

Health and Health Policy for the 21st Century

Institute for Academic Medicine

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In Flanders fields . . .

- John McCrae was a war surgeon who is remembered for his poem
- He treated an unending flow of mortally wounded bodies in northern France
- McCrae knew exactly why the bodies kept coming in from the battlefields, but he could do nothing about the war

. . . the poppies grow

- Today physicians face similar challenges -- cardiovascular disease, cancers, abused children, HIV patients, adverse drug reactions
- but we have the potential to deal with the social and economic roots of these health problems

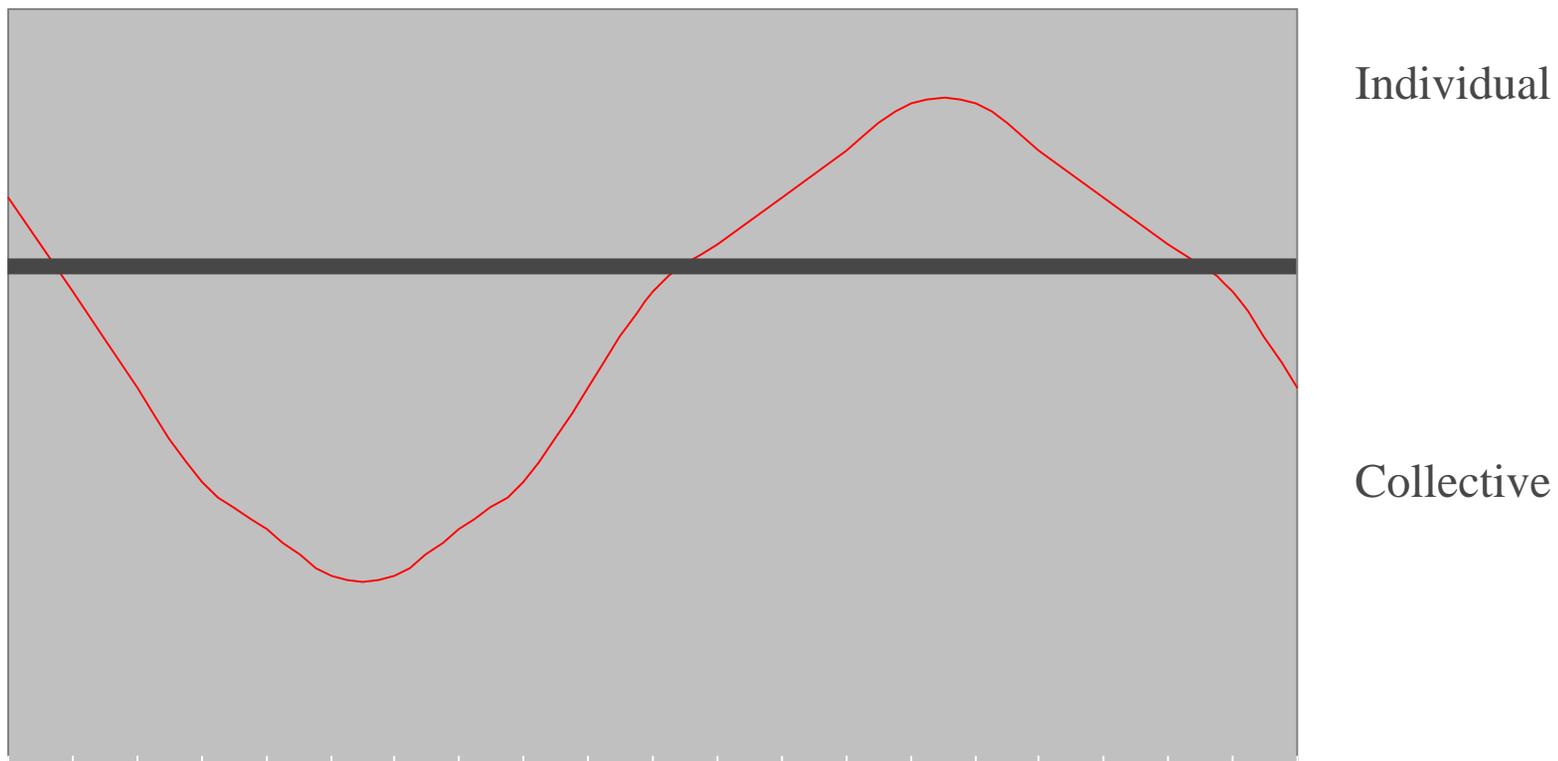
The healing arts

- Academic medicine is about healing -- teaching health professionals best practice clinical techniques
- And about research -- developing better techniques for diagnosis and treatment

History of ideas about health

- health as a God-given blessing
- health from a sanitary environment
- health as a result of medical science
- health as a consequence of lifestyle
- health from socioeconomic strength
- health in the context of sustainability

