EZMSA

EDMONTON ZONE MEDICAL STAFF ASSOCIATION

PHYSICIANS ADVOCATING FOR HEALTH

Good afternoon members,

Last week we celebrated Canadian Women Physicians Day. It is interesting to note that this day of celebration fell in the same week that the Canadian Medical Association published a letter addressing the urgent need to address workforce shortages, burnout and a backlog of issues affecting our healthcare system. While I am pleased for the acknowledgement that a growing percentage of our physician workforce identifies as female, there is a need to look for solutions to our workforce challenges that take issues of equity and inclusion seriously. Without that, Canadian Women Physicians Day is merely performative.

Canadian Women Physicians Day should be a cause for celebration for all doctors because our participation in medicine has led to positive change for all. It has empowered all of us to speak out about physician health, wellness and work life balance.

Many of the conversations about gender equity in medicine focus on income, promotion, leadership and representation across all specialties. These issues are important and work is being done, but thus far there are no satisfactory solutions. For this President's Letter, I want to highlight models of care delivery as sources of inequity that have excluded women from fully participating in the physician workforce and have played a role in burnout and poor work-life balance across the gender spectrum. If allowed to worsen, these models of care delivery will serve as sources of burnout that will drive excellent clinicians away from their chosen specialties or out of the profession all together.

Models of care delivery often go unquestioned — they are normalized by their historical existence. How often have we heard, "This is how we do it, you need to fit in or choose a different specialty." I have heard variations of this theme my entire career and I heard it again last week. The system doesn't get questioned; the problem doesn't arise from the system and its structures of care, rather the problem is the fault of the individual practitioner. They simply "aren't a good fit for that specialty", or "they aren't a good team player".

Physicians do have lives outside of their work and many have families that rely upon them for their care. Unpaid caregiving is no longer solely the work of women. While caring for children and elder care is still heavily gendered, more and more men are actively participating in informal caregiving. Physicians of all genders shoulder unrecognized and undervalued workloads outside of their jobs that go unaccounted for when we develop our models of care delivery.

Informal caregiving roles play a role in inequity, but so do health and the impacts of aging. Unless we are prepared to say that being a physician is solely a profession for the young and healthy, our models of care delivery need to account for the impacts of illness and aging. This is especially true in this pandemic world, which has served to increase disparities and puts us at a very real risk of losing much of the gains we have made in physician wellness and equity. As we try to make up the deficit in patient care and deal with a worker shortage, we need to look at how our models of care delivery and the role they can play in entrenching practices that are not sustainable for our physician workforce.

Now let's look at one model of care delivery: how we deliver acute care in hospitals. Patients need and deserve timely access to care. Patients can and do get sick anytime of the day or night. We address this need by providing 24/7 coverage for patients. In hospitals this translates into 24/7 in-house coverage. While patients deserve this level of care, we are struggling to provide it. Our proposed solutions risk contributing to further inequity within our health system. Call load, especially in-house coverage, looks to be increasing for several groups in the Edmonton zone. The impact of this will be felt differently by team members. As a new standard of care delivery, or even as a temporary fix, this change risks driving more physicians into part time positions, forcing them out of their chosen specialty, or prompting others to retire early. Lack of equitable and fair solutions risks a worsening of our workforce crisis.

Addressing inequity doesn't just improve the lives of women, it should improve all lives. Equity empowers all of us to speak up about what we need to stay well and be successful both at work and outside of work. I have intentionally not provided any solutions because we all need to contribute to that conversation. Creating models of care delivery that look at both the needs of patients and the needs of the many professionals that provide that care is essential to ensure a sustainable workforce. We are the health system – we need to create the structures and processes that actually work for everyone.

Regards,

Dr. Cheryl Mack
President 2022