


 A photograph of Dr. Joshua Greggain, a man with a beard and glasses, wearing a blue blazer over a patterned shirt and tie. He is standing in an office with his arms crossed, leaning against a desk. In the background, there is a window with a view of trees, a world map on the wall, and a laptop on the desk.

Dr Joshua Greggain: An optimistic advocate ready to engage

Dr Greggain has been a family physician caring for rural, Indigenous, and underserved populations for the past 15 years and is the new president of Doctors of BC. Here he shares a bit about where he comes from, what inspires him, and what he hopes for the future.

Dr Greggain started his 1-year term as president of Doctors of BC on 1 January 2023. He spoke with *BCMJ* editor Dr Caitlin Dunne in December.

First of all, congratulations on your role as president of Doctors of BC. I'm excited to learn more about you; based on your lived experiences and your overall outlook on medicine, there's so much I could learn from you, and I'd like to give you a chance to introduce yourself to the readership, and maybe tell us about your background.

Congratulations to you as well, on your new role as editor.

I feel like in medicine we talk a lot about what we do for a living—this is my job—and I try to frame my introduction around what we call human being, human doing. I'm Josh Greggain; I'm a husband, father, uncle, and grandson, and eventually will become an ancestor, although I'm hoping that's still a long time off. I'm

privileged to be married to Jennifer. We have two children, Darren and Elizabeth, 25 and 21, which is why I preface that with I don't want to be a grandparent or an ancestor yet. I'm privileged to be a family doctor. I'm privileged to be a White settler on the territory of the ɫəkʷəŋən-speaking people in Victoria, where I've spent the last year, and I've had a really good career, I think, in rural medicine in British Columbia over the last 20 years, give or take, primarily in the communities of Hope and the Fraser Canyon.

You've both lived and worked rurally for most of your life and career, and you started your work with Doctors of BC on the Rural Issues Committee. Tell me something about rural issues that city docs should know, or that you want us to know.

I have the privilege to teach a course with the Practice Ready Assessment International Medical Graduate program, and I always start with a statement to the effect of "Rural family medicine is

SPECIAL FEATURE: INTERVIEW

the most rewarding, most fantastic, most exciting profession in the world, and everyone should try it for at least a week, if not a month, if not a lifetime.” There are lots of predictors of why people do rural medicine; for me, it was a combination of growing up rurally in Northern Alberta, having my father be a rural family doctor, and recognizing all of the things I would get to do.

A couple years ago, I was honored provincially with an award in family medicine, and it was an opportunity to reflect. For example, I’ve known four generations of one family and I’ve seen all of them in a given week. I’ve had the privilege to be in the emergency room, occasionally in the delivery suite, in the office, in our outreach communities, in the hospital, and on house calls, and there aren’t too many jobs where we get to do all those things at different times. For me, the rural nature has something to do with generalism but also a ton to do with being connected to people, which I’ve always really enjoyed.

Is there a story or family that stands out to you, that connected with you in your career?

I’ve been *practising* family practice since 2005, which feels like both a long time and a blink of time. For sure, walking alongside families who have lost children have been some of the most difficult times in my career—to be at the wake, to be at the funeral. Those are times that are pretty special. One patient who passed away earlier this year had given me a vial of gold that he had sluiced out of the Fraser River. He was well into his 80s when he did that.

You often speak about connections, whether between you and your patients or you and your colleagues, working in, say, Fraser Canyon, Chilliwack, or Hope. Is that what drives you?

Absolutely. I’m a people person. I like to connect with people and create opportunities for authentic connections. In the world of social media, being someone’s Facebook friend or following them on Instagram is not the same as being there when their house is flooding or helping someone (or being helped) during a challenging time. I had a colleague reach out this week to say, “Man, I had a really tough week.” I’m always happy to be there to have a conversation. Whatever I’ve given out to my colleagues has come back to me tenfold.

Even though I’m living in Victoria now, I stay connected to many of the people I’ve worked with over the years, and we continue to share a multitude of circumstances.

Tell me about your view on optimism. I am inspired by the optimistic tone of everything you write. How, in this difficult time in medicine, as many of our colleagues are struggling with burnout, financially, or with the various commitments they have in their lives, does one become more optimistic?

