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Your Health. Your Risk.

Canada's 'Sick Care' Health System Leaves Everyone at Risk A System Focused on Reaction Instead of Prevention is Shaken to its Core by Post-COVID Health Professional Resignations

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This summer we've become all too aware of a spike in closures of emergency departments and intensive care units across Canada. This has not only affected smaller hospitals in rural communities. For the first time, many teaching hospitals have been impacted, including the Toronto General Hospital - one of the world's top 10-ranked hospitals. This scares me. Frankly, it should scare all of us.

I've been a practicing primary care physician in Toronto, Ontario for over 30 years. As a graduate and trainee at Toronto General Hospital and, later, staff at the Trillium Health Centre in Mississauga, I know firsthand that ER and ICU closures are deadly serious. I mean this literally. These departments are the front and last lines in the battle to save lives.

What if I told you that I saw this coming? I graduated in 1988 and went on to work in a large suburban community in Mississauga. I soon realized that the training and best practices I was taught at the top teaching hospital in the world were not being implemented in community hospitals. The retirement and nursing homes where I worked also were not functioning to the medical standards I was taught to maintain.

This background has given me a deeper understanding of our current woes. There are many reasons for ER and ICU closures. Everything you've read has some truth to it, but as I see it, the foundational reason is a lack of foresight around human resource management. This is 2022, and we know how to use data in business. Any MBA graduate can tell you a system full of aging nurses and doctors leads to disastrous retirement rates. On top of that, COVID accelerated burnout rates, causing many to prematurely leave the profession. Imagine a group of process engineers running a hospital like an Amazon or FEDEX facility. I guarantee you things would be different.

Canada's federal government transfers 22% of its budget to provinces, and in 2021, Ontario spent about 37.5% of our tax dollars on health spending. According to the Canadian Institute of Health Information,¹ total health spending in Canada reached around \$308 billion in 2021. This represents 12.7% of Canada's GDP and comes to \$8,019 per Canadian. Most of these dollars are focused on the treatment and management of chronic conditions. There is a stark reality that should stand out for all Canadians.

Our health care system is based on a disease-treatment business model.

The system is designed for 'sick care', and this model is now imploding. Demand is outstripping supply at every level from

primary care checkups to surgery and even palliative care. Millions of Canadians are suffering, and the numbers will keep rising.

Yet, despite the total government investments, the burden of sick care has continued to rise over the past thirty years, and recent developments are increasing that burden to even higher levels. During the height of the pandemic, 41% of Canadians delayed regular screenings for breast, cervical and lung cancer. We now have many more people clambering for necessary cancer tests and procedures. This ultimately leads to more disease diagnoses and even more 'sick care'.

For the first time in my career, I'm seeing cancer treatments delayed for months and months. This will result in downstream complications, including higher rates of recurrences and death. Thousands are limping around with bad hips and knees, waiting for a joint replacement. Others are legally blind with cataracts waiting for lens implants.

Last but certainly not least, the COVID pandemic has increased the prevalence of anxiety and depression worldwide by 25%. People with pre-existing physical health conditions, such as heart disease, diabetes, cancer, and asthma, were significantly more at risk of serious complications from COVID-19 infection. Additionally, data shows these same groups are now more likely to develop symptoms of mental disorders. This is true especially for young people and women.

Studies are now coming to the forefront recognizing that Long COVID is more common than first assumed. A 2021 survey showed that more than 90% of the 3,700 participants who had COVID without vaccination reported a recovery time exceeding 35 weeks. By month six, most still reported fatigue, malaise, and cognitive dysfunction.

