Dr. Granger Avery

Valedictory Address

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President
Canadian Medical Association
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Check against delivery
It’s been a tremendous honour to serve as your CMA president during this extraordinary year, the 150th year of our association.

First and foremost I would like to thank you all for extending me the great privilege to be your president.

I would also like to recognize the tremendous support of the members of the CMA Board of Directors and of the CMA staff, who work so hard on our behalf.

Above all, I would also like to acknowledge the stalwart and loving support of my wife Winnie, who has been a source of tremendous strength and has put up with a great deal. I could not have done this without her.

As a profession, as the Canadian Medical Association, we have seen extraordinary change over the last 150 years. Change that must have been unimaginable at the time.

A great deal of our discussion here in Quebec City these past few days has focused on the fact that physicians specifically, and health care more generally, is at a crossroads.

Our need to accommodate change is even more pronounced today, paralleled with consistency in what makes us true to our profession.

It is not so easy to be a physician today.

I have travelled back and across our great country, from coast to coast to coast, meeting with our colleagues. And while conditions vary substantially, all too often we are beset with barriers that impede us doing what we are motivated and trained to do.

We are increasingly required to meet stricter regulatory requirements.

We must absorb an exponentially increasing knowledge base.

We are faced with both significant income reduction and subjected to pernicious and denigrating language from governments.

And all at a time when patient expectations and demands are increasing.

Is it at all surprising that, as we are probably all now aware, that we have disastrous levels of burnout and depression existing in our profession, starting even amongst our students!

The CMA is with you, and for you, 100%.

As we set our sights on the future we have a strong foundation upon which to build.
Finally, it’s been said that obstacles are those frightful things you see when you take your eyes off your goals. I would like to leave you today with just a few thoughts on why I’m optimistic and why I believe the CMA and the physicians of Canada are set to keep our eyes held high and locked firmly on a bright future.

During this 150th year of the CMA we have celebrated many remarkable achievements of medical men and women in Canada since Confederation. If you have not seen the full timeline and other materials yet, I encourage you to check out the CMA 150th webpage on cma.ca. It is remarkable.

But far from resting on our laurels, this year saw the CMA step up our advocacy to get a national seniors strategy for Canada.

The need for a new seniors focus was not an issue dreamed up overnight in isolation, but rather grew out of concerns we heard from physician members and their patients right across the country.

The call of “if we can fix seniors care, we will go a long way to fixing health care in Canada” – coined by one of my predecessors, Dr. Chris Simpson – resonated with Canadians and policymakers alike.

Now, the need for action to improve seniors care has been acknowledged widely in the media, and in policy circles within all levels of government.

As a direct result of CMA advocacy, we were very pleased – just two months ago – to see the House of Commons motion passed almost unanimously from Mr. Marc Serré, Liberal MP, that calls for creation of National Seniors Strategy to be studied by the House of Commons Standing Committee on Human Resources, Skills and Social Development.

As Mr. Serré said, this sends a strong signal that the government supports our effort to create the first ever National Seniors Strategy for Canada.

Our work is far from finished on achieving a seniors strategy, but we have momentum, our voice is being heard, and I am sure – under Dr. Marcoux’s strong leadership as CMA president – we will continue to advance this issue.

Over this last year, our governments – federal, provincial and territorial – had several golden opportunities to bring about the type of progress we need to improve our health care system.

First was the so-called discussion on building a new health accord for Canada. Instead of a strategic, forward-looking collaborative commitment to improvement, we instead got a “let’s make a deal” approach and political horsetrading.
Next came the federal budget. This was a prime opportunity for the federal government to share with Canadians its vision for leadership and strategic action. Instead, we got a transactional-type document that was virtually silent on building a new era for health care.

Finally, there was this summer’s meeting of the Council of the Federation. This meeting of Canada’s Premiers could have been about coming together, devising a course of action and scaling up of best practices in improving health care for Canadians.

At each opportunity, governments dropped the ball.

We got words and tactical action in narrow and specific areas. There was lengthy discussion about the current crises. But was there a strategic discussion on ways to address needs upstream – specific like the opioid crisis, or our system-wide failure?

No, there was not. Not during the health accord talks, not in the creation of the 2017 federal budget and not at the Council of the Federation meeting.

Worse yet, where were Canadians as these golden opportunities slipped by? Where were our Aboriginal and First Nations peoples? Regrettably absent.

That, ladies and gentlemen, is simply not good enough. That’s not the collaborative approach we need to bring about positive change and truly improve our health care system.

As we move forward we must continue to strive for better because Canada is still competing for bottom position in the Commonwealth Fund international health rankings and that is unacceptable.

So, as physicians we continue to put our shoulders to the wheel, striving for improvement and working to advocate on critical issues such as seniors care, the next phase of discussion around medical aid in dying or ensuring a strong public health approach is taken with the looming legalization of marijuana.

Is it any wonder that physicians are feeling burnt out across the country.

And our students and residents tell us the same thing.

This year, I am sorry to say I heard directly from many, many of our own colleagues that they had lost the joy in medicine.

I heard in one area that over half of the physicians identified as being burnt out.

I heard physicians saying that their children would do well to choose a career other than medicine.
To hear these feelings of powerlessness, of desperation, expressed by colleagues is gut wrenching.

It is also fair to say that in many areas of the country, physicians feel under attack from governments, which only adds to the feelings of frustration and anger.

In the face of these challenges, it’s crucial that we don’t lose sight of what unites us as physicians and guides our interactions with our patients and with each other.

