



Are MDs more intent on maintaining their élite status than in promoting public good?

Charlotte Gray

In brief

The message that philosopher John Ralston Saul delivered during a recent CMA policy conference may have been unpopular with many physicians, but it wasn't intended to win their support. Instead, organizers wanted him to provide food for thought. Charlotte Gray reports that he did just that. (For more on the Futures Conference see *CMA News* Vol 9, No 4.)

When CMA President-Elect Hugh Scully became involved in planning the CMA's late-February policy conference "on the future of health, health care and medicine," he knew that the theme could provoke either glib eyes or debate.

Scully wanted the latter, so he turned to one of the liveliest minds he knew, Toronto author John Ralston Saul. Saul, an internationally acclaimed novelist and essayist who is a friend of Scully's, has written extensively on the structures that dominate our lives. In his eighth and most recent book, *Reflections of a Siamese Twin: Canada at the End of the Twentieth Century*, he examined some of the delusions and illusions of contemporary Canada. Who better, reasoned Scully, to take a similar look at our medicare system.

Saul, a tall, elegant man who switches effortlessly between English and French, provided the impact Scully wanted. The 150 physicians at the meeting listened intently to an analysis that, for a change, was provided by a philosopher and historian, not a health care stakeholder. Some were fascinated by the unfamiliar perspective he offered, while others were visibly exasperated. It's safe to say that all were intrigued.

Saul wasn't shy about slaughtering sacred cows. He offered a blistering critique of the "managerial culture" that dominates medicine's institutions to an audience that helps form that culture. The weakness of this culture, he ex-

plained, is that it has "a no-memory view" of progress. This means that every crisis is seen as a new problem, not as part of a continuum of public policy.

Saul noted that the hospital managers who had cut costs by sacking nurses have now discovered — to their surprise — that there's a shortage of nurses. Today, these managers glibly explain that nursing shortages are "cyclical" and that the solution is to hire more nurses from overseas. These nurses, of course, will replace the Canadian-trained nurses who left the country because there were no jobs for them. "But if they knew [the problem] was cyclical," asked Saul, "why didn't they plan for it? It shows they have no plan, no integrated thinking."

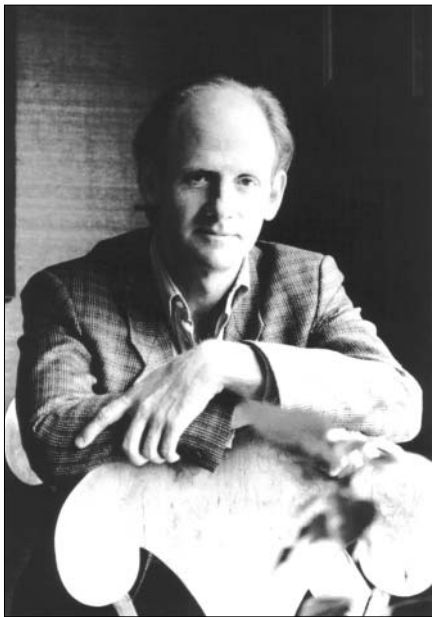
Saul argued that "management in and of itself is meaningless — it can only operate efficiently as a servant of policy. And public policy only works when it is driven by ideas.

When it is driven by administration or methodology it automatically fails because it is on the defensive."

The excess of health care managers is part of the system's problem, he added. "It is how we conceive of the system that is the main challenge today, not how we use health care dollars."

Saul said it is crucial that physicians view the health care system, and themselves as providers, within a historical context. "The existence of universal health care in Canada is a perfect reflection of how this society was imagined by its founders," suggested Saul. "From the 1850s onwards it was clear in the minds of political leaders that because they were dealing with a poor, ill-educated society scattered over the northern half of the continent they had to use the power of the people's representatives to build a country."