There is an element of nature versus nurture; some people are

generally more optimistic. I have that gift. I see the glass as half full, and I ask myself, how can I pour more into it to create opportunities for other people that will ultimately overflow and pour out even further? I appreciate what you said; I do bring a particular tone. I am pretty excitable, maybe overly enthusiastic at times, and that has served me well—in the exam room, managing people, at the community level, or when thinking about what the future holds. At the core of optimism for me is the absolute belief that we can do something differently or better, or that we can just *do* something. It aligns with who I am as a person, and it then tends to be a bit infectious. I’ve been labeled gung-ho-ish in my family. It comes from a place of courage, confidence, and compassion for oneself and for others. It’s a space to think, let’s get this done, no matter what it is.

It was the inclusiveness taught to me by Chief O’Donaghey in 2009 that started to create opportunity.

I agree, it is infectious. Maybe your optimism can be our new infectious disease. That would be beneficial.

Yes, the virus of hope. When I stepped into the opportunity for this role just over a year ago it was with that tone. I can’t say I’m well versed in

all the policies when it comes to health care or that I know what it is to be every one of the 15 000 physicians across this province, but I do know how to set a tone and create space for people, both inclusively and optimistically to move forward.

Let’s talk a bit about inclusivity and one of the themes that I also took from your writing, which is your relationship with the Indigenous community. I want to give you some space to talk about that. I’ve worked for 17 years in a community that has up to 25% Indigenous people. Earlier in my career, we weren’t talking about First Nations health or about Indigenous cultural safety and humility. You just saw patients. There wasn’t a lot of distinction. I was invited in 2009 into the development of the primary care clinic in Anderson Creek, which is about 1 hour north of Hope, in the community of Boston Bar. And what was really inspirational at that time was when Chief Dolores O’Donaghey said, “We want to build this space [at that time] with Health Canada dollars and we want to make the space inclusive of everybody.” They didn’t want to have the clinic on reserve to be only for Indigenous people. It needed to be for everybody, because the challenges, both remote access to health care and some of the demographics, were the same for everybody. It was the inclusiveness taught to me by Chief O’Donaghey in 2009 that started to create opportunity. Initially I was able to be in clinic once every week or two alongside one of my colleagues and nurse practitioner Sean Young, from Agassiz; we started to see some of the challenges faced both on reserve and also generally by people in remote locations. I couldn’t get everyone to an MRI or a CT scan—I could hardly get them down for their labs—but we could sit and connect and walk through whatever circumstances came through that door.

And we did. I've done house calls and car calls and boat calls, where you go to someone's house or car or boat or hotel that they're living in to help make sure they know they are cared for. I say that coyly, but that's one of the privileges of being a rural physician: I get to go to all sorts of places, and, as a result, when you do those things, people feel like you care for them, and when they feel like you care for them, not only do they *feel* better, whether they get better or not, but I know that I've helped inspire them a little bit. Most importantly, like Chief O'Donaghey did early on in my career, I was inspired to do something different or more.

I was happy to read about your commitment to cultural humility, inclusion, and diversity, because I think we are all learning about that. Can you share with us any further insights? What's the best advice you've received on how to approach this topic or how health care should embrace this topic?

I'll start with a professional commentary and then I'll go personal. If there's any profession that recognizes that we're all just *practising*, that none of us have this mastered or perfected, it's us in health care. I jokingly say that I'm either in training, practising, or retired; there isn't anything in between. There's an inherent humility to the profession that I think at times we forget about, or at times *I* forget about. Sure, I'm a doctor and I know things, but the reflection for me is that I may know physiology, anatomy, prescriptions, or diagnostics, but I don't actually know people's lived experiences. If I can approach my exam room with that sort of sensitivity or the emergency room with a sense of humility—that I need to understand this person, where they're coming from, their human being alongside their human doing—then that creates space for me personally to better listen to them. One of the Elders that I know quite well in Chilliwack, a woman named Gracie Kelly, taught me about being humble. Being humble is often about wanting to hear people's hearts. She taught me to listen with my three ears, the two on the side of my head and the one in my heart.

I am White; I am not Indigenous. I have had all the privilege of a lifetime of education and resources and being free of trauma, and that isn't the case with many people in our Indigenous communities.

Following the discovery of children's graves at the residential school in Kamloops, it registered that people in my communities have gone there; I know patients who had family members go there. That introduces a whole other level of reflection on what it is to be a healer, what it is to be someone who cares for people, and what it is to be Canadian. What it is to understand our heritage, my ancestors, our colonialism, and what I can't do to fix that, but what I can do to open the circle a bit larger, to invite people in for conversation, to meet in community, and ultimately to meet in the exam room to make sure I've acknowledged the truth, that I can be trusted to the best of my ability, and that I want to help patients heal from whatever circumstances they've seen.



