

## Homeless in Toronto

**C**hronic illnesses such as diabetes, angina, asthma and arthritis are more prevalent among the homeless in Toronto now than 15 years ago, according to a new research report by Street Health, a nursing care and outreach organization.

The intervening years have been “nothing short of brutal” for homeless people because of cuts to social assistance rates and looser tenant protection laws, street nurse Kathy Hardill told a press conference in September.

In 1995, welfare rates were cut by 22% (rates are now 46% less in real terms than in 1992), while average Toronto rents increased by 30% between 1997 and 1992, adds the report.

In 2006, about 6500 individuals stayed in a Toronto shelter on any given night, according to research by the Wellesley Institute, which, along with the United Way and the Metcalf Foundation, funded the \$100 000 Street Health report.

The report surveyed 368 adults — 73% male — with an average age of 42 years. The research “was truly community-driven and community led,” said Dr. Stephen Hwang, advisor to the study and researcher at the Centre of Inner City Health at St. Michael’s Hospital.

It paints a grim picture. Those surveyed were 20 times more likely than the general population to have epilepsy, 5 times as likely to have heart

disease, 4 times as likely to have cancer and twice as likely to have diabetes.

The full report is available at [www.streethealth.ca](http://www.streethealth.ca). — Ann Silversides, Toronto

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## Generational attitudes and attributes to affect physician workforce

**G**enerational and gender differences within the national physician pool will exacerbate Canada’s shortage of doctors, an Ottawa psychiatrist says.

Health Canada has estimated there’ll be a shortfall of nearly 6000 physicians by 2010 but that total might well double after factoring in productivity differences among the current 4 cohorts of physicians, University of Ottawa Associate Professor of psychiatry Derek Puddester told the Royal College of Physicians and Surgeons of Canada in late September.

Joining a national chorus of calls for the establishment of a mechanism to develop a pan-Canadian health human-resources strategy, the college called for a “national” planning institute. Others, like Task Force Two, have called for a national agency (*CMAJ* 2006;174[13]:1827-28).

Puddester later told *CMAJ* that national physician workforce projections must incorporate variations in productivity between cohorts, particularly as younger doctors are demanding “more work-life balance” and are less willing to toil for untold numbers of hours.

Generational attitudes and attributes will have as much of an impact on physician productivity as moves to alternative health care delivery mechanisms, alternative remuneration models and demographic shifts such as the so-called “feminization” of the profession as a result of higher medical school enrolments among women, who typically have more responsibilities in the rearing of children, Puddester added.

Puddester successively tags the current 4 cohorts as “traditionalists, boomers, Gen X, and Gen Y.” The oldest, he says, are nose-to-the-grindstone types for whom the job is everything. Wedded to fee-for-service models of delivery, reliant on their spouses to raise their families, “they’re very conservative, very hardworking, very dedicated, formal. Their life and soul is their practice.”

Boomers emulate their traditionalist parents, and often demonstrate “intense loyalty to institutions over a long period of time. They derive satisfaction from things like titles, appointments. They’re fairly stable in their commitments,” Puddester adds. They are now often in the position of juggling work duties, supporting their children after they’ve graduated from university and caring for their elderly parents. “But they never complain about their workload or their work.”

Gen-Xers, by contrast, have less faith in the system and in their predecessors, having watched older doctors, during contract negotiations with the provinces, agree to billing number restrictions, Puddester says. “They kind of trained at a time when the older generation of doctors was quite willing to sell them out. ... So they don’t trust institutions,” and are more interested in short-term career commitments.

They’re also technologically savvy and more responsive to systemic innovation. “The flip side to that is that the older generation views them as entitled, lazy, undiplomatic, kind of snarky. This is the piece that training programs struggle with. We’ve got different cohorts looking at each other differently but we need them to get along professionally.”

The final cohort, Gen-Ys, appear to be family-oriented, more politically and socially conservative and far more interested in “spirituality and spiritual connectedness,” Puddester says. But they’re much more responsive to new models of delivering health care. “They want to get to know their patients in a more detailed way, so there’s less interest in the 15-minute visit and more interest in more holistic care, working in teams and collaborating in care.” — Wayne Kondro, *CMAJ*

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“If people were housed, they could take care of their medical problems more easily,” says Nancy, a homeless person.