

Medical leadership: The value of lived experience

Medical leadership cannot be learned entirely in a boardroom, in a leadership or management course, or from a strategy document. To lead medicine well, you need to understand medicine. And there is no substitute for having lived it.

The strongest medical leaders are actively working in the health care system or have a meaningful recent history of doing so. They understand what it feels like to sit with a worried patient, make a difficult clinical decision, navigate an overbooked day, complete paperwork after hours, and carry the responsibility that comes with caring for another human being. They are beside their colleagues, supporting them, and experiencing the day-to-day challenges, whether in longitudinal family practice, in the hospital, or in a community specialist clinic. That lived experience matters.

Health care is complex. The pressures facing physicians today are enormous: workforce shortages, increasing demand, financial constraints, administrative burdens, changing models of care, and growing expectations. These challenges cannot be understood solely through data or policy papers. They need to be understood through the experiences of those delivering care. This is how leaders develop empathy, a key component of effective leadership.

This does not mean that every medical leader needs to practise full-time. Leadership inevitably requires time away from clinical work. But the further removed we become from the clinical environment, the greater the risk of losing sight of the people and experiences that should inform our decisions.

For me, medical leadership is fundamentally about stewardship. We have inherited a profession built over generations by physicians who cared deeply about their patients, their communities, and one another. Our responsibility is not to merely manage the profession today but to leave it stronger for those who come after us.

The strongest medical leaders are actively working in the health care system or have a meaningful recent history of doing so.

That means advocating for the conditions that enable physicians to provide excellent care, while recognizing our responsibility to patients and the broader health care system. It means caring about physicians' well-being—not because physicians are more important than the people we care for, but because a healthy, supported, and respected medical profession is better able to provide that care.

It also means remembering that medicine is a community. We are colleagues, teachers, learners, mentors, advocates, and, ultimately, patients ourselves. The culture we create matters. How we treat one another matters. Whether people feel heard, valued, and able to speak openly matters. Good leaders foster that culture by listening, not by leading with their opinions.

Leadership is about connection, credibility, and trust.

The best medical leaders I have encountered are not necessarily those with the biggest titles or the loudest voices. They understand the work, stay connected to those doing it, listen before they speak, and are prepared to stand up for the profession when it matters. They lead because they care.

Perhaps that is the most important quality of medical leadership: caring enough to stay connected to the work, the people who do it, and the future of the profession.

Many of those leaders are you—out in your communities.

As members of Doctors of BC, we all have a role in shaping that future, including choosing the physician leaders who will represent our profession and help guide our association. Voting in the 2026 Doctors of BC election is open from 3 to 18 November, and I encourage you to learn about the candidates and make your voice heard. You can learn more on the Doctors of BC elections web page (www.doctorsofbc.ca/elections).

Doctors of BC and the profession of medicine need leaders who live the work, understand its realities, listen to their colleagues, and care deeply about our profession's future. Ultimately, medical leadership is about being part of the profession and taking responsibility to help it thrive. ■

—Adam Thompson, MD
Doctors of BC President