I love that idea—to borrow the phrase you borrowed—to listen with your three ears, and how that third ear in your heart helps you understand people's lived experiences, and that the lived experience is an integral part of the patient history. It's another diagnostic test. It's part of the big picture of understanding how to help a patient with whatever their ailment may be.

Absolutely. And if it's a skill that I can own, it makes me a better listener, which makes me a better partner, which makes me a better father, which makes me a better son. I think in medicine some

SPECIAL FEATURE: INTERVIEW

of the burnout we've experienced, some of the challenges we've faced, have been because we've lost some of the humanity, both in what we express to others and in the grace we don't extend to ourselves. Part of walking alongside people is also being authentic with yourself.

Shifting gears a bit, what has this past year looked like for you as president-elect?

I had to ask that question as well, a year ago. I'm privileged to know some really great people who have been past presidents. I know Ramneek Dosanjh a little bit, I know Matt Chow reasonably well, I would consider Trina Larsen Soles and Alan Ruddiman close friends, and Granger Avery is a mentor of mine. They are people I hold close. The advice Alan Ruddiman gave me was to use the time to make connections, to build out opportunities to connect to people, to understand the landscape, to understand the circumstances. I've been involved with Doctors of BC officially since 2019 via the Rural Issues Committee and the Joint Standing Committee on Rural Issues, but I hadn't been in the boardroom or at the representative assembly. So, this past year was spent initially trying to navigate some sticky situations regarding leadership and Board composition, and then it was getting to know my fellow Board members, the Joint Collaborative Committees co-chairs, and some of the staff.

May was a bit of a tumultuous time in the province when it came to the legislature, a rally around patients, and trying to give primary care a different scenario. I started to reach out to local physicians here in Victoria that I knew, local community activists, and I had the privilege to continue to understand and listen with my "three ears" about circumstances, which led to opportunities to be invited to the Ministry of Health to try to understand what the future holds and then be able to shape and form what it is going to be. Because it's a Physician Master Agreement year, in the latter half of the year I was involved in some of the negotiations and involved intimately in the longitudinal family practice model. I think that model and the opportunity to create some elevation of primary care in the public's eye were important to inspire our colleagues and the entire system.

The year was about connections, relationships, and listening, and then starting to build what will be the tone for the next year in the culture of medicine.

But I've also done my best to create time and space for travel with my family. We were in Scotland for 3 weeks. We spent 10 days in New Zealand. I've been able to fly to Regina to visit my

grandmother and head to Seattle with friends. It's been a busy year, but it's been a fun year.

If we could fast-forward to the end of your year as president, what would success look like for you?

The biggest thing for me is to try to bring to the table what I have and what I know. If a year from now my colleagues, collectively or individually, feel more inspired to do what we need to do, if they feel more hopeful about the future, if they have created more space for more people to be involved in clinical conversations, more opportunities for engagement with their colleagues, patients, and communities, I will feel like things have gotten better. Our motto at Doctors of BC is "Better Together," so I want to send that message. I'm also expecting to be able to travel more across the province as things have opened up, because it is a privilege to meet and listen to people and hear them create a sense of unity and connection, and then to move us forward during a time when it's so important that physicians

continue to be trusted people in this province, and those who can lead into the future. We are at a time of significant transformation in BC, and I want to ensure every one of my colleagues across the province shares the same sense of hope that we have it within us to shift and renew a system. It is critical that we set the tone and are at the core of that renewal.

I think what I heard you say is that you're going to leave our readership more optimistic and more cohesive than you found it. I look forward to that.

I will aspire to that, Caitlin. Obviously, I can't enact those things alone, but I can hopefully inspire and create opportunities so that people can make that happen. I'll continue to write over the course of the year about the culture of medicine, trust, hope, and sustainability. All those things are important, and I expect to live those out in my own life. Optimism and creating space to celebrate who we are, what we do, how we're seen in the culture and community, and how we, therefore, have the opportunity to be trusted and to trust others.

I want people to know how inspired I am by our colleagues and our readership, and that I hope we can reflect that inspiration back on one another. Ultimately, from my perspective, my task this year is not to share my voice, but to reflect the voices of my colleagues, and that reflection will amplify the optimism and positivity that's out there, while still acknowledging the challenges, but hoping we can spur or inspire each other forward. ■

From my perspective, my task this year is not to share my voice, but to reflect the voices of my colleagues.