The health care system in place in the late 20th century is not just a fashionable concept or an accident of history, said Saul: it is the natural outgrowth of what Louis-Hippolyte LaFontaine, Robert Baldwin, Louis-Joseph Papineau, Joseph Howe and others were talking about well over a century ago. "When they spoke of a just society,



Saul: rediscover your responsibility for the public good



they were planting the seeds of medicare and transforming Canada into a middle-class society.”

During the 19th century, physicians played key roles in determining how Canada would evolve. William Warren Baldwin, the Irish-born doctor and lawyer who crossed the Atlantic in 1799, played a crucial role in wresting power away from Westminster and in establishing responsible government in British North America. Wilfrid Nelson, who was instrumental in introducing the use of anesthesia during surgery, became the first elected mayor of Montreal. Sir Charles Tupper, the Scots-trained physician who became Canada's sixth prime minister and the CMA's first president, promoted the need for a strong public education system.

Joining the élite

“In the 20th century,” said Saul, “we have seen doctors move away from the promotion of public good and a national reform movement toward a belief in their right to belong to an élite. In the 1940s and 1950s, doctors found themselves on the other side of the issues they had been leaders [in promoting] during the previous century.”

In Saul's view, physicians will not be able to influence public policy and contribute to the country's political evolution until medicine rediscovers its historic public role. This means doctors will have to follow the lead of Charles Tupper and other antecedents, and speak out publicly on issues like home care and the need to oppose two-tier medicine.

But this is difficult for a profession that has been fragmented by specialization. “Specialists see their job as de-

feating death rather than preserving health. It's a top-down concept, all about control.”

He is convinced that physicians have become prisoners of their own profession and are unable to integrate their view of the public good with their view of themselves as experts and members of the upper middle class.

This means that their contributions are often misunderstood in public debates because doctors frequently appear to be unconscious of the effects of their actions. When the issue of health care report cards was raised during the CMA's last annual meeting, Saul considered it as an interesting notion that should be explored. “But before anyone had time to discuss it,” he said, “the press had dismissed it as self-interested.”

He finished by challenging medicine to make “an aggressive change in its self-perception” by building the physician's responsibility for the public good back into the core of medical education. “You can't discover it when you're aged 45 and in mid-career. It has to be part of your thinking when you are training to be a doctor.”

When Saul finished speaking, there was an audible exhalation from the audience. Once Scully announced a coffee break, Saul was surrounded by physicians eager to challenge his opinions. This evolved into intense discussions about why the profession, as opposed to individual doctors, is no longer seen to be committed to the public good.

Scully stood in the background, beaming with satisfaction.

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CONCOURS DE DISSERTATION EN ÉTHIQUE MÉDICALE LOGIE

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Le *JAMC* parraine de nouveau le Concours de dissertation en éthique médicale Logie ouvert aux étudiants de premier cycle en médecine des universités canadiennes. Cette année, les prix sont de 1500 \$ pour le lauréat, de 1000 \$ pour la deuxième place et de 750 \$ pour la troisième. Le *JAMC* se réserve cependant le droit de suspendre certains prix ou la totalité de ceux-ci si la qualité des textes est jugée insuffisante. Le jury est formé d'un groupe de rédacteurs de l'équipe scientifique et de celle des informations générales du *JAMC* qui choisiront les lauréats en fonction du contenu, du style de rédaction et de la présentation des manuscrits. Les dissertations doivent être dactylographiées à double interligne et compter au maximum 2500 mots, y compris les références. Les citations et les références doivent être conformes aux «Exigences uniformes pour les manuscrits présentés aux revues biomédicales» (voir *JAMC* 1997;156:278-85; www.cma.ca/publications-f/mwc/uniform.htm). Les dissertations choisies paraîtront dans le *JAMC* après avoir été remaniées quant à la longueur et à la clarté, et conformément au style de la revue. Les auteurs devront remettre leur dissertation sur disquette, et recevront une copie remaniée avant la publication. Veuillez faire parvenir vos textes à l'attention du Rédacteur aux informations générales, *JAMC*, 1867, prom. Alta Vista, Ottawa ON K1G 3Y6.

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