as future physicians. As medical students, we are now part of the medical community and we should be aware of the issues facing our profession and association. Physicians of today are expected to possess leadership and management skills—it is a professional responsibility to improve patient care through refining parts of the health care system that can be influenced. As medical students, we can develop leadership skills through the variety of opportunities presented to us. These include but are not limited to participating in health advocacy, organizing an event or conference, sitting on an association's committee or board, and taking on a role in a club. Let us keep doing good, and remember, "If not you, then who?"

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Looking at the Role of Physician Health Advocacy in the Canadian Health care System

Andrea Jones[a,°], MSc

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° Corresponding author: andrea.jones@ubc.ca
[a] PhD Candidate, UBC School of Population and Public Health, Vancouver, BC

The Merriam-Webster dictionary defines an advocate as 'one who supports or promotes the interests of another'.[1] Advocacy for social justice is a long–running theme throughout the history of medicine. In 1847, Rudolph Virchow described physicians as 'natural attorneys for the poor', who can take the lead on improving health through first improving economic and social conditions.[2] This type of advocacy described by Virchow—social activism for the betterment of health—remains a core component of practice in Canada's current medical profession. However, with the evolution of more complex, integrated health care systems and changing health needs, the role of Canadian physicians as health advocates has and will continue to undergo re–evaluation and re-definition.[4,5,6] This news article will briefly review current definitions of physician health advocacy and possible ways that physicians can advocate for health within the context of Canadian health care.

While authors in academic literature recognize that health advocacy in modern medicine needs conceptual clarification,[4,5,6] there appears to be general consensus that it consists of activities intended to benefit the health of individuals and populations.[3,4,5] In a recent journal article published in Academic Medicine, the role of physicians as health advocates is explored in the context of the CanMEDS framework.[4] Here, the authors divide health advocacy into two distinct activities: agency and activism. They elaborate that through agency, physicians can assist individual patients in navigating health care systems and accessing appropriate resources, while activism addresses the broader health issues and their determinants in populations and communities.[4]

Since the inception of the 1982 Canadian Health Act, universal access and coverage for hospital, physician, and surgical-dental services have been afforded to all Canadians. While the general intention of the act is clear, universal access and coverage can be affected by policy made at the level of the health care system and decisions made during the process of health care delivery. At the delivery level, access to health care can vary according to individual patient characteristics such as gender or level of health-literacy. For example, when all other clinical considerations are equal, physicians are more likely to recommend men for total knee arthroplasty than women.[7] In consideration of health literacy, if a patient is unaware that certain treatment options exist, they essentially do not have access to these treatments unless properly consulted and counselled. In such situations, physicians can work with patients and other health care professionals to ensure that patients have the resources and information necessary to make the best treatment decisions. Likewise, physicians can also be sensitive to biases that may exist in their own decision–making processes and make an effort to ensure that access to care is determined by health need and not other irrelevant patient characteristics.

At the policy level, there remains a grey area as to whether controversial services such as in vitro fertilization or medical marijuana should be included under provincial health insurance plans. In addition to this, health care systems often struggle with achieving actualization of timely universal access (e.g. long wait times for surgeries).[8] While finite resources limit the extent of services that can be covered and the expediency with which they are delivered, there remains room for physician advocacy to inform and shape future decision–making for resource allocation. Physicians can engage in such efforts individually or collectively as groups. Suggestions for individual physicians to become involved in activism include public education of health care issues through

mainstream media, speaking at public events, and communication with executive and legislative officials. In particular, the Canadian Medical Association (CMA) is an example of a professional association with an advocacy mandate. Collectively they advocate for improved health care through research intended to inform health care policy, submissions to government outlining their stance on health care issues, and advocacy skills training for CMA members.

In summary, physician health advocacy includes actions of agency and activism. In regard to health care systems, physicians can act as agents of individual patients as well as activists on a systemic level. Discussions around the role of physicians as health advocates are likely to continue. While the central focus of physician health advocacy efforts should continue to be the health of individuals and populations, there remains a need to further develop best practices for health advocacy training as well as structures and processes to support physicians' health advocacy efforts.[8,9] As a growing field of interest and action, health advocacy is becoming an increasingly important means of providing quality care to patients, improving health care systems, and ensuring fair and equitable access to health care resources.

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Facing Down the Threat: Canada and the Fight against Global Health Crises-Focus on the 2014 Ebola Outbreak

Stephanie Lake[a,°], BHSc

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° Corresponding author: stephielou.lake@gmail.com
[a] MHSc Candidate, UBC School of Population and Public Health, Vancouver, BC

This past September, a UBC-initiated event was held at university campuses across Canada to raise awareness for Ebola. While the Canadian public's general awareness of the disease and its deadly effects wasn't lacking, the participating students felt that our government's response was. They weren't the only ones who felt this way.

Just a few weeks later, the World Health Organization (WHO) reported that the virus was killing 70% of its patients,[1] and warned that without a significant increase in aid from other countries, as many as 10,000 new infections could be expected every week in West Africa by early December.[2]

Some might argue that Canada is contributing significantly to the fight against Ebola (in response to the WHO's plea, Canada would pledge another $30 million to total the nation's monetary contribution at $65 million).[3] Others believe that Canada's response was far too small and belated in its delivery, considering the urgency of the situation. While monetary donations sound appealing, they often take too long, or even fail to materialize into much needed resources in the field. For example, in the current case of Ebola, only 17% of Canada's first $30 million pledge had been delivered, three weeks after its announcement.[3] Furthermore, the biggest need according to those on the front lines is increased medical, epidemiological, and logistical personnel[4] – something the government has been hesitant to provide.[5]

While some might disagree with the extent and urgency with which Canada tackles global health crises such as Ebola, others might wonder why Canada is obliged to get involved at all. For example, why should Canada involve itself in crises that aren't a direct health threat to its citizens? In outbreak cases, this question might be asked less often, as it's easy to argue Canada will inevitably be affected if the primary countries cannot contain the outbreak. However, in situations where the potential for that physical affliction might strike Canadians at home virtually nonexistent (arguably the case with Ebola, despite widespread fear in North America),[6] the reasons to advocate for