**How As Future Healthcare Leaders We Can Contribute to Human Flourishing.**

A tree with green leaves

Description automatically generatedLily Hagan | 7138490

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**Introduction**

I am a third-year medical sciences student and throughout my time at Brock University, I have been a part of the Med Plus co-curricular program. This program invites current medical professionals to come share their experience in the role and often, they express their frustrations regarding the Canadian Healthcare System. These providers often touch on the patient to health care worker ratio and lack of resources. Their passion inspires me to be a part of the change in fixing what is broken, but the question is how? How can the future generation of healthcare workers provide flourishing health for all? We must challenge policy makers to maintain or make changes with regards to preventative health, and direct money towards the social model of health.

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**Brain Gain Meta Reflection**

To flourish refers a living organisms’ growth and development in a healthy, vigorous way. Imagine that you are planting a tree. What does it require to flourish? Now think about the Health of Canadians. What do we require to be healthy? What structures have been created to work towards our flourishment? The Canada Health Act is a framework created to provide all Canadians with free health care. The Federal Government will provide provinces and territories with the Canada Health Transfer if they follow the Acts Five Criteria: Portability, Accessibility, Public Administration, Comprehensiveness, and Universality.

For a sapling to flourish into a healthy tree, it must be transported from the nursery to its new location. Though a greenhouse provides a similar environment to the earth, there are still challenges it will face in its transfer. In the Canada Health Act, the criterion of portability attempts to insure all Canadian residents care when travelling within or out of the country and during a relocation to a new province. The process of moving requires an individual to wait three months before applying for health coverage, and during the Covid-19 pandemic this caused issues. Canadians were attempting to get vaccinated but different provinces created different rules and often these people did not have access to the urgent care they required. In Brain Gain 6, we reflected upon a quote that remined me of the shirt Doug Ford wore during the pandemic saying, “We’re all in this together.” After taking this course, it is a nice sentiment, but quite laughable in the face of the social determinates of health (SDoH). Though we were all confronted with the same situation, we were all up against it in different ways based upon our unique human experience. As we will be providing healthcare in the future, we must remember this and treat each person as their own individual. People are not entities that will fit into the boxes the health care system tries to put them in. It A green leaves on a black background

Description automatically generatedis my hope that having this ideal will inspire human flourishment. We should also prompt policymakers to revisit portability regulations for emergent situations.

The location in which a tree is planted matters. Will it have access to nutrients, water and the sun? Will it have access to all that is required it to flourish? The Canada Health Acts criterion of accessibility refers to the requirement of government to provide all residents with medically necessary services. However, during Lecture 11, Dr. Pickett discussed how Canadians that live in rural areas often have limited access to medicine, especially during emergencies. Being from a rural area, I have experienced this firsthand. For example, the hospital in my town does not have a labour and delivery wing, the X-Ray department closes after 4pm and there is rarely more than one doctor in the ER at time. In my Brain Gain, I noted that in rural settings the SDoH are generational and this, combined with their lifestyle of farming poses significant risks to their health. If you google “rural hospitals”, several of the first articles to pop up are related to their closure and Canadians worries about their health. This makes me extremely frustrated because everyone, regardless of where they live or what they do for a living, should not have to fear if they will receive healthcare or not. In coming times, our generation must work towards providing equal health access for all. To encourage flourishing health in rural populations we need to work in rural settings. We can also provide the governments with suggestions on what incentives would inspire more health care providers in these areas.

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Description automatically generatedFor a newly planted tree to grow it requires water. For it to flourish, it cannot be left up to the chance of rain, it must be watered. The watering should be done by someone dedicated to its growth and knowledgeable about gardening. The Canada Health Acts gardener is its criterion of public administration which ensures health plans are administered on a non-profit basis by public authority. Specifically, it holds provincial governments accountable for extra billing. In lecture 4 we discussed the history of Medicare and why it was implemented. My Brain Gain was focused on the Great Depression, a time when the average person could hardly afford food, let alone medical interventions. For this reason, physicians implemented the “Robinhood Style” of healthcare in which they would charge their wealthy clients more to create equity. This was a first step in moving towards public administration. Recently, the A green leaves on a black background

Description automatically generatedburden that Covid-19 pandemic put on our system brought forth the idea of paid privatization as a solution. History has taught that this would create a two tired system (Dufferin, 2018), benefitting individuals who rank higher in the SDoH and therefore require less access (Andermann, 2016). This was shown through the game “Chance or Choice” in lecture 3, in which I was one of the few #1’s in our class. Due to my increased socioeconomic status, my health journey was perfect because of the life I was born into. Therefore, as up and coming leaders in healthcare, we must learn from the past and advocate for the continuation of public administration. We cannot let who flourishes be left up to the chance of their situation in life and we must ensure that everyone, regardless of their status, has equal health opportunity.

