

Seven Questions with Dr. David Naylor, President of the University of Toronto

UBCMJ Staff



In this photo: Dr. David Naylor.

President of the University of Toronto since 2005, David Naylor served previously as Dean of Medicine and founding Chief Executive Officer of Toronto's Institute for Clinical Evaluative Sciences. Dr. Naylor has co-authored approximately 300 scholarly publications ranging from health care policy studies to clinical and health services research in diverse specialties. He is a Fellow of the Royal Society of Canada, a Foreign Associate of the US Institute of Medicine, and an Officer of the Order of Canada.

1. What was the proudest moment of your life?

I don't have one. I think personal pride is more harmful than helpful, unless perhaps you're a high-performance athlete in a solo sport. As to pride in others, I've been privileged to enjoy many great moments with friends, co-workers and family, and can't readily pick a favourite.

2. Tell us about your time in medical school.

I applied to three places but only Toronto offered me a spot. It was a big class then (over 240) and a very traditional program. First year was a grind – lots of smart young people trying to figure out whether to be competitive or collaborative, and lots of memory work. Over the next two years, I skipped lectures, attended labs and clinics, and spent the freed-up time on extra-curricular activities. I became really excited about medicine again in our

final-year clinical clerkship. According to medical sociologists, that attitudinal trajectory was pretty typical in the 1960s and 1970s!

3. What would you say is the current direction of health care in Canada?

There isn't one. We've been more or less adrift for almost 15 years. We still have a series of inadequately integrated systems with poorly aligned incentives and suboptimal information technology. Quality management is under-developed and the insights of modern systems science are not being applied consistently to healthcare. It's worrisome.

4. Who do you see as a role model and why?

I was fortunate to have several role models and mentors, matched to different phases of my adult life. That said, as you get older, what matters most is to keep learning as life unfolds. There's no shortage of feedback loops if you keep your ego in check and your sensors on.

5. What current issue in medicine do you feel is the most pressing right now?

At a systems level, rethinking the health care workforce and changing the education, regulation, and payment of the health professions. At the level of prevention and care, creating clinical and technological platforms to enable wider adoption of personalized medicine based on genomics and related metabolic insights.

6. How do you balance your busy schedule and everything outside of work?

I don't. I sleep, exercise and relax less than is wise or healthy. Recent generations of physicians seem to be smarter about carving out time for themselves, their loved ones, and their outside interests. They're better doctors and better people as a result.

7. What's next for you?

More than three decades ago, as a medical student, I imagined that it might be exciting to study at Oxford as a Rhodes Scholar, to enter academia as a general internist working in health services research and policy analysis, and maybe even to become President of the University of Toronto. Bizarrely, that's what happened, with an unexpected bonus; I met my wife at Oxford. I have no further ambitions beyond getting my children launched in the world – arguably the most stressful and important thing an adult can do. 