

Dr Lui: Putting the principles of transformation and improvement into everything she does

Dr Charlene Lui started her 1-year term as president of Doctors of BC on 1 January 2025. She spoke with *BCMJ* editor-in-chief Dr Caitlin Dunne in December.

Congratulations on being elected the next president of Doctors of BC. It's a great honor to be recognized by your peers in that way. I'd like to start by giving you a chance to introduce yourself in your own words.

I'm a family physician in Burnaby. I was born and raised and work and play in the Burnaby community, so I'm very tied to it. I love the rest of the province as well. I love to travel. I love to explore the many beautiful regions in our province, and I'm looking forward to getting out to meet people where they're at so I can hear and listen and learn, and hopefully help in any way I can.

I'm married—my husband is a family doctor in longitudinal care—and I have three lovely children who are grown and dispersed around the globe. One lives in Australia, one lives in Toronto, and one lives in Victoria.

I love medicine. I also love to learn new things, so I'm always looking for something new to try. I like to sing—I sing in a choir—I do yoga, and I like to go for walks. If anybody is ever interested in having a walk and a chat with me, please give me a call.

I think raising three children and successfully launching them into the world while both you and your partner have busy careers deserves a huge congratulations as well. That's an even bigger accomplishment than the Doctors of BC presidency.

Thank you. Yes, I'm very proud of them. I am especially proud that they are launched, they're happy, and they're working in their fields. That's all a parent can ask for.

On the subject of family, how would your kids describe you?

They would say I'm driven, goal oriented, and always busy. I don't do well when I've got nothing to do. I always like to have something on the go to feel like I'm being productive and learning and connecting with people. That's important to me. I value connection. I try to volunteer. I try to be involved.

I can see from your background that community connections, either with the hospital or the various ways you connect with the community, are important to you, and judging by the number of committees and initiatives you've served on, I'm estimating that

you started this kind of work early in your career. How did you first get involved in committee work or quality improvement work?

Since the beginning of my career in medicine, I've wanted to get involved. I believe that if you don't put time and energy into improving something, then you don't really get a say in complaining. I began to do work with the hospital, for example, and as department head for obstetrics and gynecology. I became more involved when the Divisions of Family Practice initiative began because I felt that family physicians were very siloed and experiencing burnout, and it was important for me to lean into this initiative to bring family physicians back together again.

I miss the days when in-hospital family physicians would come and see their patients; we would see each other in the doctors' lounge, and all of that. In our community hospital, hospitalists came in, and pretty much all family doctors dropped out of rounding on their own patients. I wanted that connection again. So, six of us family docs in Burnaby got together and decided to incorporate our own Burnaby Division of Family Practice, and it was through that initiative that I found my love of health care transformation. I'm very proud of the various important and valuable things we did through the division, and I think that's what led to my stepping into the presidency.

What is a committee initiative or a piece of quality improvement that you're especially proud of, where you feel you made a difference?

One of the things I'm most proud of is the evolution of primary care networks (PCNs). Burnaby was one of the first five PCNs to go forward for the province, and our networks were built out of extensive engagement with the entire community. I think that's what made ours unique and special. We felt that a collaboration between only family physicians and the health authority wasn't good enough; we needed to involve the whole community in the work. We did it to make sure we were genuinely making a difference, that we weren't duplicating work others had done, and that we were building a more seamless connection to the resources our patients needed. We formed our PCN out of a tripartite stool, if you will, of the Burnaby Division of Family Practice, the Fraser Health Authority, and the resources and agencies in our community. We

Things can be improved in many areas. And they're not going to improve without some commitment and effort.



engaged with everyone—parks and rec, the school board, firefighters, police, MOSAIC [settlement and employment services for newcomers], SUCCESS [social services], and the Society to End Homelessness in Burnaby. Anyone who wanted to be involved was invited to participate and help form what our PCN would be like. And of course, the acute care hospital, the specialists, etc. We've built a PCN that involves everybody. And by doing that, and building relationships in advance, we were poised and ready when COVID-19 hit. Where other communities were struggling to figure out how to manage COVID and how to keep everybody safe, our PCN was ready. We were ready to work together and quite quickly and easily launched our COVID response with our drive-through COVID testing and treatment areas, and being able to step in to help homeless people, who were really struggling and didn't have a place to be safe. The way we formed our PCN has helped us accomplish many important things for our community.

I imagine it's both rewarding and challenging to take time away from clinical responsibilities to do this kind of work, which in some ways is never-ending, to make the community better. And it sounds like you've been dedicated to that for quite a while now. I really love it. It makes me feel like I'm making a difference, which is important to me. I don't want to take up space and warm a seat. I want to be involved in transformation and improvement. Those are principles I try to put forward in everything I do.

