

## Health Advocacy

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As physicians, we spend our professional lives advocating for the needs of our patients: timely access to specialist appointments, affordable medication, supportive housing, disability pensions, and numerous other things that improve their health and quality of life.

This role as an advocate is squarely within the spectrum of the role of a health care provider, and it can be interpreted as a professional responsibility to the individual patients and families under our care.

As Canadians are increasingly concerned about the sustainability of Medicare, it becomes clear that health care providers need to extend their advocacy to beyond just improving the quality of care in the system. We must also focus on improving the health of Canadians and use our expertise to effectively reduce their need for health care. This means that we must become active members of the movement advocated in the 1986 Ottawa Charter for Health Promotion of exchanging a 'health care system' for a true 'system for health'.

I myself became an accidental tourist in politics. When the future of Women's College Hospital was being threatened, a number of staff members, including myself, decided that the hospital represented our vision of the future of health care. The hospital empowered patients as true partners in their care, had pioneered interdisciplinary care teams, had recognized the need to move from hospital to community care, and had focused on determinants of health like violence and the environment. When I was first asked to run for office, I expressed my lack of political experience. It was quickly pointed out to me that the campaign to maintain the independence of Women's College Hospital had indeed been 'politics'.

It is important for all of us involved in health advocacy to recognize that we firstly have to explain that the word 'health' cannot be used interchangeably with the word 'health care'. As physicians and advocates, it is our job to then explain that our goal is to increase 'health' and thereby decrease the need for 'health care'.

Sometimes we can increase Health Literacy and engage more Canadians in our "movement" by asking a few simple questions, such as:

1. Would you rather have:
  - a. A strong fence at the top of a cliff
  - b. A state of the art fleet of ambulances and paramedics at the bottom
2. Would you rather have:
  - a. Clean air
  - b. Puffers and respirators for everyone
3. Would you rather have:
  - a. An effective falls prevention program for seniors
  - b. More orthopaedic surgeons and private hospitals
4. Would you rather have:
  - a. A government that boasts about how much they are spending on the health care system
  - b. Improved health of citizens leaving no one behind

Most people get it!

The efforts of health ministers alone will not fix the health of Canadians. Advocacy and efforts across all departments, in all levels of government, and across all sectors is the only way to reach Tommy Douglas's original goal for Medicare: keeping people well instead of patching them up when they get sick.

In order to reduce the 'tyranny of the acute' and invest properly in the health of Canadians, we need effective

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voices explaining the need to deal with the modifiable risks as well as the social determinants of health, what Sir Michael Marmot calls the "causes" and the "causes of the causes" of ill health. I think we'd all agree with him that "the worst thing for a physician is to help someone get well, and then send them back into the situation that made them sick in the first place."<sup>1</sup>

Lately, one of the most effective examples supporting Sir Marmot's position were the poor outcomes during the H1N1 pandemic on First Nations reserves in Northern Manitoba. Living situations often consisted of as many as fourteen people residing in one home with no running water or toilets, resulting in unconscionable mortality and morbidity.<sup>2</sup>

On the flip side, the decision in Ontario to close the coal-fired generators has resulted in hugely positive health outcomes and savings. In 2000, an Ontario Medical Association study estimated the cost of smog days in Ontario to be one billion dollars per year in absenteeism and visits to doctors and hospitals. In 2005, there were 54 smog days, while in 2013 there were two.<sup>3</sup> In this example, health advocacy proved to be successful and probably saved the government over a billion dollars.<sup>4</sup> Those who advocated

for this change are thrilled, but the public needs a much better understanding of this significant success.

