

# Frustrations of everyday practice

Mark Cardwell

**P**hysicians value their relationships with their patients but are often frustrated by insufficient support in the health care system to meet those patients' growing demands, according to findings from the 2007 National Physician Survey (NPS).

For family physician Dr. Louise Henry, who cares for about 200 patients with major health problems in a semi-rural setting, the lack of resources means her patients are forced to travel 100 kilometres 2 or 3 times a week for tests at hospitals in Quebec City.

"Fifteen years ago they would have been hospitalized and investigated," says Henry, who is 1 of 5 physicians in a group practice in the town of Beaupré, a half-hour drive east of the provincial capital. "But now they have to shuttle constantly between their homes and hospitals in a parade of exams, and go to the ER when they get too sick."

This is one of the many challenges Henry identifies as both an impediment to her efforts to provide adequate medical care and a source of stress in her relationship with many of her patients. And the results of the latest NPS suggest she's not alone. In fact, the vast majority of family physicians (FP/GPs) and other specialists across the country face a variety of professional hindrances that are making it harder — and more frustrating — to do the job they were trained to do.

Dr. Louise Samson, a Montréal-based radiologist lives with similar challenges every day. She says the lack of resources means she has to undertake tasks that distract from providing timely and quality care to patients. She often spends her time doing administrative tasks or is slowed in work requiring her expertise because of a shortage of personnel.

Although the types and degrees of those encumbrances vary, albeit slightly, according to age, gender, specialty and geograph-

ic location, more than half of the physicians who responded to the survey (56%, including 52% of FP/GPs and 61% of other specialists) shared the view that Canada's ailing health care system in general — and a chronic lack of funding and resources in particular — is the principal cause of their practice pains.

Among the other barriers and impediments identified by the survey respondents were the lack of availability of personnel (43% of FP/GPs; 53% of other specialists), bureaucracy (47% of FP/GPs; 42% of other specialists), external demands on their time (39% of FP/GPs; 37% of other specialists) and the lack of appropriate facilities to care for complex, elderly and failing patients (45% of FP/GPs; 30% of other specialists).

"It is a daily struggle to provide care in a timely manner because we are so under-resourced. Very often it is the patients who are put in the middle," says Dr. Samson, who is also president of The Royal College of Physicians and Surgeons of Canada. "We need to find ways to be more efficient and effective but it is difficult with the current health professional shortage."

Dr. Mike McKee, a busy orthopedic surgeon who specializes in trauma and post-traumatic reconstruction at St. Michael's Hospital in downtown Toronto says "my biggest problem by far is getting access to resources — namely time in the operating room."

A steady increase in demand in recent years has simply overwhelmed Ontario's 300-odd orthopedic surgeons. This is the result, McKee, an associate professor at the nearby University of Toronto believes, of a combination of factors, including non-stop growth in Toronto's population, which is also aging, a more physically active baby-boom generation and technological advances that now make it possible to operate on once-untreatable conditions and injuries, such as distal biceps and rotator cuffs. As a result, the 45-year-old specialist says he gets only 2 days of

**UN** des obstacles les plus sérieux à la pratique quotidienne, c'est le manque de ressources du système de santé, affirment les répondants au SNM 2007. Plus de la moitié des répondants mentionnent le manque de financement du système comme principal obstacle à la prestation des soins. L'accès limité aux ressources, comme le temps en salle d'opération et les soins spécialisés pour leurs patients, le manque de temps à consacrer à chaque patient, la bureaucratie et la paperasse excessive, sont

d'autres grandes sources de frustrations pour ces médecins. «Nous sommes supposés traiter la personne dans son ensemble [et] nous avons reçu la formation nécessaire pour dépister des problèmes qui s'aggravent comme l'alcool ou les problèmes conjugaux», affirme le D<sup>r</sup> Michelle Broussan, médecin de famille de Vancouver. «Or, nous n'avons tout simplement pas le temps. En réalité, nous ne sommes pas payés pour faire du bon travail. Nous sommes payés pour voir le patient, un point c'est tout.»

operating room time each week, which is half a day more than most of his colleagues get.

“The volume of patients I have is huge [but] it's a constant struggle for me and my colleagues to get OR time,” he said during a telephone interview shortly after 6 am, when he begins his regular 12-hour-plus workdays. The days are longer when he's on call, doing elective and fracture clinics, or teaching. “I would like to have 2 or 3 elective days and [another for] acute fracture time.”

The current situation, McKee adds, has resulted in wait times of up to 2 years for some surgeries. He is also now under constant siege from colleagues, friends and relatives who use “every trick, ruse and subterfuge to see me” — including showing up at his secretary's desk crying, with radiographs in hand, refusing to leave.

“It's gotten to the point,” he adds, “where I often sneak out the back stairs to avoid going through the lobby.”

Not surprisingly, the demand on many specialists and the backlog of cases is affecting the work of family physicians as well. “Trying to get patients in to see specialists — especially in orthopedics and psychiatry — is a big problem,” says Dr. Michelle Broussan, a 42-year-old family physician in downtown Vancouver. “It's hard to provide proper care when you get a fax telling you that a patient with, say, osteoarthritis that isn't acute enough [for emergency care] will have to wait up to 3 years [for surgery].”

She adds, however, that her biggest frustration in a line of work that she says she nonetheless loves is not being able to spend enough time with patients — a result, she adds, of both medical resource shortages and the system's fee payment system.

Unable to accommodate the many daily demands on her and

her 2 clinic colleagues from people in search of a family doctor — a situation that forces them, she explains, to screen potential patients by taking only those “who really need to be seen because they are sick” — Broussan says the 10–15 minutes she allots to each of the 30 or so patients she sees every day simply isn't enough.

“We're supposed to treat the whole person [and] we're trained to look for aggravating problems like alcohol or marital troubles,” says Broussan, who also teaches residents in her clinic. “But we just don't have time. The reality is we don't get paid to do a good job. We get paid to see the patient.”

Like 57% of FP/GPs who responded to the NPS — compared with only 34% of other specialists — Broussan also laments the many hours she has to spend each week doing paperwork, which includes setting up social-services support for home-bound patients and shut-ins, liaising with other doctors and social workers, filling out forms for private insurance, workers' compensation and driver's license renewals and completing and compiling patients' files and test results. “It's hard,” she said, “to get it all in.”

Henry wonders how new doctors entering the field will manage to cope.

“I find all the delays and problems are frustrating and demoralizing,” she says. “Medicine is a very rewarding field of work in many ways [but] the conditions have deteriorated in recent years. There are more problems now in the system and there are a lot more chronic cases to deal with.”

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Major impediments to delivery of care — by physician age group				
< 35	35–44	45–54	55–64	65+
System funding (61%)	System funding (60%)	System funding (59%)	System funding (54%)	System funding (41%)
Paperwork (52%)	Availability of personnel (54%)	Availability of personnel (51%)	Bureaucracy (47%)	Bureaucracy (40%)
Bureaucracy (47%)	Paperwork (47%)	Paperwork (46%)	Paperwork (44%)	Paperwork (38%)

Source: National Physician Survey 2007