

Letters to the editor

We welcome original letters of less than 500 words; we may edit them for clarity and length. Letters may be emailed to journal@doctorsofbc.ca or submitted online at bcmj.org/submit-letter and must include your city or town of residence, telephone number, and email address. Please disclose any competing interests.

The importance of preventive medicine

The role of the family doctor used to be to care for the family and advise on preventive measures such as vaccinations, physical activity, and early detection of cancer, diabetes, lung disease, etc. These measures prevented acute disease and reduced fractured hips and various emergencies. Prevention is not a “Where do we get the best bang for the buck” approach; it’s about long-term caring and building trust. Everyone realizes that regular car maintenance prevents catastrophic failure and that it is money well spent in the long run. We have reached a point where the health care system has become an overwhelmed human repair shop. We are told not to go to the doctor unless we are really ill, and then to go to emergency. It is imperative to find a system of primary care whose focus is prevention.

—Charles Ludgate, MD
Victoria

“Health” requires more than health care for people in supportive housing

We read with interest the article “Health care in supportive housing facilities”¹ by Dr Gibson and colleagues, published in the May issue of the *BC Medical Journal*. While we share the authors’ concerns about barriers individuals in supportive housing face in meeting their health needs, we believe the article’s conclusions could have gone further toward setting the stage to address the complexities that are discussed in the paper.

In 1948, the World Health Organization

defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”² As such, an exploration of health needs in the context of access to doctors and health services in supportive housing fails to live up to a more holistic understanding of health and well-being.

As the authors state, “housing alone can be insufficient in supporting individuals with complex health needs.” Also noted in the article, individuals living in supportive housing can face a multitude of barriers, such as a lack of ability to navigate services, physical challenges, issues related to transportation to get to appointments, stigma and discrimination, the need for assistance with activities of daily life, and an overall lack of coordination between health and housing providers.

But achieving placement in supportive housing in the first place can be a long process. Individuals’ health continues to deteriorate while they wait, increasing the complexity of their needs once they are finally housed.

Once attained, housing can be a therapeutic intervention when social support and specific environmental conditions are met. Many individuals value a sense of connectedness and belonging as a priority—more than a roof in some cases—and a sense of community can be enhanced through purposeful and coordinated approaches across a number of providers. Strengthening a sense of belonging, connectedness, and unity is a positive attribute of housing and community that is conducive to health.

Homelessness is a growing concern in BC. According to the latest point-in-time

count published by BC Housing, the number of individuals experiencing homelessness increased by 11.5% in 2021 (compared with 2018), and over 40% of homeless individuals identified as Indigenous.³ As one of the fastest-growing metropolitan areas in Canada in 2021, Kelowna has seen a rapid increase in population and an escalating demand for health, shelter, and social services.⁴

Addressing the current and future health needs of marginalized individuals, such as those at risk of or experiencing

Continued on page 241

Nuance® Dragon® Medical One

Capture the Complete Patient Story

- Easy to learn & easy to use.
- Document visits quickly & accurately.
- Increase productivity with voice-activated text macros.
- One user profile synchronized across all your PC devices.
- Automate repetitive EMR & computer tasks with custom voice commands.

Contact us for a free demo!
604.264.9109 | 1.888.964.9109

speakeasysolutions.com

Professional Speech
Technology Specialists



Truth and Reconciliation Commission of Canada Calls to Action #18–#24 (health)

18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.
19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.
20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.
21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.
22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients
23. We call upon all levels of government to:
- Increase the number of Aboriginal professionals working in the health-care field.
 - Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
 - Provide cultural competency training for all healthcare professionals.
24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

Continued from page 239

homelessness, particularly in rapidly growing communities like Kelowna, requires a broader vision that transcends health care and is inclusive of social change aimed at overcoming the determinants of inequities that negatively impact individuals' health. There is an opportunity to consider revisiting power relations, reconciliation with Indigenous peoples, and decision-making structures. Ultimately, new partnerships are required to foster social inclusion and community participation and to develop strategies to address health inequities.

—Michelle Hawkins, BSc (Hons)
Kelowna

—Silvina C. Mema, MD, MSc, FRCPC
Kelowna

References

- Gibson H, Evans M, Woodmass K, et al. Health care in supportive housing facilities. *BCM J* 2023;65:116-121.
- World Health Organization. Constitution of the World Health Organization, 1946. Accessed 11 May 2023. www.who.int/about/governance/constitution.
- Homelessness Services Association of BC. 2020/21 report on homeless counts in BC. December 2021. Accessed 1 October 2022. www.bchousing.org/sites/default/files/media/documents/2020-21-BC-Homeless-Counts.pdf.
- Statistics Canada. Infographic 1: Among Canada's downtowns, the population is growing the fastest in those of Halifax, Montréal and Kelowna. Modified 9 February 2022. Accessed 11 May 2023. www150.statcan.gc.ca/n1/daily-quotidien/220209/g-b001-eng.htm.

Prefer to read the *BCM J* online?

- Email "stop print" to journal@doctorsofbc.ca with your name and address.
- Go to bcmj.org, click on the "Free e-subscription" button, and provide your name and email. You will receive the table of contents via email notices, letting you know when a new issue is online (10/year).