Focus of Attention for Health



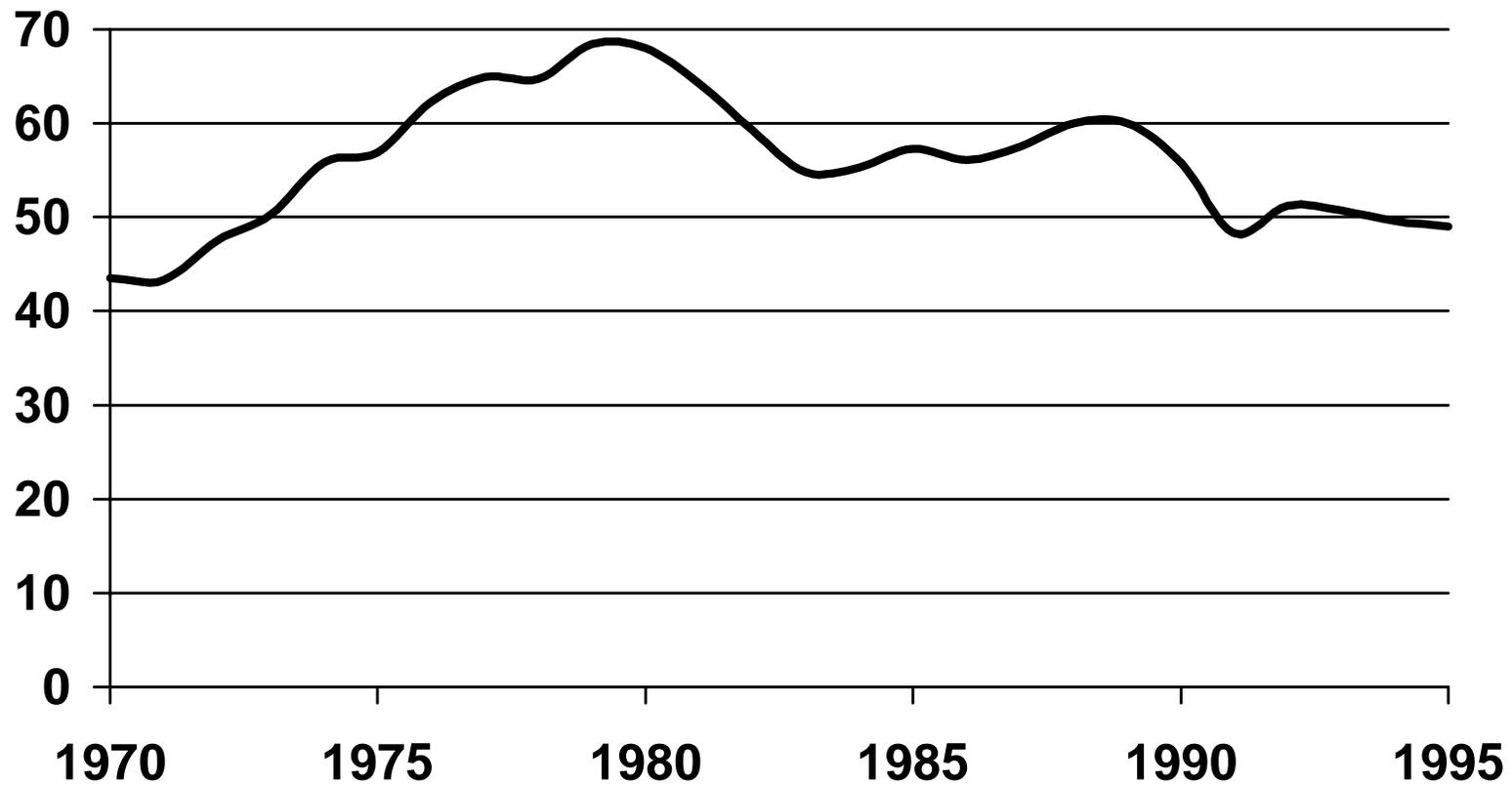
The social contract

- Canadians invest about \$76 billion a year in hospital and medical care
- They are fortunate to live in a country with a high quality medical system
- They consider that system to be part of their identity, part of the social contract

