

Saying goodbye to CMAJ News

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After more than four decades covering Canadian health care, and record readership during the pandemic, *CMAJ's* award-winning news department is closing due to cuts to the CMAJ Group's budget.¹

News editor Lauren Vogel and journalist Diana Duong will be moving to work on a newly formed newsroom within the Canadian Medical Association as part of a new initiative to improve health news and information in Canada.

As we close *CMAJ News*, here's a look at the stories and issues that mattered most to us in recent years.

COVID-19

Long before SARS-CoV-2 emerged, *CMAJ News* warned about the threat of viral misinformation² and poor preparedness for an inevitable global pandemic³ — little did we know how soon the cracks we noted in Canada's response systems would be put to the ultimate stress test.

We charted the first wave of COVID-19, posting daily updates⁴ on rapidly evolving outbreaks, research and policy changes, creating a timeline from initial cases to lifting lockdowns that remains *CMAJ's* most read news feature ever.

In those grim first months of the pandemic, many feared that SARS-CoV-2 would devastate Indigenous communities already contending with poverty, overcrowding and other legacies of colonization that contribute to worse health outcomes. However, a *CMAJ News* series by Jolene Banning (shortlisted for a national award) revealed how Indigenous communities drew on cultural strengths⁵ and lessons from past epidemics⁶ to become early leaders in COVID control, reporting a fatality rate one-fifth the rest of Canada during the first wave.

Throughout the pandemic *CMAJ News* questioned prevailing media narratives, examining early mixed messages

about masking,⁷ the wisdom of shaming pandemic rule-breakers,⁸ the role of weight bias⁹ in the observed link between severe COVID-19 outcomes and obesity, and whether the pandemic caused a predicted “tsunami” of mental health crises. (Good news: it didn't.)¹⁰

As vaccines rolled out and pandemic measures relaxed, we traced surprising vaccine hesitancy among health care workers¹¹ and growing friction between medical experts and policymakers,¹² as well as an exodus of nurses¹³ and other practitioners from health care, who told us they've been pushed past the point of exhaustion¹⁴ to make up for system failures.

Workforce fault lines

CMAJ News has long documented the heavy toll of a toxic culture and poor working conditions in health care.

Lauren Vogel's award-winning report on suicide as an occupational hazard of a medical career¹⁵ exposed how unhealthy working environments are contributing to doctors having the highest rate of suicide of any profession.

CMAJ News has also called attention to widespread bullying in medical training,¹⁶ and escalating harassment¹⁷ and violence against health workers¹⁸ in recent years. (One shocking account told to Diana Duong involved a patient throwing a necrotic toe¹⁹ at a registered nurse.)

We've seen steps toward greater accountability for abusive patients — from flagging systems²⁰ to new criminal sanctions.²¹ Yet, as Greg Basky reported in 2021, as physician advocacy has increasingly extended to social media, supports for those facing abuse haven't kept up.²²

Gender equity and women's health

Women are more often on the receiving end of workplace abuse among the other challenges they face within medicine.

In the last five years, *CMAJ News* has reported striking gender gaps in physician pay,²³ surgical referrals,²⁴ media coverage²⁵ and health leadership²⁶ despite women making up nearly half the profession. Indeed, as Clover Hemans of the Ontario Medical Association told *CMAJ News*, it's tough to know how many women hold medical leadership positions, let alone how many are women of colour, “because we simply do not measure this metric.”²⁷

In a poignant report shortlisted for a national award, Wendy Glauser detailed how a lack of workplace accommodations may contribute to higher risks of miscarriage²⁸ and other complications for pregnant physicians. One doctor who requested to reduce her shifts to 16 hours while pregnant was labelled a “princess” by colleagues. Another, who sought accommodations when she miscarried, said she was “seen as a complainer.”

In a story that won a national award for women's health reporting, Lauren Vogel uncovered how a landmark study that overstated the risks of hormone replacement therapy²⁹ misled a generation of women to abandon or avoid the treatment. Now two decades since the publication of that controversial study, debate over the safety of hormone replacement therapy continues with no easy answers³⁰ for the women stuck in the middle.

Diversity in medicine

Progress on diversity and reconciliation in health care and medical education has been slow and often limited to cultural sensitivity training.³¹ However, *CMAJ News* has recently reported important steps forward, from medical schools rethinking professionalism standards³² that disadvantage those

who aren't straight, White or male, to proactive efforts to increase the number of Indigenous medical educators.³³

A growing number of neurodiverse doctors³⁴ from Canada and around the world are beginning to openly challenge the notion that their differences are detriments to a career in medicine. In an in-depth feature, we explored the wide range of neuro-variation that makes for great doctors but currently remains untapped.

And in another series shortlisted for a national award, Diana Duong and Abigail Cukier unpacked lessons from the recent boom in patient partnership³⁵ for including more diverse voices in health care research and decisions.

Spotlight on federal policy

From issuing health platform guides during election season, to providing backgrounders on the evolving legal landscape of complex issues like medical assistance in dying,³⁶ psychedelics³⁷ and abortion,³⁸ *CMAJ News* has sought to cut through the noise surrounding federal health policy.

That's included questioning federal investments in a SARS-CoV-2 vaccine tied to the tobacco industry³⁹ and exposing the muzzling of health experts⁴⁰ as recently as the last election, when officials impeded media access⁴¹ to Canada's independent advisory committee on immunization.

Earlier this year, we traced a flurry of resignations at Canada's drug pricing panel⁴² amid serious questions about the arms-length regulator's independence.

This important work wouldn't have been possible without the many health workers, researchers, patients and other experts who shared their stories with us, the talented journalists who published with us, the *CMAJ* editors who encouraged and supported us to report on complex and controversial issues, and you, our readers, who trusted us as a source of high-quality, evidence-based news for all these years. Thank you!

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