Whither the CMA?

This is the third in a series of articles examining the democracy and direction of the Canadian Medical Association.

The performance of Canada's health care system remains poor relative to other similarly high-income OECD countries. Canadians are rescued only by the stellar work of our colleagues, which can be seen reflected in the Care Process part of the assessment:

Health Care System Performance Rankings

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
Overall Ranking	**3**	**10**	**8**	**5**	**2**	**6**	**1**	**7**	**9**	**4**	**11**
Access to Care	8	9	7	3	1	5	2	6	10	4	11
Care Process	6	4	10	9	3	1	8	11	7	5	2
Administrative efficiency	2	7	6	9	8	3	1	5	10	4	11
Equity	1	10	7	2	5	9	8	6	3	4	11
Health Care Outcomes	1	10	6	7	4	8	2	5	3	9	11

High-Income Countries (Commonwealth Fund, Aug. 2021). https://doi.org/10.26099/01DV-H208

Indeed, these numbers describing system underperformance only hint at the disastrous burnout that is affecting physicians and all health care professionals across Canada as we pick up the pieces. While many of us continue to provide much needed service, physicians are tired, irritable, reducing their scope of work, or leaving practice altogether. It is no co-incidence that across the OECD, Canada has amongst the lowest ratio of physicians per capita and the fewest hospital beds. Patients with increased disease complexity are being pushed into the community for management.

It is very clear that the pandemic has exacerbated and highlighted these trends. What has been equally disastrous is the political interference with medical science in response to the pandemic. We have seen very different approaches imposed across Canada, according to political considerations rather than health care. Consequently, the pandemic waves continue to ricochet back and forth across our country.

So where is the CMA in this maelstrom? Many would say: "Slow out of the gate, and with an insufficient response!" Our premier national organization – "Canada's Doctors speaking as One" – hasn't delivered on policy advice and leadership. Where the CMA has, in the past, been a powerful voice on topics ranging across physician ethics; uranium mining; supports for Indigenous peoples; smoking; vehicle seat belts; bicycle helmets; termination of pregnancy; medical assistance in dying; drug legalization and many others. What – if anything – have we heard in the face of COVID-19?

Each of these topics was brought onto the national stage, and each of them received a policy response from government, because individual physicians stood up with courage and conviction at CMA General Council to argue for them. Colleagues from across Canada listened, challenged, debated and voted on these important, often controversial, issues. And the public and governments listened.

Change resulted.

Presently there are By-Law changes proposed that will eliminate General Council as a forum for these critical discussions. These changes seek to further 'corporatize' the CMA, and distance us from the productive, democratic approach to health leadership that has been so central to our association's history and mission. On the surface the proposed changes contain the honourable and necessary supports for equity, diversity and inclusion that we need. Beneath the surface, they are exclusionary and anti-democratic. We fully support EDI as a truly worthwhile goal, but the proposed changes run the risk of being tokenistic and will certainly diminish even further the voice of Canada's physicians.

The CMA's recent visioning statement "Impact 2040" is well researched, cogently written, beautifully presented. Regrettably, it does nothing to restore the power of physicians' collective leadership in setting health policy in Canada and reversing the political meddling that has caused so many deaths in Canada.

Leadership here comes from asking the questions that each of us accept as the beginning of our professional day. Dr. Ian McWhinney, the 'Father of Family Medicine in Canada' called us to ask ourselves, of each patient: "Why here, Why now?" These are precisely the questions that need to be applied to health policy: "What is happening and why, how shall we respond; how shall we lead?"

Dr. McWhinney also noted "the importance of being different is that we can lead the way". It is difficult to think of a better way to describe and support those individual physicians who have risen at General Council to present new or controversial ideas that have advanced Canadian health and healthcare. Without this forum in our national association for individual physicians, Canadian health and healthcare is fast becoming a safe, corporately compliant space. Without our voices, and the debates thus engendered, the CMA is unable to lead.

If you want a strong national organization that respects your voice, register for the upcoming annual general meeting. From there, commit your time on 22AUG2021 to listening to the debates on the proposed By-Laws and – if you agree – vote them down. A vote against them is a vote for sober, reflective and informed review of how physicians' essential national health leadership and advocacy might be regained.

You may also wish to review the role of the CMA Board in advancing these proposed By-Laws.

With so many great physician leaders across the country and $3 Billion from the sale of MD Management, the CMA has – as well as the responsibility – the resources to support Canadian doctors and guide Canadians' healthcare, in a way that no other organization can.

August 22nd is your chance to ensure that this promise is fulfilled.

Doctors:

Granger Avery;	Charles Webb;	Eric Cadesky;	Kathleen Ross;
Arun Garg;	Richard Merchant;	John Guilfoyle;	Brian Day;
Ed Marquis;	Jeff Dresselhuis;	Keith MacLellan;	Dyan Muthayan;
Brian Wang Xin-Yong;	Mary Ellen McColl;	Beth Payne;	George Magee;
William Cavers;	Neil Kitson;	Carole Williams;	Jel Coward;
Derryck Smith;	Kirstie Overhill;	Charles Helm;	Alan Ruddiman;
Bob Woollard			