But as we navigate these challenges, how do we remain true to our values when feelings of isolation, frustration and tension threaten to take hold and when rates of burnout, depression and stress are on the rise?

No physician or physician-in-training should ever feel isolated or alone.

Our profession is a demanding one, yes, absolutely, and the current realities of our system can add to feelings of frustration and powerlessness.

However, the key to moving forward is to unite around our shared commitment to each other and our dedication to maintaining a strong patient-physician relationship while providing excellent medical scientific advice.

This is the bedrock foundation of medical professionalism, which drives us to continuously seek solutions and improve the care of our patients.

It is also the foundation for the CMA’s new 2020 strategy, which seeks to unite Canada’s physicians on health issues and causes that matter.

I know we will be discussing physician health specifically in the emerging issues session and I look forward to seeing the ideas and thoughts raised there become part of the CMA’s ongoing work to support physician health.

So in the face of these challenges, why would I be optimistic that we have a bright future?

Our future is bright because together, we are incredibly strong.

Because when we unite with our patients in the quest to create the best in health, we are together an unstoppable force.

Because we have the tools, we have the training, and we have the knowledge to right our course, and that of our severely underperforming health care system.

We have faith in the centuries-old dyad of physician and patient that is the basis of medicine and is reflected in our renewed vision and mission.
And we have the perseverance. We never give up.

We know that collaborative, team-based practice providing care that straddles the spectrum of care is the route to quality, professional satisfaction and personal reward. We know what it looks and feels like when respectful collaboration works.

Our patients, and their families, are looking to us to lead, as we’ve done throughout history, to ensure the system – and our work – is effective and responsive to future needs.

They’re looking to us to bring a clear, strong and united voice to the leadership table. As well as our persistent attention to the details of medicine, our patients expect us to play an active role in health system reforms and improvements.

But make no mistake; Canadian society is divided in a way that is antithetical to ensuring efficient health and health care delivery.

In our land of 100,000 health care silos, in a land where we divide funding from responsibility, where we expect our federal government to provide 50% of the funds, but devolve the application to the provinces and territories, accountability seems to have been forgotten.

At best, what accountability there is has been downloaded to us, and to health care managers. And that accountability does not come with the freedom and ability to effect meaningful change.

That is why we must insist on truly collaborative health care decision-making with all the partners in health.

We cannot expect to make effective, sustainable decisions about health care organization and delivery without the involvement, commitment and accountability of the people who fund, deliver and receive these services.

To be truly effective and sustainable, the decisions must be made by all five of the health care partners that the World Health Organization identified many years ago. Do we seriously believe that one sector – usually government – is able to manage the complexity of health and health care?

Time and again, we see our current command and control model of health system governance failing us all miserably.

Governments, the professions, health care managers, universities, and, most importantly, the citizens must all collaborate respectfully and with commitment to make the system work. Each sector has expertise to offer and accountability to accept.
I fully understand what a reach this is for some. When we consider how far our system has spiralled down, how much distrust has been generated, the extent of the burnout that is present today, it is difficult for many people to accept.

I have travelled to many countries, read widely and spoken to many people, and I can tell you that no one has yet resolved the design and management challenges.

Some are coming closer. Some countries are approaching the collaborative ideal. Here in Canada we have some examples of good relationships starting to produce good work. But these are usually only bilateral relationships and my experience tells me that these inevitably break down when stressed – always over funding.

We need the commitment and accountability of all societies sectors to make this work. I’m sure some will view this as too risky, as giving up too much power, or will simply be overcome by the distrust that we have allowed to build up.

Governments may see this as “giving up authority”; universities may see this as too far outside their traditional work; it would be surprising if many physicians did not see this as impossible due to the current lack of trust.

To each I say: you will see your objectives attained, and with much less acrimony, using a collaborative consensus-based approach, amongst equal partners. There will be fierce debate as we consider the vision, the prioritization and the system oversight that is necessary, I am sure, but the commitment by all at the end is the only way it will work.

We have spent 50 years doing it the other way and where are we? If we want improvement, we really don’t have any other choice.

I want to acknowledge the hard work that you do every day. We have highly skilled physicians right across our country working hard and consistently every day. But often working in silos.

Let us not forget what our predecessors identified: Heal where we can, ameliorate as much as we can and comfort always.

I also recognize that our current reality of reduced trust between physicians and governments makes pursuing a trust-based, collaborative approach difficult.

When I first started talking about the partnership technique of health care reform two years ago I stood before you saying that we needed to do things differently.

I had hoped it would be quicker, and that we would have progressed further on the track toward collaborative visioning and management oversight.

There has been some progress achieved however.
I also believe that the adversarial climate between government and physicians that exists in many areas simply proves the need for a collaborative approach even more.

Until we achieve that comprehensive partnership, until we have people working together to achieve a shared vision, we’ll continue to struggle with the lack of connectivity.

So as we are here in Quebec City – the city of our creation – I remain excited and convinced that we can unite around the legacy of our founders, and continue to be that strong voice that Canadians, and our profession, need.

This starts tomorrow with Dr. Laurent Marcoux, your next president, who I know will be an excellent and dedicated leader on our behalf.

It will surely continue with Dr. Osler and those who will follow.

If we remain united in our sense of purpose and committed to improving the health care system for the benefit of all Canadians, we will build on our proud legacy of our founders and embark on a strong and vibrant future.

Doing so requires three clear actions.

We must pursue a truly collaborative approach to health care.

We must look after each other, pay attention to physician health and the system responsibilities for this.

We must seek out the effective collaborative practice models and take those lessons nationwide.

And we must step up and lead.

Now is the time.

Thank you.