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Description automatically generatedWhen planting a tree, soil also plays a significant role in its ability to flourish. If money is spent upfront on fertilizer, the additional nutrients will greatly contribute to its development. However, if planted in regular soil with only “necessary” nutrients, it will not experience the same vigorous growth. Currently, Canada’s criterion of comprehensiveness is just regular soil. In the week 5 Brain Gain I discussed how pharmacare should be considered medically necessary as it is a form of preventative medicine. My parents’ government jobs provide me with insurance meaning I never worry about the costs, but this is not the norm. After this lecture, I conducted a google search as to what was and was not covered under pharamcare. I was surprised that travel vaccinations required payments. If these were covered, people would be more likely to receive them and then would not get sick, thus not requiring medical attention. If this were applied to all pharmacare, the patient to provider ratio would significantly decrease, allowing providers to spend more time with patients. From course contents, we know that even a few additional minutes with a physician significantly increases a patients experience with health (Dufferin, 2018). Therefore, as the future generation of health providers, we must convince policy makers to invest in pharmacare as it is “the fertilizer of healthcare.”

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Description automatically generatedDue to its requirement to photosynthesis, a tree must have ample sunlight to flourish. If a young tree is planted in the shadows of something taller, they will have a more difficult time growing. The final Canada Health Act criterion is universality which requires the provincial and territorial plans to cover all residents. Though the Act focuses on the cost aspect of the health care system, universality can also be A green leaves on a black background

Description automatically generatedindividualized to the ability of health care providers. The second half of this course pointed out the inequities in our society that are observable in health and taught us how we can each be a part of their elimination. Lecture 10 provided us with the unique opportunity to watch a performance related to the unconscious bias of a physician. Though the two patients presented with same symptoms, they received different diagnosis based upon her bias’s related to race and gender. My 8th Brain gain was related to A green leaves on a black background

Description automatically generatedacknowledging my own unconscious biases. I found that I had a greater affinity for members of the 2SLGBTQ+ community. These quizzes are becoming more common, and taking mini courses regarding self-reflection are becoming a normalized as a part of health care training. This can be seen in the CanMeds framework. It is the hope that by acknowledging and reflecting upon biases we can diminish human growth in the shadows of discrimination which will inspire human flourishing of Canadians.

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**Reflective Questions and Reading Response**

Question 1: Implicit Bias

Broadly, the implicit bias theater workshop reinforced that though Medicare is one of Canada’s greatest accomplishments, it remains flawed. The first half of this course mainly discussed what improvements need to be made to the system as a whole, whereas the second half of the course, including this training, relates to the effect we can have as health care professionals.

The first activity in this performance was related to body language. The workshop provided 7 individuals expressing different facial expression, gestures and stances, and we were asked to choose who we would want to work with in different scenarios. From this I have come to understand that based upon how we unconsciously present ourselves, we provide others the ability to create a bias towards us. As a future healthcare professional, I now understand my body language should represent intelligence but more importantly, openness. This falls into “Step 1: Treat” of the Clear Toolkit, which trains providers to ask about and act upon the social causes of poor health (Andermann, 2016). In doing this, the patient will become more comfortable and will likely provide more details regarding the social aspect of their visit.

The two other performances were related to reflecting upon how our own implicit biases can provide patients with a negative health experiences. In the first scenario, the medical doctor was presented with a white male and a black female who seemed to be exhibiting the same chest pain symptoms. Despite this, she diagnosed the man with a heart attack and the woman with anxiety. She then received questions from the class, and as a group our main question was “Why?”. We discovered that she was holding negative implicit bias against the marginalized individual based upon her sex and race, and that she unknowingly let these biases permeate the health care system (Vela et al, 2022). Though our questioning persuaded her A green leaves on a black background

Description automatically generatedto review the diagnosis, the social damage towards the patient had been done and this was shown in the last scenario. The white male was grateful to have been heard, diagnosed and treated correctly, and he mentioned he would have no concerns receiving medical treatment from that hospital and physician again. The black female did not feel the same. She was frustrated at the lack of care she received. They did not ask about her family history, did not consider her concerns and sent her back to the waiting room. She mentioned that in the face of another medical emergency, she would travel a further distance if it meant not returning to that same institution.

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Description automatically generatedThis senecio based learning provided an emotional response that caused me to realize that reflecting upon my own implicit biases is important because I could unintentionally be the cause of these reactions. The course readings have helped me to understand how future health care professionals can reduce the infiltration of bias into the system. Though the SDoH are not a new concept, they are just now becoming increasingly popular. For this reason, current interventions implemented within the health care system such as “instruction on the existence and harmful role of bias in perpetuating health disparities” and “skills traning for the management of bias” work to raise awareness of provider bias (Vela et at, 2022). However, these programs have not demonstrated the change in behaviour they intend. In my opinion, very few current medical professionals pose the ability to change, meaning it is up to our generation. The CanMeds framework is currently being implemented into our medical training and provides us with the base to become successful communicators, collaborators, managers, scholars, professionals and most importantly, health advocates (Tannenbaum et al, 2009). It touches on how we can advance health at the patient, practice and community level by responsibly using our expertise. I feel that by being provided the ability to reflect in our training and the resources to make a change, we, as future leaders in healthcare, will be the generation to reduce the negative health implications caused by implicit biases and produce equal human flourishing.

