It will take years to achieve the resources we need. We need governments to

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Fireside chats with our presidents

It is a long-standing *BCMJ* tradition to publish an interview with the incoming president of Doctors of BC to allow members to learn a little about the backstory, history, and motivations of the individual who is going to lead us for the coming year.

A few years ago, I took over as the interviewer; the Board and journal staff felt that such important interviews should be done by the big boss, who should from then on be referred to as M'lord. It is also entirely possible that no one else wanted the job.

I remember preparing for my first interview by researching appropriate questions that would garner the most information and help reflect the true character of the interviewee. I distinctly recall the blank stares I received upon asking about the average wing speed of a hummingbird and the cube root of 1 367 631. Following my initial flawed interview attempt, the journal staff rescued me by providing a list of more suitable queries, the answers to which are now the basis for what shows up in print.

Each year I look forward to spending an hour or so chatting with the next anointed one.

I have come to enjoy the process and look forward each year to spending an hour or so chatting with the next anointed one. The last two interviews have taken place remotely by video due to the pandemic but have been no less enjoyable (also, I didn't have to be wearing pants).

I have been consistently impressed by the outstanding quality of each president I have interviewed. Upon hearing about all they have accomplished, and in some cases what they have overcome, I often ask myself, What have I been doing for the last 30 years? Maybe I should watch a little less Netflix and try to change the world (but that seems like it would take a lot of energy; plus, season five is streaming soon).

Our presidents seem to have boundless energy and are truly interested in medical politics. They share a passion for trying to make a difference and improving the environment for the physicians of BC. They have diverse interests, and despite taking on numerous work challenges, seem to have an amazing capacity to be well rounded and have time for their friends, families, and hobbies. I'm not sure where Doctors of BC finds these quality individuals (perhaps they are grown in a lab), but I applaud the process that produces such outstanding candidates.

My most recent sit-down with Dr Ramneek Dosanjh confirmed that the process works and that the doctors of BC are in good hands for the year ahead. I was very impressed by the challenges she has overcome and all that she has accomplished, both personally and professionally.

I look forward to watching from the sidelines as I click from streaming service to streaming service. Before I know it, this year will be over, and I will have the honor of interviewing our next president. Any questions you would like me to ask? Favorite color? Which animal has the largest platysma muscle?

Let me know. ■

—David R. Richardson, MD

Crisis *Continued from page 52*

think long term, not in the 3- to 4-year political and budgetary cycles they currently embrace.

COVID has been a lesson for us all. Let's hope the next pandemic does not involve a more deadly virus. Existing policies and entrenched ideologies have rationed personnel and infrastructure in Canada. Health professionals need to become more involved in operations and decision making in our health system. We have the power if only we are prepared to use it. Let's act now. ■

—Brian Day, MB

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