Dr. Gigi Osler

Inaugural address

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Check against delivery
Good morning everyone and thank you.

Before I begin, I would like to acknowledge that we are in Treaty 1 territory and that the land on which we gather is the traditional territory of Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene Peoples, and the homeland of the Métis Nation.

It’s a great honour to be with you today.

I want to start by acknowledging this morning’s discussions, which could be seen as being divisive. The vote certainly highlighted some discomfort and opposition to modernizing the governance of the CMA. However, rather than thinking of us being divided, what struck me was how engaged and passionate you are about having a voice within the CMA. Thank you for that. I am here to re-assure you that members remain central to all that we do; and that you will continue to shape our policy and advocacy agenda, but in different, more inclusive and more responsive ways. Diversity of opinion is important, and that’s partly what makes our association so strong.

Change isn’t easy, but it’s necessary, especially in the world we find ourselves in. And sometimes we have to disrupt the way we’ve always done things to find a better way moving forward. That’s what the last two days have been all about. We heard just how much technology is set to change the face of health care. Which got me thinking about “what is innovation exactly?” To me, it means a different and hopefully better, way forward.

But let’s go beyond that. Let’s consider innovation beyond just technology – how can we innovate in how we do things, how we think and how we act? Today, I’d like to talk about how innovation can improve some of the issues I’m passionate about – physician health, representation, and advocacy.

Let me start with a story – my story. I come from a medical family. My mother was a nurse and she raised me to be a strong, independent woman. My father — a hard-working GP who ran his own practice — was my inspiration and role model when I began to think about a career in medicine. And my great, great, great uncle-in-law was the famous Sir William Osler. To tell you the truth, it’s sometimes fun to see people’s reactions when they hear they’re going to meet
one his doctor relatives and they meet me instead, a young-ish woman of colour. I’m not usually who they’re expecting to see!

A few years ago, my dad passed away suddenly after a short illness. It was a Sunday evening. The next day, on the Monday, I had a full office booked. I didn’t want to cancel on any of my patients and I didn’t want to let anyone down. I didn’t know what else to do but go into work on the Monday and keep working. So, I did.

And well, that period of trying to juggle a busy surgical practice and a death in the family broke me and I felt burned out.

You’ve all likely heard about physician burnout – how it’s a state of deep physical and mental exhaustion. It’s characterized by feelings of emotional exhaustion, cynicism, depersonalization, and a reduced sense of personal accomplishment.

Many people don’t like to the concept of work-life balance. Because it creates this dichotomy – to have more of this, you have to lose some of this. And as physicians, we’re usually very good at dealing with our work challenges. Sometimes it’s when the life challenges get so heavy that the balance breaks and you fall into burnout.

So why am I telling you this?

Because we need to hear these types of stories on these types of stages to normalize the discussion about our own health and wellness. We need to reduce the stigma of talking about the challenges we face. We need to think innovatively about physician health and the strategies needed to improve it. It can no longer be solely about resilience, mindfulness and individual strategies.

Yes, as individuals, we all have a responsibility to look after ourselves and each other. We can do our part to foster supportive work environments. But we also need supportive systems. We need system-level changes to benefit physicians. Because everyone suffers when physician health is ignored. Healthy doctors lead to healthy patients.
The CMA has been, is, and will continue to be a physician organization. As part of that commitment to you, we’re taking action on physician health. We’re convening experts from around the world at the International Conference on Physician Health in Toronto this October. We’ll soon be releasing the first national dataset on the state of physician wellness in Canada. And we’re creating a new physician-led team at the CMA who will focus on our wellbeing and will soon put into place a physician wellness action plan.

What we’re looking to do is change medical culture to make it a healthy place for everyone, which goes hand-in-hand with my second purpose – representation.

The face of medicine is changing. I look into the audience today and I see medical students and physicians of different ages, ethnicities, genders, and abilities. Yet ensuring representation, diversity and inclusion in medicine is still very much a work in progress.

