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## Loaded expectations

It is difficult to imagine a less auspicious time to become president of the Canadian Medical Association (CMA), or a president of whom there are such high expectations.

Disaffection among Canadian physicians is so strong that they are collectively advocating a “transformation” agenda that is widely viewed to primarily be a plan to introduce market-driven forces in the Canadian health care system (*CMAJ* 2009;DOI:10.1503/cmaj.109-3024).

National polls indicate that Canadians have less and less faith in the competence of their physicians, while pollsters say Canada’s doctors are perceived to be motivated primarily by financial self-interest (*CMAJ* 2009;DOI:10.1503/cmaj.109-3021). Two of the past three presidents have lined up squarely in the camp favoring increased privatization of health care, while the third was believed to be very sympathetic to that cause.

Enter Jeff Turnbull, reknowned advocate for the disadvantaged in health care, chief of staff at the Ottawa Hospital in Ontario, and a perceived defender of public health care (*CMAJ* 2009;DOI:10.1503/cmaj.109-3029). He’ll assume CMA’s reins next week in Niagara Falls, Ontario, when members gather for its 143<sup>rd</sup> annual general meeting.

Widely believed to disdain the notion that the primary responsibility of medical associations is to make sizeable compensation demands during contract negotiations, Turnbull bristles at suggestions that the transformation agenda is simply a ruse to line physician pockets.

“Whenever I talk to any physician, the first thing they tell me isn’t that I want you to make more money for me, or whatever,” Turnbull says. “What they tell me is: ‘I’m dying out here. I am suffering because I’m trying to deliver services in a setting that is under stress.’ And it doesn’t matter if you are an ER physician, a surgeon, an internist, a family doctor in a rural or an urban setting; they all will say the same thing and I think there is no dichotomy. They all want the system made better.”

Still, Turnbull concedes that the image of physicians has been tarnished, although he argues there is still residual, if not considerable, respect for doctors within the Canadian populace. “I think we have to stand up and reclaim that sense of, that moral high ground, and we have to start to speak for the public interest, and advocate, and be seen as advocating for, the best for our public. In doing that, when you provide the best health care system for patients, doctors will do well. ... So when we come to the table and say, and it’s clear that that is our first priority, quality care, then I think we’ll be slowly listened to and we’ll regain that moral high ground.”

Canadian physicians are swamped, but have at their cores a strong sense of civic responsibility, particularly toward the health care system and the health of communities, Turnbull argues. “I recognize, 100%, that it’s very hard to step outside — when you are seeing so many people and you’re in an emergency department that is cramped and you’ve got occupancy rates that are huge — and just say, well, you know you should be talking

about looking after the health care system in general. Those people are struggling just to get through the end of their shift, and keep everybody in good health during that period of time and give the best care they can. They don't have time to do that. So I think, and maybe it's natural, there are those who view their role as just to do their very best. But then I think that those individuals also would recognize the need for somebody to be standing up and advocating for the best health care so that they are not in that same position in a decade."

The transformation agenda is but a "starting point" for a framework around which such reform of the health care system might occur, Turnbull adds.

The framework is structured around proposals for action in five "pillar" areas: "building a culture of patient-centred care; incentives for enhancing access and improving quality of care; enhancing patient access along the continuum of care; helping providers help patients; and building accountability/responsibility at all levels"

([www.cma.ca/multimedia/CMA/Content/Images/Inside\\_cma/Advocacy/HCT/HCT-2010report\\_en.pdf](http://www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Advocacy/HCT/HCT-2010report_en.pdf)).

"Everybody would say that we need dramatic change in the way we deliver health care. ... It's a discussion piece. Its value will be in the quality of the discussion that takes place coming out of it."

To date, the discussion about Canadian health care reform has been almost entirely and futilely clad in the rhetoric of an acrimonious debate about public-private financing and the creation of a parallel private delivery system, Turnbull says.

"We've got too distracted in the discussion of private versus public and we've gone to that as the solution when, in fact, we don't really know what type of health care system we want. I would have said, figure out what it looks like and then we're going to worry about how it's funded and make sure that it's a sustainable system."

"So I like the thought of putting out, right at the beginning, a patient quality charter, patient-centred care, improved comprehensiveness, accessibility, making sure that vulnerable populations get access to health care," he adds. "I like all of those things and then yes, I'll be part of that discussion as it relates to, okay, if that's what you want, then how do you pay for it? That's the sustainability piece."

Turnbull expects the reform blueprint will be significantly revised after CMA conducts national consultations over the forthcoming year. There's conflicting opinions about whether the blueprint should articulate broad values or be more prescriptive, he says. "This is a document that tries to satisfy both of those somewhat opposing approaches. I think it will engender debate, which is what I really want it to do. I think that there is enough that people will be able to see the direction, but at the same time, allows good ideas from different jurisdictions to come forward and all of us to get into an evidence-informed, principled discussion about the future of health care."

As the man who'll be the public image and voice of the CMA as it seeks to promote such reform of the health care system and rehabilitation of the reputation of physicians, Turnbull acknowledges feeling the burden of expectations. But, he says, "I think that's a good thing. But I feel the responsibility to listen to all sides. And if at the end of the day, it's about the best health services for our communities that we serve, doctors will do very well by that. Yeah, I feel a lot of pressure and I look forward to hearing from everybody." — Wayne Kondro, *CMAJ*