Dr. John Haggie

Valedictory Address

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Check against delivery
Colleagues, invited guests and observers. Good morning.

A year ago, I must admit, the task ahead of us in advancing the cause of Health Care Transformation seemed like a tall order.

Under the guidance and leadership of my predecessors, so much had already been accomplished…. The HCT policy paper, the work on patient-centred care and sustainability, the development of principals to guide health care transformation, the national dialogue with Canadians, the advocacy work during the federal election.

I knew we had to maintain the momentum, and I knew that we would maintain the momentum. But to be perfectly honest, I was not 100 per cent certain how we would make that happen.

Twelve months later, I am very pleased to say that there has been solid progress in building on the work that came before and in ensuring that the voices of Canada’s physicians have been heard:

We have had an impact on the lexicon -- health care transformation is now the accepted language for describing the prescription for our medicare system… and the need for accountability, greater innovation and new efficiencies has become widely accepted.

We have made great strides in working with the Council of the Federation. Canada’s Premiers have spoken of principles and a quality agenda and providers, including physicians, are now at the table, through the Health Care Innovation Working Group, to help to find solutions.

We have also broadened and deepened our partnerships… not only with decision-makers, but with other health care providers. Just as health care is a hugely
collaborative enterprise, so is advocating and working for a better health care system.

That cooperation was borne out by the CMA’s many shared efforts… joining with Canada’s pharmacists to develop policy on e-prescribing and with Canada’s nurses in our work with the Council of the Federation.

Over the last year, we have also developed stronger relationships with patient organizations founded in areas of common cause, and seen 60 non-medical organizations endorse our joint principles to guide Health Care Transformation, on top of the 60 medical and health organizations that had already signed on.

Our voice on many occasions joined with those of other organizations who spoke out in support of refugee health care, senior citizens, patients coping with drug shortages, and other vulnerable groups within our society.

Putting an emphasis on cost rather than outcomes demeans the notion of putting the patient first. Good health outcomes must always be the primary objective in health care.

And good health outcomes are dependent on governments and providers working with each other, rather than against each other.

We stand beside our colleagues in Ontario. That contagion of confrontation needs to be quarantined. It is unacceptable and the CMA will not stand idly by. It must not infect other jurisdictions, whether Alberta, British Columbia or Prince Edward Island.

The bottom line is, and must always be, improving the health of Canadians.

Finally, recognizing that you cannot improve what you do not measure, we have begun work on developing indicators.

It has been a busy and productive year.

After meeting with physicians across the country, hearing the views of experts at countless conferences, being grilled at more than a dozen parliamentary Committees, interacting with medical students, and visiting remote areas in
Labrador, northern B.C. and Nunavut, certain perceptions have come into sharp focus for me.

One is that some self-examination of how we practice our profession is in order. We live and work in an era of high technology, but under the rubric of professionalism, we need to bring out the idea of restoring the therapeutic physician-patient relationship.

A few decades ago, cutting edge medicine was all going to be technical, reliant on ever bigger, better and more expensive gizmos.

What is the benefit for an elderly patient whose health status may be regarded as technological success if at the same time they are a therapeutic failure?

What we are looking at now is the era of low-intensity health care, not the big glamorous investments, not the multimillion dollar machines, and the very expensive procedures, but small incremental amounts of money invested in the community of point of care where it makes a difference.

I am not suggesting that we turn back the clock… we could not practice medicine the way we do without the use of modern technology.

At the same time, we have got to go back to the idea of putting hands on the patient and establishing physical contact in a way that cements the therapeutic, and not just simply hide behind our white coats and our scrubs and vanish into the realms of the latest new machine.

We have to remember what we were taught in medical school about how to talk to our patients, to listen to them, and the power of touch.

Secondly, I believe in the importance of engaging the federal government, which ultimately, under the Canada Health Act, has the vital responsibility of maintaining national standards and comparable levels of care across the country.

This is the key to guaranteeing the integrity and viability of Canadians’ single most valued pan-Canadian endeavour.
The federal government has a role to play in health: it must work with the provinces and providers to improve the health and health outcomes of all Canadians.

Yet, governments come and go, and with them the prevailing winds that blow one way and then the other. While in no way saying that we should not hold the current government accountable to its responsibilities, I have come to realize that it is not the first government to try to distance itself from medicare and it won’t be the last.

Equally, just as the CMA has been around for as long as Canada has existed, it will continue to be here as long as there are physicians, and we will never stop caring.

Last, I am convinced more than ever that our work on the social determinants of health is of great importance, to our patients, to our country.

Seeing the impact of remoteness and poverty on patients in so many different parts of the country was a stark reminder that our country sometimes falls short in living up to its reputation as a highly developed, fair and compassionate nation.

In Labrador, I saw Rosie the Robot, the “Web cam on wheels” that allows patients to consult doctors 350 kilometres away, but in the store nearby I also saw lettuce at $7 a head.

We physicians, as leaders in health care and in our communities, must speak out, clearly and unequivocally, for “healthy” public policy that serves the public good.

Evidence tells us that healthy public policy saves more money than it costs. But beyond the dollars and cents, what of the untold human suffering that could be prevented? What of the illnesses and deaths that could be forestalled? Bad social policy is not just about numbers on a ledger sheet, it is also about lives wasted and lives too soon lost. We must always remember that.

I have spoken before of the Canadian values that attracted me to this country, fairness, caring, and compassion, the sense of opportunity for all. It is these values that drove big projects, such as medicare half a century ago.
It is these same values that attracted us all to the profession of medicine, and that motivate us to advocate for a 21st century version of medicare that truly lives up to its promise and potential.

I came to Canada to work for the Grenfell Region on the Northern peninsula of Newfoundland, named for Dr. Wilfred Grenfell. A century before I arrived, he came from England to provide medical treatment to the impoverished and remote residents of Newfoundland and Labrador and his ashes rest at a site that overlooks the harbour in St. Anthony, the community where I spent my first four years in Canada.

Grenfell said: “It is courage the world needs, not infallibility. Courage is always the surest wisdom.”

For the CMA, the push for transformation is really about taking the tools, information and expertise that we have here in Canada and truly making them work for Canadians.

Physicians are used to diagnosing problems, prescribing treatments and seeing them actioned immediately. That is not the nature of this beast we call Health Care. We know the diagnosis, we have a very good idea what to prescribe, but the actions involve many players and will take time to put into play.

There is no dragon to slay, no magic bullet, no Harry Potter spell. This is a long-term project, one that takes us to our Triple Aim objective of best health, best care, best value by 2025.

I learned this year that Canadians hold physicians in very high regard. We have a significant voice on the national scene. It is an influence that no one can take away from us, but equally it is ours to lose if we do not tend to it.

That influence stems from our professional role. We are a profession, not because of how we are compensated, but because we “profess” – espouse – an oath, that each of us has taken. The tradition of that oath is three times older than the oldest Parliament in any Western democracy.

Canadian physicians will do what they have done from Tupper to Osler to the award winners we celebrate tomorrow night.
We will lead from the front to ensure Canadians get the health and health care they deserve.

It has been an honour to have represented you, my fellow physicians and I hope, as I said in St. John’s 12 months ago, that I have done you justice.

Thank you very much for the opportunity.