

A fragile and faltering health care system.

Covid 19 pandemic has taught us many things. We have learned about virtual appointments, how to intensify research and production of vaccines and other medicines, how to cope as a community with shut downs and all of the fallout, both economic and personal...and much more.

We have been exposed to the under and inner workings of our health care system. One positive from this is that we have seen the dedication, sacrifice and competence of the people who work within the system.

Sadly, the pandemic has exposed the fragility and, sometimes, the brokenness of that same system. My main message is that, as it is now, the system is not sustainable especially in small communities and rural areas like PEC. What is the evidence. I would recommend listening to the episode of CBC's "The Current" from September 16th. It was done from a small rural community in Nova Scotia called Musquodoboit Harbour. They interviewed a number of people including someone whose husband had died waiting for an ambulance, people who could not find a Family Physician, people who died or became more ill waiting for an appointment with a specialist, emergency nurses and physicians who were being asked to do 24 hour shifts because there were no staff and nurses were leaving the profession in droves, nurses and Dr's who had been abused by unhappy patients who didn't like the wait times, mental health patients who could not access the help they needed.

From my perspective I find it difficult to impossible to access other specialists or get patients who need to be hospitalised into hospital. I see patients being discharged from hospital prematurely because of bed shortages and patients waiting in emergency rooms for days as they wait for beds.

I talk to nurses whose work load has increased and whose work environment is deteriorating because nurses are leaving the profession in droves. It is the same for physicians and other health care professionals.

We in the midst of a wave of "greying" physicians, nurses, other health care professions who are retiring and often leaving their patients to fend for themselves to find care.

Inadequate housing and income are major contributors to poor health and mortality and there is little communication or collaboration between health care and social agencies. The bottom line is that the existing system is being asked to provide good health care while remaining fragmented and resource poor.

Our system puts most of our resources into disease-oriented approach and very little into community based preventative medicine which could save billions of dollars in treatment approaches.

We recurrently hear of promises of increased funding which the system badly needs but it is often backloaded so we don't see the money for years. But funding alone will not fix the problems. Provincial bureaucracies are incapable of understanding or responding to the varying needs of smaller and rural communities. They cannot see the micro-problems which need specific resources and management. Communities have more intimate knowledge of their health care and social needs and if they have the resources, the creativity and hands on ability to contribute to identifying and dealing with their health care and social needs.

So there need to be improved resources and management at the community level so that communities can be involved in dealing with their local health care issues. And communities need to step up and become involved in their own health care rather than passively waiting for provincial and federal governments to increase or cut funding.

There needs to be much more creative collaboration and communication between municipalities and federal and provincial ministries of health and social care. During this last election we saw little evidence of this.

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