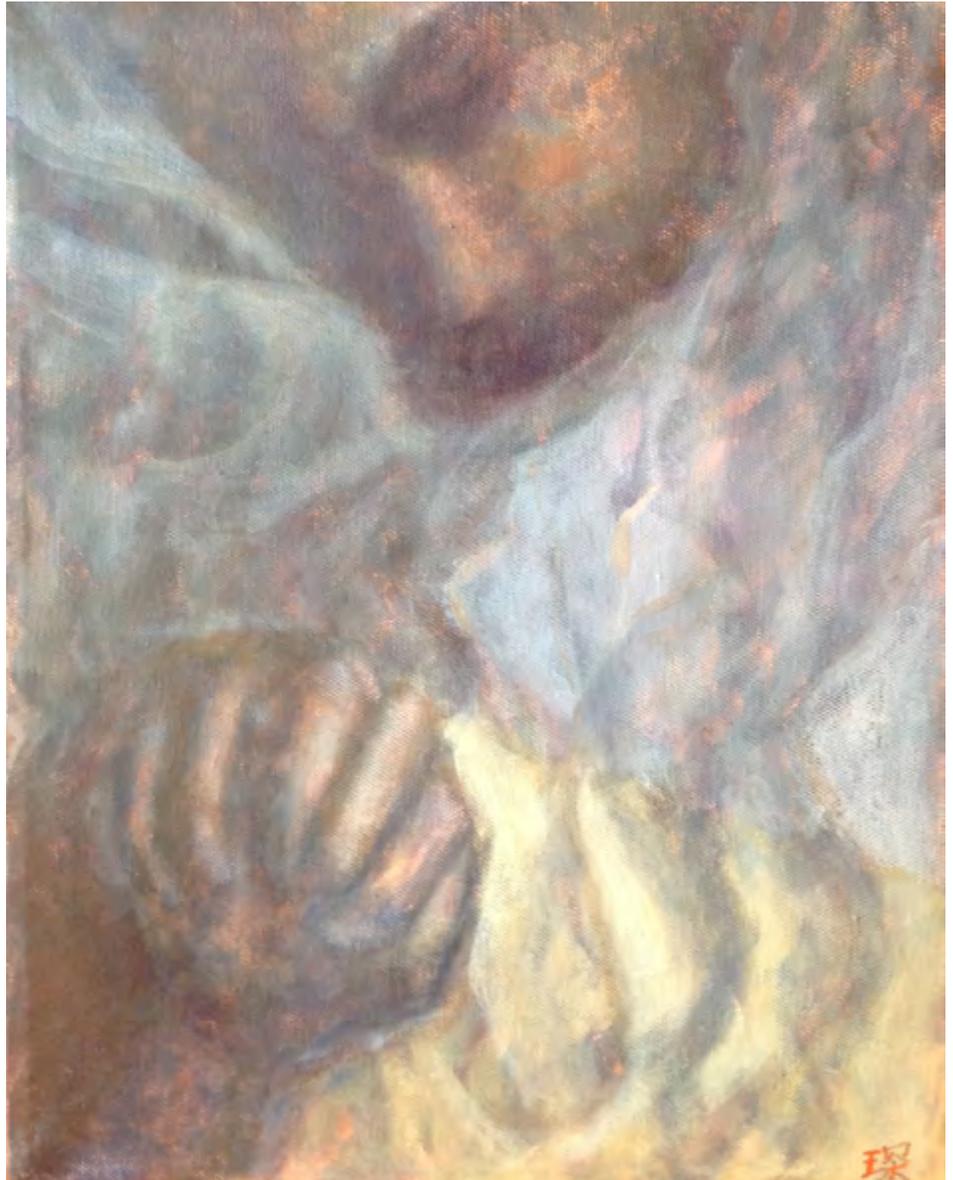
In 2004, as we were setting up the Public Health Agency of Canada after SARS, we decided that the concept of 'putting the public back into public health' needed to be built into the framework of the organization.

Political will is clearly a determinant of health. Political will clearly improves when public opinion is onside! So it is imperative that our advocacy is not only directed at politicians. Health care providers are amongst the most trusted members of Canadian society. In order for governments and decision-makers to make healthier public policy, we need to do everything we can to get Canadians onside. We have the data. We have the stories. Consider yourself deputized! We need all hands on deck! As Dr. Elizabeth Blackwell said over a hundred years ago, "We are not tinkers who merely patch and mend what is broken. We must be watchmen, guardians of the life and health of our generation, so that stronger and more able generations may come after."<sup>5</sup>

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Janny Ke, *Untitled*

I painted this when I was exploring shadows in the healing process. Here was an intimate scene of suffering in the shadows, and a helping hand offering support and bringing light and warmth.

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