Health care crisis in Canada

What is the matter?

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The health care crisis is not something that we can seem to escape from, even for a moment. We read about it in the news in the morning,[1,2] then feel the effects of it all day. We overhear conversations when waiting in line to buy groceries, then a political pundit on the nightly news preaches about what they think the *real* problem is. Yet the problem is no longer merely political. It is also personal. It feels as though someone is reporting on us, trying to tell a story about an entropic system, one we are a part of. If we are feeling particularly plucky or enraged, we may consider writing a letter to the editor or even just a tweet. But usually we do not. After all, who has the time for that?

Long-term solutions seem far away and out of reach, although projects of all sorts are bubbling up. These are short-term "fixes" for a broken system, mostly akin to putting a Band-Aid on a gaping wound. Enrolment rates in family medicine residency programs are decreasing, with an increasing number of residency positions going unmatched.[3] Some GPs are leaving the discipline altogether.[4] Although the reasons for this exodus are multifactorial, burnout certainly plays a role.[5]

Stress levels are rising in the many places where GPs work. Some of our patients have been waiting longer than a year for an ultrasound or to see a specialist. Our patients also wait weeks or even months to see us and, when they do, their problems have been saved up on a long list. Some days it can feel like too much. We are repeatedly asked the same questions: *Are you taking new patients?* Unfortunately, no. *Do you know anyone who is?*

The expectations for GPs remain high. Our knowledge must be broad in range but specific when it comes to understanding our patients. This month's clinical review, for example, gives an overview of the pharmacologic management of patients with spinal cord injuries (**page 885**).[6] As the article states, we may each have only one patient in our practice with this condition, but we need to know how to help them. It is this very breadth of work that may have attracted many of us to general practice in the first place. Yet lately, the scientific aspect seems like the easiest part of the job. It is often the social, political, and emotional aspects of the job that are the most exhausting.

To avoid burnout, some GPs have pursued focused practices.[7] More GPs in Canada are practising in this way, as outlined in this month's research article by Marbeen et al (**page 905**).[8] It seems like a departure from the "good old days" when a community GP would do it all. Is the concept of the old-fashioned GP even sustainable in today's world of complex comorbidity, an aging population, staffing shortages, and systemic constraints?

Normally it is best practice to complete a complaint-laden editorial with answers or offerings of hope, but, unfortunately, I do not have a quick fix. No one person does. What I do have is part of the solution. And so do you.

One thing that is clear is that the answer to our health care woes will not come from shiny new technology or a consultant's report. It will also not be solved in fiscal years and electoral cycles. In medicine, we are taught to be methodical and to carefully consider the person we are treating, collaborating with our colleagues for the health of our patients, who in turn take part in shared decision making. If we treat the health care crisis in the same way, with each person contributing, our health care system could precipitate into just that—a system. Perhaps someday it could even crystalize into something beautiful.

***Canadian Family Physician* would like to hear from you. What do you think should be done to improve our health care system? Submit your thoughts in a blog at https://mc.manuscriptcentral.com/cfp.**

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