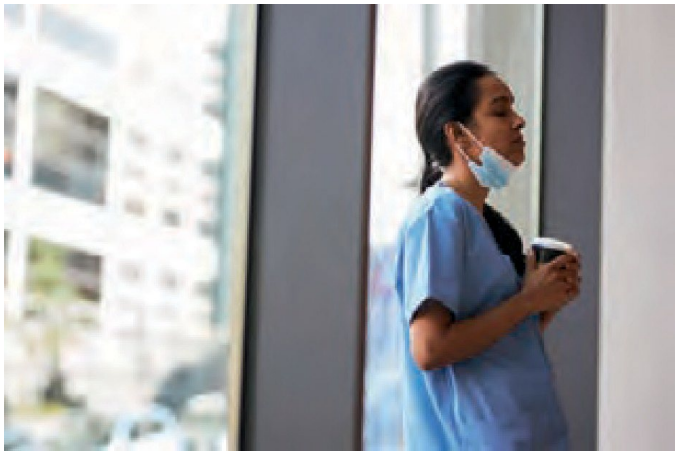
More recent 2022 global data suggests almost half of all COVID survivors reported persistent symptoms as much as four months after their diagnosis. The prevalence of Long COVID is around 43% and the range can vary from 9% to 81%, due to differences in sex, region, and study population. The risk of Long COVID associated with the Delta variant appears to be higher when compared to the Omicron variant. Long COVID will continue to be a significant burden on society and workplaces for some time to come.

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Anyone who works in management for a company is familiar with the concept of risk mitigation.

For the past two years, retailers and wholesalers have been working aggressively to reduce the threat of supply chain issues. Inflation has increased because of consumer demand. Higher interest rates have slowed down this part of the equation to allow the supply chain to normalize in a post-pandemic world and against the backdrop of a war in Ukraine impacting energy and food chains. In the private sector, employers have been proactively increasing wages in hopes of maintaining their staffing levels.

Our 'health care' system, in fact, is a 'sick care' system, and the added stress of the pandemic has opened the floodgates. Patching up the system stopped working.



We don't have enough staff to meet demand, partly because we have not kept up with pay scales in private sectors. Many nurses - who were already overworked - quickly burned out physically and mentally as the pandemic progressed.

This summer the real wave hit. Suddenly, everyone had enough. Some quit, and others took a long-overdue holiday, but the number of appointment requests have not changed. In fact, they have increased. Can we slow down demand? Yes, but only through real, material change in the way we deliver health care.

According to the Organization for Economic Co-operation and Development (OECD)², only 6.2% of Canada's health spending goes towards prevention.

To become a true health care system, we need to practice risk management. In other words, we need to beef up our attention to prevention, as this is the true cure to most diseases. The projected increase in the prevalence of chronic diseases should stand as a significant opportunity for intervention.

“An ounce of prevention is worth a pound of cure.”

Benjamin Franklin - 1736

In the August 2022 publication of the prestigious medical journal, *The Lancet*,³ authors cited a ten-year study concluding that the leading risk factors contributing to the global cancer burden were behavioural! They calculated that 44% of cancer deaths were preventable.

This ground-breaking study, funded by the Bill and Melinda Gates Foundation, identified the top three causes of preventable cancers:

- 1) Smoking
- 2) Alcohol
- 3) High BMI (body mass index)

High BMI or obesity increases metabolic risk factors. Researchers saw the largest increases between 2010 and 2019. Metabolic factors include obesity which leads to diabetes, and in turn, increases the rate of hypertension and heart disease and thus to top killers - stroke and heart attacks.

We can wait for the systemic fix that is being promised yet again, but the reality is the system is now in decay.

While we as individuals cannot speed up the graduation and immigration rates for nurses, doctors, and other allied health professionals in the next five years or more, we can take personal control of our personal health and reduce the demand for health services.

In my 2022 book, *Welcome Back! How to Reboot Your Physical and Mental Well-Being for a Post-Pandemic World*, I share step-by-step strategies to repair, recover, and renew your body and mind. I show how to detox and destress to achieve a healthier weight, better sleep and hormone balance.

We may be stuck in a 'sick care' system, but we can still be aware of the latest in science and use this knowledge to be our healthiest selves. In fact, we must, because our broken system certainly won't do it for us.

1. <https://www.cihi.ca/en/national-health-expenditure-trends-2021-snapshot>

2. https://www.oecd-ilibrary.org/social-issues-migration-health/how-much-do-oecd-countries-spend-on-prevention_f19e803c-en

3. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01438-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01438-6/fulltext)

**To learn more about Dr. Chin go to:
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