

# Musings about the state of the world

**A**s this editorial is being crafted, Russia has invaded Ukraine and we are into year 2 of a global pandemic. People are discouraged and tired. Public patience is being tried, as demonstrated by recent freedom convoys and the occupation of Ottawa (as an aside, it wouldn't be possible to have such demonstrations in a country that wasn't free).

Public health guidance would seem to be apolitical, but lines have been drawn between right-leaning conservatives/republicans and left-of-centre liberals/democrats. It amazes me how polarizing mask and vaccine mandates have become. Vitriol often spread by social media is divisive and inflammatory. A crisis that many would think should unite us has become a lightning rod for vehement disagreements even among family members.

The current state of the world is discouraging and brings up questions about the humanity of humankind and its future.

One month after 9/11, partly in defiance of terrorism, I went to Europe on a long-planned vacation. I distinctly remember strolling into a small Tuscan village and noticing a war memorial in the central square with fresh flowers on it. It was erected in honor of the day that

part of Italy was liberated from the Germans in World War II. It was as if this event had happened recently and was fresh in the minds of the local townspeople. I wonder how they felt about the world during the worst of that global conflict.

There are certainly other times in history when the future seemed dark and uncertain. Coming out of the Great War (World War I) and being struck by the deadly Spanish flu pandemic would have caused many to despair. Living through the bubonic plague during the 14th century, when 100 million souls perished, would have been dark days indeed. I was born in 1963, shortly before President John F. Kennedy was assassinated. My parents likely questioned their decision to bring a new life into this troubled world.

Disease, violence, and war have been a part of the human condition since time began. Charles Dickens started his novel *A Tale of Two Cities* with the line: "It was the best of times, it was the worst of times." While true that humans are capable of the despicable, they

can also be kind, caring, and generous. Focusing on people's potential for goodness can help us deal with the uncertainty and negativity found in the world today.

By the time this editorial is in print, the pandemic may have subsided and the war in Ukraine will likely have been decided. As troubling as these events have been, a great deal of goodness has also been demonstrated. There has been an outpouring of well-wishes and support for the people of Ukraine from millions of regular citizens around

the world. So many health care workers, neighbors, family, and friends have lifted those around them during this tiresome pandemic. For a local example of decency, look no further than to the people of British Columbia, who mobilized to support the farmers affected by flooding and the residents devastated by fires in the recent past.

Good and evil exist in each of us, but in the end, I have faith that our basic humanity will triumph. ■

—David R. Richardson, MD

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## BURNOUT AND COVID-19 Warning signs and when to act

with guests  
Dr Jennifer Russel  
and Dr Lawrence Yang



# Quest for Superdoc, Version 2.0

In 2016 I wrote an editorial titled “Quest for Superdoc.”<sup>1</sup> During the past 5 years, I have been on the brink of burning out, so I decided to revisit my quest and see where it went sideways.

Even before COVID-19 reared its virulent spikes, I was feeling overwhelmed. Working as a solo family physician, I was on my EMR for 12 hours a day, managing my office, and juggling spending time with my family, three dogs, cat, chickens, and friends (in that order). I told myself and everyone around me that “it’s all good.” After all, wasn’t I *just* a family physician? I wasn’t an ER doc or an internist in the ICU. And aren’t all docs supposed to be super resilient? I just had to patch and dry-clean my cape, and all would be well.

My family practice was so busy that on many days I would have to send patients to the urgent care clinic or the ER because I couldn’t see them in a timely manner. I felt like I was failing them. My staff was working with their hair straight back. I felt like I was failing them. I wasn’t visiting my parents as much, and when I did visit, I was always rushing to get back home because I had “lots of work to finish.” I felt like I was failing them. Many of my colleagues were feeling the same way. We would chat on the phone, vent, and then carry on as before. There were no obvious solutions.

Then one day I was introduced to the idea of the community health centre (CHC) model: Community Health Centres are created by not-for-profit organizations and co-operatives that are committed to providing comprehensive, accessible, affordable, and culturally-appropriate services through a collaborative team approach. CHCs adhere to five key principles:

1. Interprofessional care: CHCs provide collaborative services through an integrated multidisciplinary team-based primary health care team.
2. Wrap-around approach: CHCs offer programs and services for healthy

living and community well-being in addition to primary care.

3. Community-governed: CHCs are governed by community members and focused on community priorities.
4. Working upstream: CHCs actively address the “social determinants of health,” like access to food, housing, education, and the supports needed to thrive.
5. Justice-based: CHCs demonstrate a commitment to fairness, and to the values of health equity and social justice.<sup>2</sup>

The Canadian Association of Community Health Centres is working on initiatives such as investing in CHCs, establishing universal Pharmacare, investing in oral health and dental health care, and investing in affordable housing and ending homelessness.<sup>3</sup>

CHCs are funded by MSP, the Ministry of Health, municipalities, community fundraising, primary care networks, and health authorities. In exchange for a percentage of my MSP earnings, my patients and I would be part of a unique team-based care concept.

The Supporting Team Excellence with Patients Society (STEPS)<sup>4</sup> is a Kamloops-based not-for-profit CHC. The STEPS team consists of a volunteer board of directors, a compassionate executive director, a diligent clinic manager, caring medical office assistants, nurses, a social worker, a counselor, a pharmacist, an occupational therapist, a nurse practitioner, a diabetes nurse educator, a women’s sexual health services clinic, a transgender clinic, a respiratory therapist, a dietitian, a billing clerk, and family physicians. There is increased access to locums and “doctor of the day” physicians who are able to accommodate the urgent needs of our patients when our schedules are full.

I was apprehensive at first. Would I lose my autonomy? Would I lose the trusting relationships with my patients? Would I earn less? Was I giving up? I consulted with my family, my friends, my accountant, my lawyer, my

colleagues, and my cat (in that order), and the advice was the same: the benefits outweighed the risks. They had seen through my “it’s all good” mask. They knew I was burning out.

I joined STEPS on 1 September 2021, and it has been a seamless transition. My EMR was integrated with STEPS, allowing all of the clinicians to access and make notes in the same EMR; therefore, the continuity of care is amazing. We have monthly team meetings that include the medical office assistants and all the allied health care clinicians. Communication is key.

My patients are thrilled. They have timely and increased access to a variety of health care services. The team-based care is amazing. Everyone on the team is genuinely interested in working together to provide the best outcomes for our patients. As part of this team, I feel supported, respected, and valued. “*Just a family doctor*” is becoming a phrase of the past. With CHCs, the province is moving toward allowing physicians to choose between salaried and fee-for-service payment models. The fee-for-service model that exists today for family physicians needs to be modernized. Our governing bodies are well aware of this fact and are starting to engage in conversations that will help make these changes.

Joining the STEPS CHC has renewed my love for family medicine and is allowing me to spend quality time with my patients, family, friends, and cat.

My quest for Superdoc is finally becoming a reality; it just needed a Superteam. ■

—Jeevyn K. Chahal, MD

## References

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4. Supporting Team Excellence with Patients Society. About STEPS. Accessed 1 March 2022. [www.stepshealth.ca](http://www.stepshealth.ca).