I believe that more diversity in medicine will lead to better health care for our patients. With better diversity, we can build stronger therapeutic relationships with our patients, with more trust and cooperation. And as a profession, we would be a better reflection of the patients we serve. And consider more than just gender or ethnicity. Think about new perspectives, better problem-solving skills and different ways of thinking. In short, more innovation.

Over the coming year, I look forward to continuing our conversations about inclusion, women in medicine, leadership, and creating a medical culture that is professional and respectful of everyone. These are not always easy conversations to have, but in this era of intolerance, #MeToo, and truth and reconciliation, they are conversations that MUST be had.

This in an incredible time to be a part of the CMA. It’s a time when the medical profession is undergoing many changes and facing immense pressures. It’s a time when we have the unprecedented opportunity to be leaders. And we’re looking to all of you, Canada’s physicians and medical students, to tell us where we should be focussing our efforts and our energy, as we move forward together.

Which brings me to my third purpose – advocacy.
There are many great leaders who have walked before us – and have shown just how powerful our collective voice can be. I think back to last year’s meeting in Quebec City, when we so proudly celebrated our history of advocacy. I look around the room today and I see so many of our past CMA presidents who have joined us here in Winnipeg – I want to take this opportunity to thank them for their leadership. In particular, thank you to Dr. Avery who I’m proud to call a mentor and friend. And thank you to Dr. Marcoux, who has been a champion for seniors care at this critical time. Most recently, he brought the voice of the Canadian medical profession to the international community, addressing the United Nations in New York City.

Looking ahead, we have many more chances to make a lasting impact on health, the profession, and the system. There are great opportunities ahead of us that we simply cannot let go by. It’s a challenging time for the CMA, and your questions and observations this morning are a reminder of your engagement in the issues that confront us all. As your new president, I’m looking forward to what the next year will bring and I feel privileged to be speaking on behalf of such a passionate group of physicians.

I encourage you all to think of yourselves as leaders. With a federal election in 2019, now is the time to gain support for your ideas on how to make health care better. Health care continues to be a big ballot issue, and this is the perfect chance for physicians to highlight gaps, and push for change at a grassroots level. It can be overwhelming to think of the magnitude of health care change needed – but remember that small changes can have a big impact. As physicians, we can start by taking action in our specialties, our practices, our hospitals.

We at the CMA know that our focus needs to be on making the profession healthy and vibrant. And through our health advocacy efforts, we will also focus on making Canada healthy as well.

Over the last two days, we heard how innovation and technology are set to change health care. It’s both exciting and frightening to think about what’s coming our way and how our practices will change. But rather than resist it, this week has been about facing this new reality. We’ve discussed, debated and shared ideas on how we can prepare ourselves and embrace new technologies to
make our work more efficient and effective. It was uplifting to hear the many ideas that came forward during the Open Dialogue sessions.

And I want you all to know that the conversations we’ve had here in Winnipeg won’t stop after we all go home. The focus on innovation must continue. Our work on that front is only just starting and will be ramping up in the months and years to come.

The CMA wants to hear from you. We want your ideas on innovation and your priorities for the profession. We’ll be hosting member forums in 2019 to continue these conversations. We’re planning on going to Western, Central and Atlantic Canada to meet with you, our members. As physicians, you see both the problems and possible solutions in your work, and we want to know what they are and how we can work together toward effective solutions.

I started this address by talking about myself.

And I’m going to end it by talking to you, my friends and colleagues. Thank you for this opportunity to serve and represent you. As physicians, we have a deep sense of commitment to others – to our patients, our colleagues, and our fellow health care providers. We go above and beyond to look after those in our care and give so much of ourselves to ensure that others can get well. We’re dedicated and hard-working individuals who must contend with intense pressures in our day-to-day work. For all that you do, I say thank you, merci beaucoup and meegwetch from the bottom of my heart.