



Features

Chroniques

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The Class of '82 nears its career mid-point

Michael O'Reilly

En bref

Il y a cinq ans, Michael O'Reilly a participé à la réunion du 10^e anniversaire de la promotion 1982 de l'Université de Toronto (*J Assoc Med Can* 1993; 148 :1025-7) et y a rencontré un groupe de médecins qui commençaient à ressentir les pressions financières découlant de compressions gouvernementales qui seraient pleinement en vigueur deux ou trois ans plus tard seulement. Lorsqu'il est retourné à la réunion du 15^e anniversaire l'été dernier, O'Reilly y a rencontré des médecins qui ont toujours l'amour de la profession, même si les compression financières amorcées il y a cinq ans touchent maintenant tous les aspects des soins de santé au Canada.

When the University of Toronto's Class of '82 held its 15th anniversary reunion last summer, about 25 classmates — or 10% of the graduating class — attended. The modest attendance disappointed Dr. Cathy Andrew, an organizer.

"At the 10-year reunion we had 3 times as many people," she said. "Sure, the 15th is not a big year, but I think this shows that too many of us no longer have time for fun anymore."

The physicians who did attend had lots to talk about. Five years ago, members of the Class of '82 talked about the challenges they faced and the changing nature of medical practice. Concerns about financial pressures and changing public expectations were the focus of most conversations. Five years later these concerns remain, but in the interval a few new ones have been added.

Dr. John Doyle, a Toronto anesthesiologist, said little has changed on the financial front. He thinks funding cutbacks are causing a shift in emphasis away from individual patients and toward the system as a whole — a phenomenon known as population health. This change has left many physicians feeling unclear about their role. "When we graduated it was clear that the patient came first," said Doyle. "Now it's clear that the government is telling us the system comes first and if the patient fits in, great."

Dr. Gwynne Schwartz, a GP from Mississauga, Ont., agrees. Dozens of hospitals have closed or merged as part of countrywide restructuring, but she worries that too much attention is being paid to bricks and mortar and too little to the people being affected. "They're closing beds and shifting care to the community, but the home-care programs are not there. That's what's making people so angry. Restructure, yes, but we have to pay attention to the people who matter most — the patients."

Today, members of the Class of '82 face constant pressure to limit hospital admissions, minimize the length of stay for those who are admitted and cut costs. Their role as the system's gatekeeper extends to more than medicine — they are charged with guarding the vaults as well.

"I spend a great deal of mental energy dealing with costs and filling in forms," said Andrew. "Is this drug covered? Can I get it covered if the patient needs it? Do these patients really need the tests they are demanding? I resent having to be the gatekeeper all the time."

This is a far cry from the early '80s, when the faucet was wide open and the revenue supply seemed endless. As Dr. Sheela Basrur, medical officer of health for Ontario's East York Health Unit, explained, they graduated in "the decade of excesses.



Members of the Class of '82 who attended their 15th reunion included (from left) Drs. Jacqueline Stewart, Sheela Basrur, Christine Newman, Don Baumander, Gwynne Schwartz, John Sommerauer, John Doyle, Cathy Andrew and Doreen Yee

We were trained in the early '80s, when money was never an issue. That was a delusion and now we're seeing that, and of course it's difficult to adjust."

Rheumatologist Jacqueline Stewart of the Credit Valley Hospital in Mississauga said Canadian governments have refused to come clean on financial issues. Governments do not win elections by telling voters the health care system is no longer affordable, she said. Instead, the blame will be transferred to health care providers.

And Dr. Doreen Yee, an anesthetist at Sunnybrook Health Science Centre in Toronto, said governments and physicians alike are wrestling with a monster both helped to create: unrealistic expectations. "We are the ones that have to start saying 'No.' I get patients who come in [demanding tests]. When I explain that a test is inappropriate, they get upset."

The Internet is compounding the problem. Dr. Don Baumander, a family physician from Brampton, Ont., said patients now arrive at his office with original articles from online journals. "My philosophy is to try and educate my patients about the need for the test versus their risk factors. After that, if they still want the test, I'll do it, but only after they understand the implications."

One implication, of course, is cost, and the new fiscal reality is forcing many physicians to develop new skill sets outside medicine. Dr. John Sommerauer, now a critical care specialist in Dallas, said business training is attracting many doctors. "Not that many years ago the prestigious programs were the combined MD/PhD programs, but today it's the MD/MBA program. In general physicians don't have a good understanding of how economics works or how to administer large amounts of money, but we are learning."

Money and resources were certainly at the centre of Sommerauer's decision to leave Canada. Unlike most of his classmates, he decided to stay in the academic setting to pursue research interests. He worked at the London Health Sciences Centre (formerly University Hospital), but the limited resources left him dissatisfied.

"I was covering ICU a third of the time and the transplant program 100% of the time. I knew I was either going to die on the job or go somewhere else. I went to a place where there were adequate resources for both my clinical and research work."

Fifteen years into their careers, the class of '82 is facing more change and challenges than any of them expected. Despite this, medicine has proved a satisfying career. The "extraneous pressures" make it more difficult to keep smiling, said Yee, but to a person they would still choose medicine.

"If it ever gets to the point where the personal satisfaction is overwhelmed by the other stuff, it's time to leave," said Dr. Christine Newman, a neonatologist at Toronto's Hospital for Sick Children. "At that point you're doing yourself and your patients a disservice."

As the class of '82 nears its career midpoint, the future promises even more change. One unkind possibility is the threat of unemployment or underemployment. "It never occurred to me that there might come a time when I might not be able to get work, but that is a possibility now," said Newman. "I've seen it happen where I work."

Doyle said the move to salaried positions could also have some interesting consequences. "I might start taking a real lunch break," he only half-jokes. "As an anesthetist things are now booked so tightly that if you take what any union member would consider a reasonable lunch break — say 20 minutes — there would be chaos in the OR."

This example worries Basrur. "As a patient the last thing I want is to be under the mask of [an anesthetist] who is either tired or fed up. I'd rather wait, thank you very much."

Andrew, referring to the cuts health care has faced, said they have changed the way medicine is practised. Five years ago, during their 10th reunion, few of the '82 graduates were performing any "nonessential" services that had been delisted by governments. Five years later, Andrew is expanding her practice in areas such as workers' compensation claims and cosmetic therapy, and she has begun charging patients directly for all noninsured services they ask her to provide. "It was a shock for some of my patients, but slowly attitudes are changing. I've only had 1 patient leave my practice over it. The rest seem to understand that health care does cost money."

Baumander, the Brampton FP, has also seen the amount of noninsured work expand, but he is not convinced that it is worth the extra work. "If I started taking on other things I'd have to cut back on my office hours even more."

For the moment, health care in Canada appears to be at a crossroads, and the class of '82 is standing right in the middle of it. When its next reunion is held 5 years from now, we may have a better idea which fork health care, and the class of '82, have taken. ?