



How crisis can be an impetus for positive change

The challenges we face as a profession are immense. The challenges within our health care system are daunting. There is no sugarcoating it. The health care system is in crisis. We are a profession in crisis. The current sentiment throughout our profession appears to be one of anger. Despite our relentless efforts, advances, and innovations, there are parts of our broken health care system that need a desperate overhaul, which is inciting anger. Anger is a common expressed secondary emotion but can have underlying rooted origins in fear, resentment, frustration, or sadness. Lately, it seems that our amygdala and orbitofrontal cortex are in overdrive in medicine. One thing is for certain: our outpouring of emotions on display is reflective of what is intolerable.

Frustration that has been building, especially during the pandemic, has morphed into outright anger. And when we are angry, we lash out—at the government, at the professional associations we feel should be doing a better job of representing us, and sometimes at each other.

Anger has its place. It can be a constructive force, a catalyst to bring about needed changes. The tremendous outpouring of anger from the public toward government with respect to the shortage of family doctors, for example, is creating a pivotal opportunity to make real change. So is the fact that many doctors are closing their offices in response to the broken system and suboptimal conditions.

If we are truly invested in the future of our profession, it is up to us to use this as fuel to create our revival. It has been years of disparities, inequities, unmet needs, and short-term bandage solutions that got us here. If we want to advance our health care system, improve

our morbidity and mortality rates, and provide preventive care and medicine indicative of the 21st century, now is the time to use our anguish. No longer will we settle for substandard care or outcomes, no longer will we be divided or pushed into inequities, and no longer will we accept the status quo.

Doctors of BC is committed to doing the right thing when times are tough; through adversity and uncertainty, we will continue to strive, as we are better together. We support all our members to be able to provide the care they wish to deliver. For example, within the current primary care crisis, we are strongly fighting for the things we need to attract and retain family doctors, so that our doctors can be supported to provide the care our patients need and deserve.

We are pressing on the need for quick action on many fronts: for new and expanded contract models that will address the rising costs of doing business and the additional time and energy required to provide longitudinal patient care, and for steps to relieve physician burdens so that we can relieve ourselves of administrative burdens and spend more time doing what we love—providing patient care.

To this extent, we want to see more and better support for after-hours care, more support for locums, and an easing of administrative burdens. We recognize the need for and deserve a healthy and safe working environment, and we are pressing on the government to approach this with urgency and an understanding of the need to act promptly.

This is just one example of how we are advocating for you. Many colleagues outside of primary care are facing critical challenges as well. The long wait times for surgery in our province are unacceptable. All doctors, irrespective of their expertise or geographical location in the province, need to have a voice and real influence in health authority decision making. Physicians have valuable frontline experience and understanding and should play a

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pivotal role in formulating solutions. Doctors of BC continues to advocate strongly on these fronts—directly with government and health authorities—and by supporting medical staff associations and empowering them in their relationships with health

authorities. The same is true for family doctors who are empowered by divisions of family practice at the grassroots level. Many don't realize that the divisions are funded by Doctors of BC and the BC government, as part of the Physician Master Agreement.

We are also advocating for you in other areas that you have told us are priorities for you through surveys; through your divisions, medical staff associations, and the Joint Collaborative Committees; and through engagement with Doctors of BC. We are listening to all of you, who are also passionate about social determinants of health—considering the impacts of poverty, inequality, discrimination, climate change, and other factors on health outcomes, particularly for our children. We are actively advocating with the public, the media, and

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PREMISE

A new era of care

COVID-19 forced the modernization of our health care system; however, physicians, patients, and policymakers are still struggling to manage the evolving changes in the way we deliver care. As we transition out of the pandemic and into our next normal, we need a collective effort and phased approach to virtual care. Taking a phased approach will smooth the transition through the COVID-19 recovery period for both patients and physicians. It will give physicians time to recover from the strain of providing care during the pandemic. It will allow us to stabilize and support the health care system as we emerge from this collective disruption to our lives.

I believe we need to consider the future of virtual care alongside the reforms necessary to ensure the sustainability of our profession. We need time to focus on system modernization, with associated reform of fee-for-service and other payment models. The pandemic and the resultant explosion in the use of virtual care highlight the need to modernize the Medical Services Commission Payment Schedule to align with current standards of care, advancements in technology, and contemporary service delivery. Maintaining the current virtual care fee codes during the initial postpandemic period will allow for thoughtful decisions about the future of care, by virtual and in-person means.

We cannot go back to our prepandemic normal in health care, because normal wasn't good enough for patients or for physicians. Yet, I do have faith that it is possible to design a modernized health care system based on shared values and priorities. Each small action that we take as we emerge from the pandemic will add up to the world that we're creating.

Now is the time to rebuild, to foster new ways of working together, and to establish new supports for the delivery of health care. The collaborative efforts of physicians, government, and patients are required for the many changes and challenges ahead. Together, we can create a better tomorrow for all British Columbians. ■

LETTERS

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If we do this, the foot-voting will turn back in the direction of family practice, particularly longitudinal comprehensive family practice. If we further increase the satisfaction level of family physicians with business support, with a funding system that rewards comprehensive care while maintaining physician independence, with our primary care networks' efforts of team-based care again, and with a funding and communication system that promotes this teamwork, our chronic problems of access and attachment will naturally start to resolve themselves.

I believe that at this point in time our government understands these issues and is open to addressing our critical needs in family medicine. As our General Practice Services Committee grapples with this and as we negotiate our Physician Master Agreement, please lend your support to the voice of family doctors and fix this crisis in health care that is eroding its foundation.

Let us make family practice an irresistible choice and confirm that we value ourselves and the essential role we play in a system that could not function without us.

We may just start to find real joy again in the amazing work we do.

—Rob Lehman, MD, CCFP, MCISc, FCFP(LM)
Roberts Creek

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

I have been working as a family physician for 45 years, mostly in Nanaimo, BC. I agree with Dr Day's editorial in the March issue of the *BCMj* [2022;64:53-54]—having to deal with a shortage of hospital beds, overcrowded emergency rooms, long wait lists, and needing to fight for my patients to get proper medical care.

I am frustrated with the several BC governments that have not done anything to address these problems, not taken responsibility for their actions, and not listened to doctors about how to improve our health system.

—Barbara Macleod, Licentiate
Nanaimo

PRESIDENT'S COMMENT

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key stakeholder partners. A working group through the Council on Health Economics and Policy is working on a policy statement on gender equity that will be coming to the Board later this year, part of our commitment to address equity, diversity, and cultural safety/humility.

We are fierce in our advocacy for you and your patients. We are doing this on many different fronts. Let's use our anger to seek solutions together and promote change. We all have a role to play in navigating the challenging terrain ahead of us. We can no longer be silent; our voices will not be muffled, for what we speak of and stand for is the betterment of all our patients and British Columbians. When we mobilize together and act as one, we have our biggest opportunity to make positive change. We must seize the moment, together, now. ■

—Ramneek Dosanjh, MD
Doctors of BC President



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BC #youth are in a #MentalHealthCrisis—we must invest in prevention. The US Surgeon General recently issued an advisory on the youth #MentalHealth crisis, which was worsened by #COVID19. The situation in BC is similar.

Read the article: bcmj.org/cohp/bc-youth-are-mental-health-crisis-we-must-invest-prevention



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