

Medicine is a Job

Dear Members,

Compensation is a challenging topic. On the heels of National Physicians' Day, I am going to say something a little shocking. Most of us would prefer appropriate compensation for our work over gratitude (though a little is nice). We have the tremendous honour of other humans trusting us implicitly and medicine truly is a calling for many physicians. Perhaps because of that, it is implied part of our duty is to make personal sacrifices and that requesting more money is crass. In the end, though, *medicine is a job*.

Somewhere in our training or early careers, we learn that doctors shouldn't talk about money; that it is distasteful. Despite perceptions that all physicians are generously paid, often substantial portions of work are poorly paid or not paid at all. Undervalued work includes long visits with complex patients, home visits, care for children and women, and palliative care. Complicated patients that truly need and deserve more time. There are many examples of work, and patient groups, that are undervalued by the system.

Administrative work for most physicians, such as triaging consults, reviewing consult letters and implementing recommendations, as well as some leadership and advisory roles, are often completely unpaid. Inadequate pay for work, in particular complex patient care and high administrative burden, puts physicians at risk of burning out and struggling to keep up with the demands on their time. This impacts not only patient care and health systems, but also physicians' personal wellness and relationships outside the work environment.

My thought for today is this – do the work you are comfortable doing, that brings value to your patients and yourself. If there are tasks that are neither enjoyable nor remunerated, consider what it would look like if you stopped them. When we stop doing a task, personally or professionally, often others will find a different solution or realize that the work has actual monetary value.

If it is work that you feel is important, ask: do you need more compensation to provide the care you feel is necessary; do you need more administrative support; do you need a team? Ask others if they see the same need, then advocate for that change within your team, or at a higher level with the help of physician organizations. Curiosity, creativity and openness to change are needed for actual improvement. That isn't enough, though. With our increasing population and increasingly complex patients, it cannot be denied that more money is required for infrastructure, for non-physician health care workers and, yes, for physicians.

I have written this before but will say it again: it is essential that physicians stop going to heroic lengths to prop up a failing system. It is not sustainable and is being used as an excuse to inadequately resource health care. 'Making things work' leads to outcomes like severely ill in-patients housed in hospital hallways, because we do not have the physical resources to do better. This is unacceptable care for our patients and causes significant physician moral distress. **In our efforts to care for our patients, we have unintentionally devalued ourselves and come to accept conditions that would previously have been unthinkable.** We need to demand the resources we require to do our jobs well and support our patients.

As always, please contact me with any concerns or ideas. Let's continue to build a community of physicians that truly care for each other, set boundaries, and improve the lives of our patients.

Warmest regards,



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President 2023

Mission: Physicians Advocating for Health

Vision: Engaged Physicians; Sustainable Healthcare; Health Community

Values: Advocacy; Integrity; Growth and Learning; Community Connection

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