



Dr. Noel Grisdale

CMA Strategy: Consistently bring a patient perspective, engage in courageous/influential dialogue & advocacy while uniting & inspiring physicians & inspiring physicians

My "message of intent": While there are many areas of medicine & health care delivery that interest me I've tried to pick three areas that if we get them right, we can make the biggest impact on improving the health of Canadians while sustaining & strengthening our health care system. Should I become CMA President I don't have any delusions. The role is not about my agenda. The voice I will use may be mine but the messages I deliver will be those of the association. I will have an equal vote at the board table & I will look forward to the collaborative dialogue & debate. The direction for the CMA comes from its members, the public, stakeholders & experts.

Mission: Empowering & Caring for Patients, Vision: A Vibrant Profession and a Healthy Population.

1. Physician Health and Wellness

CMA has already put a big focus on this area with resources to support. We need to build the momentum and expand the reach. Obviously healthy physicians benefit all... the patient, the physician, and the system. While we often focus on individual factors that lead to a physician being unwell, our experience in Alberta in 2020 has opened the eyes of many to the significant systemic threats to physician well being. The villifying of the profession by a sitting government during a pandemic is a fairly dramatic example. The threats to a self regulating profession, the threats to freedom of mov't and power leveraged to silence and control all are examples observed this past year and all threaten the well being of the profession... as individuals and as a whole. Some of these things have happened elsewhere in Canada in the recent past however for all of this to happen during a pandemic in our lifetime it is in my mind the proverbial "canary in the coal mine"!

2. Prevention and Management of Chronic Disease

Our publicly funded healthcare system is one of the great things about being Canadian. The tenet of having access to care not be based on the ability to pay is paramount & what our Canadian system is built upon. However, sustainability of our system is becoming increasingly difficult & gov'ts are getting desperate (see Alberta 2020). We need to find ways to continue to deliver high quality care that is sustainable. There are a number of CMA initiatives that fit in this area & they need to continue to be pushed forward. Some need to be prioritized over others.

- Medical Home... prioritize care in the community. Care out of acute care institutions means advocacy for increased community/primary care funding. Strengthen linkages between specialists & primary care with I.T./EMR/Virtual Care. National Pharmacare Strategy and National Seniors Strategy are critical. Finally, finding ways to address the social determinants of health via CMA policies and initiatives.

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3. Mental Health

Society has been working on reducing the stigma around mental health. There is still lots of work to be done as anyone practising medicine is aware. This is an area that costs us dearly as a society... both economically and emotionally. 1 in 5 Canadians have a mental illness. By age 40, 1 in 2 people in Canada will have had or will have a mental illness. The most common: anxiety, mood disorders and substance use.

- More than twice the number of people in all age groups with heart disease or Type 2 DM.
- Obviously mental and physical health are linked. This leads back to the chronic disease discussion above.

These stats come from "The life and economic impact of major mental illnesses in Canada: 2011-2041" prepared for the Mental Health Commission of Canada. The Public Health Agency of Canada reported that among the seven major health conditions, mental health illnesses had the highest total direct care costs in Canada.

Biography

Dr. Noel Grisdale has practiced comprehensive rural family medicine in Black Diamond, Alberta for the past 25 years. He is part of a group practice and a Clinical Assistant Professor at the University of Calgary teaching Family Medicine residents for the past 20 years. He works in the clinic, long term care, active care and emergency room.

Graduating from the University of Calgary Medical School in 1992 (Dik-Diks) and Family Medicine Residency at The Calgary General Hospital in 1994 he became involved in medical politics early on as he served as President of the Calgary Rural Medical Staff Association. This led to years of involvement in the Alberta Medical Association (AMA) as a Rep Forum Representative, serving on the AMA Board for 10 years including 2008-09 as AMA President. He then served as a director on the CMA Board from 2010-2013. The past six years he has served on the CMA Governance Committee and has also been challenged by the role of Chair of the AMA's Negotiating Committee for the past 5 years during three separate negotiations.

He's committed to maintaining a work-life balance and wellness via frequent running, coaching his kids' soccer teams over the years as well as playing himself, including with Canada's World Medical Football team since its inception in 2015. This year he was given the honour to captain the team in Argentina, though COVID-19 had different plans. Little known fact about him is that he lived in Singapore during his formative years; attending school with children from 40 different countries which he says went a long way to shaping the person he is today.

He's married to Karla (a proud Saskatchewanite) and they have four children (three girls and one boy) running in ages from 14 to 21 years.