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Description automatically generatedUnless you have had to experience discrimination, you often forget the role it plays in society, especially in its regards to health. The question above, related to implicit bias, is just one of the few opportunities we had in this class to ascertain that racism exists in the system. In lecture 8, we discussed the story of Joyce Echquan, and I was horrified to learn how the systemic racism of health care professional towards Indigenous people had led to verbal abuse and resulted in her untimely death. This only one of the abundance of stories just like this. In lecture 6, we also discussed racism as a pandemic health threat. When looking at Toronto pandemic statistics regarding number of people compared to number of Covid-19 cases in relation to race, I surprised at how significant the results were. 48% of Toronto consists of white individuals, but they only contributed to 18% of cases, whereas only 9% of Toronto consists of black individuals, but they contributed to 23% of cases. These results are directly related to the SDoH (Western University, 2021). However, a moment that I felt that was pivotal in my learning was when we explored what our generation is noticing. The discussion was related to an article written by Dr. Bindzi, a Brock Graduate. It relates to his experience in realizing that the SDoH are a crucial piece of health information that are left off death certificate forms. He provides an example of this, writing that the medical cause of death in a 25-year-old males was a gunshot wound to the abdomen, when in reality his social cause of death was systemic racism (Simpson, 2023). It is a rare experience for a physician who has spent years studying the science of anatomy to notice the social factors that are related to death, and but he did, and it makes me hopeful for the future. This story combined with the research that is currently being done regarding racism and colonization as factors in health makes me believe that we are moving away from trying to combat the burden of a disease, and moving towards fixing the true root of the problem. As future health care professionals, we must encourage governments to create programs tailored to culture, education and socioeconomics that are accessible to the marginalized groups that need them most (Greenwood et al, 2017). This is how we will encourage equitable human flourishing in health.

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Description automatically generatedQuestion 4: Pressing Issues and Solutions

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Description automatically generatedThe Canadian Health Act was created to ensure all Canadians have access to free and equitable health care, and my Brain Gain meta reflection focused on what needs to be maintained or changed to improve care for all Canadians. I grew up in a rural community and spent my childhood visiting my family’s farm, thus Dr. Pickets content regarding rural culture was personal to me. In this lecture, we were provided with a story in which a farmer was crushed by equipment and required medical attention. Since he was out in a field, the ambulance had trouble locating him, and once triaged, the paramedics indicated they required the fire departments support. By the time they arrived and got him into the ambulance the “golden hour” was long past. Upon arriving at the nearest hospital, physicians did not have the capacities or resources to handle such a trauma meaning the farmer required an airlift. Due to the limited medical necessities rural Canadians have access to, this farmer died. As where we live is one of the main SDoH (Andermann, 2016), we cannot choose to be healthy if we do not access to healthcare. Therefore, I believe accessibility is currently the most pressing issue in health today. This inequity is currently being amplified as many rural hospitals are experiencing a staff shortage crisis and are being closed, directly contradicting the Canada Health Act. This limited access to care is not just related to physical health, but mental health as well. Specialized mental health services are often not locally accessible in rural areas though it is central to the Canada Health Act (Barker et at, 2023). Learning from this course in combination with the Med Plus program, I believe that the introduction of Family Health Groups (FHG) can create equity for rural Canadians by providing inclusive, efficient and sustainable healthcare. An FHG is a practice in which three or more physicians of different specialities work together from a central location, providing all types of care, at all hours. With the addition of other health care professionals (e.g. nurse practitioners), public prescribers (e.g. social workers), transportation and a day care to these facilities (Andermann, 2016), all rural Canadians would have access to the care they are intitled to and have the choice to flourish.

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**Getting Creative**

My overall take away from the course of Health in Canadian Society is related to the question Dr. Michaelson posed during the first lecture: “Can you choose to be healthy?”. That first day in class I said yes without a second thought, but I now realize the correct answer is an unequal combination of yes (less) and no (more). But why? Well, you do make choices regarding your health in terms of what you eat, if you exercise, when you choose to seek medical care, etc., but not everyone has the same access to make these choices based upon the SDoH. I did not fully understand this concept until playing the game “Chance or Choice” in which my high economic status as a #1 led to my perfect health journey while others around me who were lower on this scale ended up dying. Using the interactive module “A tale of two smokers” also enhanced my learning of this as it prompted me to read exactly how the each of the SDoH can limit one’s ability to choose. This semester I am taking a digital media class in which I build websites, so for the creative portion of this assignment I have chosen to create a web based interactive narrative titled “Choose Your Own Health Adventure… but can you really choose.” When directed to this website, it will prompt the user to select a number between 1 and 10 – and I hope they pick wisely as this number is correlated with characters who will each experience the SDoH in different ways. All characters will begin with the same risk factor, but the choices they make will determine if they are diagnosed with the disease. However, the characters who rank higher in the SDoH will have more options to choose from than those who rank lower.

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