



Dr. Alika Lafontaine

I'm excited for the opportunity to run for president-elect and believe many of the issues that I would advocate for align with priorities that the CMA has already begun exploring. If successful, I would focus on three priority areas: Mobility, employability and healthy working conditions for Canadian physicians; Renewing the relationship between physicians, patients, health systems and government, and; Culturally safe health systems free of hostility, full of opportunity, and healthier for physicians and patients.

1. Mobility, employability and healthy working conditions for Canadian physicians

The COVID-19 pandemic made the impossible, possible. There was rapid intra-provincial redeployment of physicians through accelerated registration to areas of need. Virtual care spread rapidly across health systems and territorial-provincial licensure became available (NWT-AB). There was a shift from rigid specialty-based practice patterns to intra-specialty collaboration. Physicians across the country made it clear that not only were we in this together, we would be there for each other. Mobility, employability and healthy working environments are not only possible in today's health systems, they must go hand-in-hand if Canada is to prepare itself for future pandemics and respond to current physician human resource stability. We must achieve national licensure. We can build on existing systems to identify physician skills, geographic need and local practice patterns so physicians and health systems can make informed decisions. Mobility, employability and collaboration should exist in a post-pandemic world, along with the decreased stress, burnout and improved wellness that will result.

2. Renewing the relationship between physicians, patients, health systems and government

What value flows between physicians, patients, health systems and governments? The COVID-19 pandemic has given us all time to consider this question and our place as physicians in the communities we serve. In Alberta, we have been both valued and devalued in the course of this pandemic; this is not just an Alberta phenomenon but also a Canadian one. The role of physicians is changing and so is the value we bring to Canadians. Patients, health systems and governments no longer expect "doctor orders." The future of medicine lies in co-creation and co-design. In the same way, physicians want to co-create and co-design external expectations; the status quo where physicians sacrifice our own health, relationships and well-being as an unspoken pact of sustainability is no longer an option. In facing this pandemic fire, we have realized that there is a line beyond which we do not wish to be burned. In a post-pandemic world, we can design a health care system where physicians can be healed, as well as the patients and communities we care so deeply about.

3. Culturally safe health systems free of hostility, full of opportunity, healthier as a result

It's time to eliminate racism, sexism, ableism, classism and all other -isms that permeate health system culture. These are challenges we've inherited from historical approaches that no longer work for today's physicians. In health systems where the intensity of racism, sexism, ableism, classism and the other -isms are high, watching colleagues and patients suffer has deep and lasting impacts on physician well-being. Freedom from hostility decreases stress and conflict, improves physician satisfaction and minimizes the tension present in so many medical encounters. It also leads to better health and wellness for patients. Eliminating the -isms in clinical practice and medical leadership needs to become an essential part of today's Canadian health systems.

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Dr. Alika Lafontaine is an award-winning physician and the first Indigenous doctor listed in Medical Post's 50 Most Powerful Doctors. He was born and raised in Treaty 4 Territory (Southern Saskatchewan) and has Anishinaabe, Cree, Metis and Pacific Islander ancestry. He currently lives, works and plays in Treaty 8 Territory in Northern Alberta.

Dr. Lafontaine has served in medical leadership positions for almost two decades. Alberta Medical Association: representative forum (since 2012), nominations committee, Indigenous health committee, current board member. Canadian Medical Association: Alberta AGM delegate, appointments committee, Chair governance council Canadian Medical Association Journal. Royal College of Physicians and Surgeons of Canada: Indigenous health advisory committee, search/selection subcommittees, Chair regional advisory committee (western provinces), current council member. HealthCareCAN: current board member. Indigenous Physicians Association of Canada: vice-President and President. Lead and core team member of various Indigenous and non-Indigenous health transformations within Saskatchewan, Alberta and nationally.

From 2013-2017 Dr. Lafontaine co-led the Indigenous Health Alliance project, one of the most ambitious health transformation initiatives in Canadian history. Led politically by Indigenous leadership representing more than 150 First Nations across three provinces, the Alliance successfully advocated for \$68 million of federal funding towards Indigenous health transformation within Saskatchewan, Manitoba and Ontario. He was recognized for his work in the Alliance by the Public Policy Forum where Prime Minister Justin Trudeau presented the award. Dr. Lafontaine is also a past recipient of the Canadian Medical Association Award for Young Leaders (Early Career) and the Canadian Medical Association Sir Charles Tupper Award for Political Action. He remains the youngest recipient of the Inspire Award, the highest honour the Indigenous community bestows upon its own people.

In 2020, Dr. Lafontaine launched the Safespace Networks project with friendship centres across British Columbia. Safespace Networks provides a safe and anonymous workflow to report and identify patterns of care; patients and providers use the platform to share their own experiences and contribute to system change without the risk of retaliation for sharing their truths. It provides a learning system approach for identifying and intervening in issues with patterns of practice anonymously, before they become official concerns or complaints.

Dr. Lafontaine continues to practise anesthesia in Grande Prairie, where he has lived with his wife and four children for the last ten years.