

CHALLENGES IN PHYSICIAN RECRUITMENT AND RETENTION:

It is no secret that one of the biggest problems in the delivery of health care services is that of access to doctors, diagnostic tests and treatment.

In our daily medical practice we face numerous scenarios of patients waiting for weeks and months to see a doctor, and then face further waits for additional investigations and treatment. This results in pain and suffering, loss of income, impaired ability to carry on activities of daily living and social functioning. Sometimes it may lead to disability and death. Employers face loss of productivity and increase in production costs. This translates into higher prices of goods and services.

One recent challenge in Physician recruitment and retention is the much discussed issue in the media about the possibility of losing two Neurosurgeons serving this county. The underlying problem is multifaceted.

Canadians are used to a universal health care system, that we can no longer afford. The cost of health care is increasing, and so is the aging population and cutting edge technology. The Hospitals are bankrupt and no longer can fully afford expensive programs and resource intensive specialties like Neurosurgery, Orthopedics, and Cardiology to name a few. The Hospital administrators and Boards are mandated by the government to balance their budget. Physicians who are hospital based cannot get to do what they are trained for and what their volume of practice demands, so they get frustrated and relocate, some to a less demanding academic job, some to the United States, where hospitals welcome them warmly. Physicians squabble amongst themselves to fight for scarce resources like Operating room time. For a busy Neurosurgeon, an operating time of 11 hours a week, is not enough to meet the needs of their patients.

The provincial Governments in their wisdom cut down the medical school enrollment a few years ago, and this has led to a crisis in Physician supply. Every doctor costs the health care system not just in their billings, but also in the tests they order and the referrals they make to other doctors and other services, and the costs of building programs around them. So it is in the interest of the government to limit the number of doctors they allow to practice, to keep health care costs low. The Ontario Government is spending about 44 cents out of every dollar on health care, and at the present rate of increase in the cost of health care, it could spend 100% of its budget on health care by the year 2020!

Windsor is a major industrial town, and workplace injuries including pinched nerves at the wrist, elbows, neck and back are common. Windsor is a regional trauma center, and Neurosurgery is an important specialty in treating major complex trauma cases. Neurosurgical emergencies like ruptured cerebral aneurysm, blocked shunts, and brain Tumor surgery was up to this day treated very competently by the 4 Neurosurgeons in this town. If 2 of them leave, there is a distinct risk of a Domino effect, and a risk of the whole Neurosurgery program collapsing, if we are unable to retain the remaining 2 or recruit new ones. There is a national shortage of specialists like neurosurgeons. Two

competent Neurosurgeons have already left town a few years ago, and if 2 more leave, a new candidate would have apprehension about coming to this city.

There are many other specialties in crisis, like Neurosurgery, including Family Practice, Cardiology, Respiriology, Gastroenterology, Orthopedics, Psychiatry, Pediatric Mental Health and Anesthesia. Thousands are without family doctor, and there is often no subspecialty coverage in the hospitals in some areas. General Internists and Hospitalists (Hospital based family doctors) have to be commended for providing a lot of the care, which was previously provided by sub-specialists, in emergency situations. We have recruited many new specialists but there is still an overall net loss.

I do not think the public realizes the gravity of the situation. Their health care is slowly but surely declining. Their timely access to comprehensive family medicine care, diagnostics and access to specialists is deteriorating fast, and will continue to do so, until some radical changes are made.

To me, radical change means the introduction of a Private-Public Partnership in Health care. If done correctly, the majority of the shortcomings of our current health care system can be addressed and corrected.

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