Two revolutions

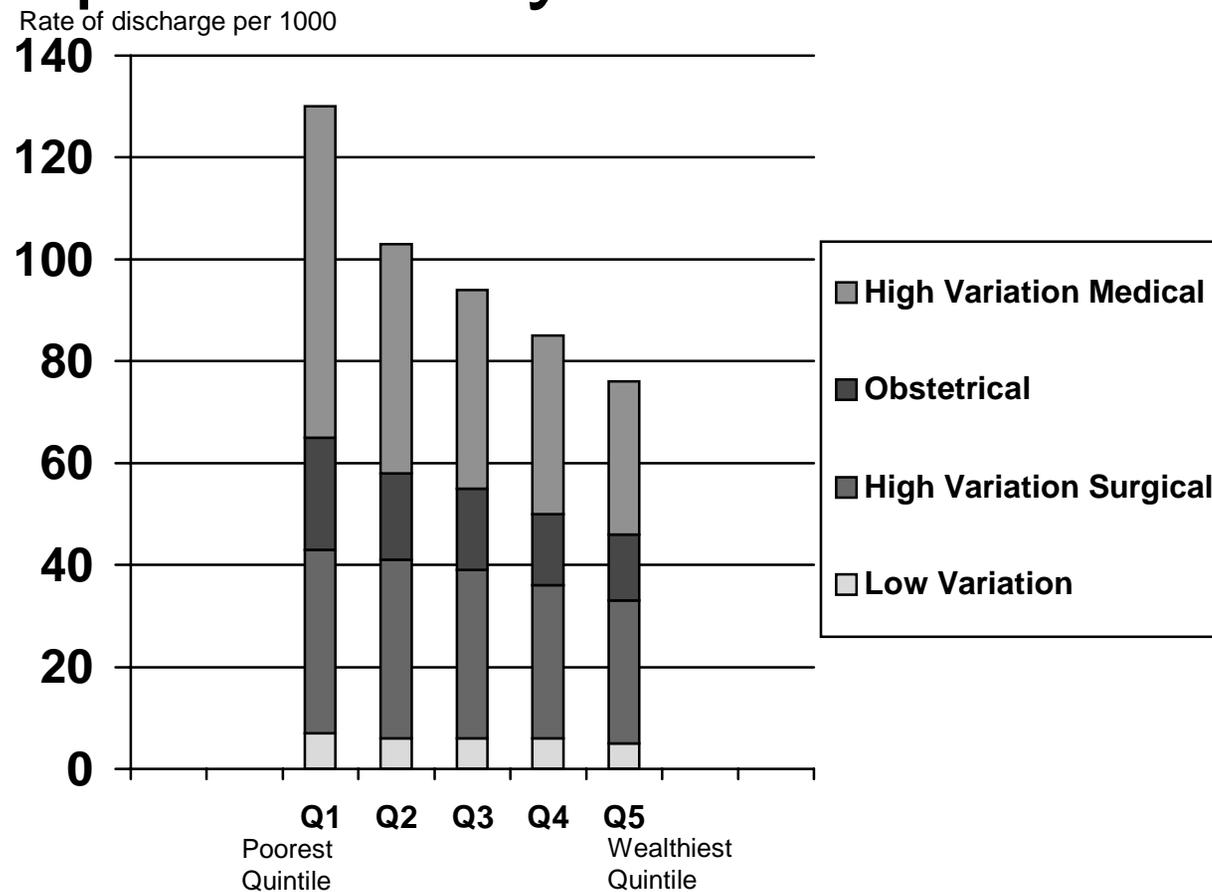
- But our notions of health and of health care are changing rapidly
 - Doctors do not produce health, they deal with disease; health is produced by the social and economic system
 - A rising proportion of health care takes place outside the hospital and the doctor's office -- in the community

Index of Social Health



Source: Brink, Satya and Allen Zeesman, Measuring Social Well-Being: An Index of Social Health for Canada, Research Paper, 1997, Applied Research Branch, Human Resources Development Canada

Hospital Use by Relative Affluence



Source: Roos, N. & C. Mustard, Variation in Health and Health Care Use by Socio-economic Status in Winnipeg, Canada: The System Works Well? Yes and No, unpublished paper, 1996.

The social disconnect

- Changing family structure -- from extended to nuclear family
- Marriage breakdown
 - about 57 percent of sole support mothers live in poverty
 - about 40 percent of poor children live in single parent families

The work disconnect

- Employers have adapted to global competition by shifting risk to employees
 - Short-term contracts, part-time work, temporary help
- These jobs pay low wages and offer no insurance or benefits; they do not offer access to training

The policy disconnect

- Government spending cuts have reduced the generosity of the social safety net -- shifting risk to the individual
 - Lower payments, tougher access for welfare and employment insurance
 - Cuts to education and health services which threaten quality and access

The knowledge disconnect

- As medical knowledge has grown, we have built vertical systems -- public health, medical science, nursing science
- The challenge is to build bridges across the silos, to integrate learnings from many disciplines

The social transformation

- This is a risk society. There are
 - winners and losers, haves and have nots
 - virtuous and vicious circles
 - increasing numbers of marginalized people
- Fundamental concern is social cohesion
 - the sense of belonging and hope which binds a community together

Coping strategies

- Some people cope well in this environment. CPRN studies indicate they have a combination of inner strength and outer help
- People without outer help are vulnerable -- especially if they are poorly educated

Social connections matter

- But everyone is vulnerable at some point in their lives -- as a child, at a time of illness, when they lose a job, etc.
 - witness the welfare motel mothers in Toronto
- The web of social connections with family, friends, neighbours, colleagues, school and community services are vital resources at these times

The fundamental choice

- Do we teach physicians to wait at the clinic for the marginalized to flood in?
- Or, do we send them out into the community, armed with the skills to make a difference?

Implications for Academic Medicine

- Technical clinical and research skills will always be essential -- passive medicine
- 21st century healing arts will go well beyond clinical expertise -- active medicine
- What will be the curriculum?

Future physicians will also . . .

- examine the patient's inner strength and outer help
- work with teams of professionals to link social and clinical interventions
- educate community leaders about the origins of poor health
- become active community leaders in building social supports