You have talked about connecting and representing both family doctors and specialists, and there are many ways that could happen, but in your vision as president of Doctors of BC, how do you think doctors can better connect? And how do you think they can be better represented by the association?

That's an important question. Of course, there are already organized opportunities for in-person connection and Zoom connection via Doctors of BC, and I think they are important, but I believe we need to do better. I hope to get out to communities and meet with people. I find in-person gatherings to be the most helpful to build relationships and offer a chance to hear about the challenges and the good things happening in communities, and for us to learn from each other.

I think we also need a better way for groups to reach in and express their concerns and to invite further dialogue about whatever is worrying them. I hope people will reach out to me through my president's email or my personal email to let me know they want to talk. I think that virtual connection will be even more important in rural communities, where I know it's very difficult for so many reasons.

I would also like to emphasize how important I think it is for specialists and family physicians to unite and gain a better understanding of each other, and to be able to speak in one voice. The more united we are as a profession, the more we can use our collective voice. In the coming year, with the new health minister and the new deputy



I always like to have something on the go to feel like I'm being productive and learning and connecting with people. That's important to me. I value connection.

minister and cabinet, we need to be united, connected. We need to use our collective voice to amplify what we feel strongly about.

How do you approach balancing your clinical care and your clinical responsibilities with getting involved? What is your advice to somebody who wants to use their voice and get involved but feels too busy and overwhelmed with their clinical load?

It's always a difficult balance. I started to prioritize this kind of committee and transformational change work because I know that, in the end, it's going to help our patients more. We all recognize that things can be improved in many areas. And they're not going to improve without some commitment and effort. Thinking about it that way helps. Also, the fact that committee work is now paid time helps a lot. One thing I struggled with when I moved into this kind of committee and board work was when my patients would say "Oh, you're not here on Wednesday afternoon again. You know I need to see you." That's always hard. Now my response is "I'm sorry that I'm not here. Taking care of you is very important to me, and helping you is very important to me, and by working to improve the health care system, I'm helping you and everybody following you." Things are challenging *now*, and if we don't fix them, they're going to be even more challenging for future generations of physicians. Improving things now helps us recruit and retain the individuals who will step into medicine in the future.

That's very true. Something else that stood out for me is your work with new immigrants. Tell me about that.

When I was in longitudinal family medicine, I saw a lot of people new to Canada in my practice, partly due to the demographics of the area in which I work—the Metrotown area. I developed a sincere appreciation of what they were going through. We also see a lot of new immigrants in the maternity clinic, partly because they don't have a family physician, and partly because when they seek help in the community, if they don't speak the language well, they can sometimes feel a little rushed or not as comfortable. In the maternity clinic, we can get translators in. We can help them navigate the health care system a little easier. We would take care of them in the maternity clinic, and when they were finished having

their baby, and after we saw them for the first 6 weeks, we'd have to send them out into the community, and they wouldn't know what to do. They have language barriers, a lesser understanding of the health care system, and no family physician. It felt wrong to say "You're done with my services; have a nice life."

I tried to think of how we could help these people who need a place to feel safe, to have some cultural sensitivity, to have help addressing some of the nonpregnancy-related concerns they have. How do you take a bus? How do you contact the government to tell them you have a new address? With my involvement with the Burnaby Division of Family Practice, when the nurse practitioner infrastructure funding came out, there was an opportunity to apply for funding to help whatever population we wanted to help. I wrote a business case and worked with the division to open a new-immigrant clinic. We called it the Global Family Care Clinic, and it was designed especially to serve immigrants within the first 5 years of their arrival in Canada. It was all-encompassing, with a nurse practitioner and physician support.

I admire your dedication to individual patients as well as to the systems that support them. It sounds like communication will be a cornerstone of your presidency. Can you tell us what success would look like for you, a year from now? What would you like to have accomplished?

There are so many things I want to accomplish. At this moment, it would be a huge success for me to see a more unified profession, where specialists and family physicians feel understood by each other, valued by each other, and united. Right now, there's a divide that is harmful to everybody. Another success would be if physicians from all areas of the province felt that Doctors of BC understood and represented them and the needs they have to care for their patients, and that they trusted Doctors of BC to meet the needs they express. A third win would be to have helped establish Doctors of BC as an important and necessary partner with the ministry so that the ministry understands physicians' needs and that our main concern is to care for our patients. By building a *strong* relationship, I think we can get the health care system to where we need it to be. ■