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Educating for optimal health outcomes: training physicians to be system-level advocates

Former pour des résultats de santé optimaux : préparer les médecins à défendre le système de santé

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Introduction

Canada has a universal healthcare system that is widely conceived as a national point of pride[1-4] and supported by longstanding political consensus.[5-11] In addition, the country is the world's ninth-largest economy,[12] allocates a substantial percentage of its GDP to healthcare,[13] and maintains a medical education system recognized as "among the strongest in the world."[14]

Yet despite these favourable conditions, Canada's healthcare system has consistently ranked near the bottom among high-income countries for more than a decade, with persistently poor scores for quality, access, and equity.[15,16] Over that same period, the health of Canadian children has remained in the bottom quartile of the world's 38 wealthiest nations.[17,18] The prevalence of obesity has steadily climbed to 30% from 20% over the last two decades,[19] wait times for surgeries and diagnostic imaging are growing,[20] and an increasing number of Canadians who need mental health and substance use care experience unacceptably long delays.[21] At the same time, food bank usage has skyrocketed,[22] more than half of Canadians worry they cannot pay rent or their mortgage,[23] and over one million children live in poverty, despite ongoing federal efforts.[24]

Some have argued that developing solutions to complex health and social system-level problems lies beyond the scope of medical professionals.[25] However, as central figures in the healthcare system, physicians are uniquely positioned to diagnose and manage illnesses that result from unhealthy public policies, to testify to the impact of the social determinants of health on the lives of patients, and to advocate for structural reforms that promote the equitable distribution of the system's intended benefits. With the CanMEDS Physician Competency Framework currently under revision, now is a timely moment to a) to explore how our collective understanding of the Health Advocate Role has evolved and b) to consider how our medical education system should train physicians to address the social, economic, and political realities shaping the health of the patients and communities they serve.

Reinterpretations of health and healthcare: how history has shaped our present

The foundation for positioning physicians as system-level advocates was laid in the 1970s, during a pivotal shift in thinking about health and healthcare. *A New Perspective on the Health of Canadians,* a landmark policy document authored by then-Minister of National Health and Welfare Marc Lalonde, expanded the federal concept of healthcare from a narrow idea centered on physician and hospital-based care to a broader view including health promotion, disease prevention, and the influence of socio-economic factors on health outcomes.[26-28] The *Lalonde Report* inspired the World Health Organization's (WHO)

Declaration of Alma-Ata four years later,[29] which famously defined health as "a fundamental human right…a state of complete physical, mental and social wellbeing…not merely the absence of disease"[30] and laid the groundwork for the *Global Strategy of Health for All by the Year 2000*.[31] A decade later, the *Ottawa Charter for Health Promotion* re-affirmed that an individual's health is an effect of necessary pre-conditions, including: "peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity.[32] Collectively, these defining documents broadened understandings of health and healthcare, spotlighting system-level change as fundamental to optimize health outcomes.

Contemporaneous shifts in medical education

At the same time, medical education coupled physician training to the health needs of society. In 1988, the World Federation for Medical Education released the *Edinburgh Declaration*, a global consensus statement calling for medical education to address "the defined needs of the society in which [they are] situated."[33] Subsequent documents published over the next seven years—including the WHO's *Changing Medical Education—A Call to Action*[34] and *Defining and Measuring the Social Accountability of Medical Schools*—emphasized medical schools' obligation "to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they serve."[35] The Steering Committee on Social Accountability of Medical Schools adapted the latter for the Canadian context in 2001 and positioned social accountability as central to the activities of its faculties.[36]

While these philosophical shifts influenced the strategic directions of Canadian medical faculties, contemporaneous events also catalyzed significant changes in the design of medical education. The 1986 Ontario physicians' strike resulted in a dramatic loss of public confidence in the medical profession.[37,38] In response, Ontario medical faculties launched the Educating the Future Physicians for Ontario project (EFPO),[39] the direct precursor to CanMEDS. EFPO aimed "to modify the character of medical education in Ontario to make it more responsive to the evolving needs of Ontario society" and created eight physician roles, including "Health Advocate."[40] This role emphasized the need for physicians to be "aware of all determinants of health and how to promote healthy public policy."[40] By incorporating knowledge around social determinants and public policy, EFPO legitimized system-level advocacy activities as a core aspect of professional medical identity. Further, the EFPO Health Advocate role was incorporated into CanMEDS' first iteration[41] and has remained one of its constituent Roles through two subsequent revisions.[14,42]

From changing the system to working the system

Importantly, through successive revisions, the competencies foregrounded in the Health Advocate Role have evolved. While system-level activities were prominently featured in earlier versions,[41,42] they have diminished over time. The current framework prioritizes physician action within the boundaries of the existing healthcare system, with a focus on advocacy activities that support individual patients.[43] For example, competencies emphasize the need for physicians to serve as knowledgeable system navigators and effective facilitators of timely care.[44] Although system-level advocacy remains within the scope of the Role, it has been explicitly de-emphasized:

> Large-scale activism is not part of the practice of every specialist physician in Canada. However, a number of physicians participate and lead population-level advocacy initiatives. By de-emphasizing mandatory population-level advocacy, the document aligns with the common practice of specialists, while endorsing this important activity for a segment of physicians.[45]

Highlighting this shift is not intended to disparage the rationale behind these changes, nor to diminish the importance of individual patient advocacy. However, in a context where healthcare is recognized as a social right grounded in law, and where health is understood to be shaped by complex factors extending beyond the provision of individual medical care, it is important to ask whether a model of physician education that conceptualizes system-level advocacy as optional can meet the "societal needs" of the population it serves.[14] Moreover, we must consider whether this marginalization of system-level advocacy risks undermining the social accountability mandates of Canadian medical faculties by failing to graduate physicians who understand that "addressing the priority health concerns of the community, region, and/or nation they serve" is a fundamental component of their identity as medical providers.

A call to action

Clinical education that ensures high-quality individual patient care is essential, but it is not sufficient to optimize health outcomes. If Canadian physicians are to help fulfill the vision articulated by expanded conceptualizations of health that have been espoused for four decades, we must re-design training to produce physicians who are fluent in the legislative, regulatory, and policy underpinnings of our systems *and* who understand that serving as a system-level changemaker is an inviolable part of their professional identity.

Specifically, medical curricula must include content that equips physicians to respond to the needs of the communities they serve, and to hold governments accountable to the letter and spirit of the law. This work requires fluency in structures and systems of government, knowledge and skills to champion and support sound public policy change, and a deep appreciation that engagement in local, provincial, and federal-level advocacy is a core part of a physician's scope. Faculties of medicine must hire and support faculty members with advocacy expertise and ensure they have defined positions, protected time, adequate funding, and metrics for promotion that explicitly value this work. Finally, educational frameworks such as CanMEDS carry significant influence in shaping which kinds of knowledge, skills, and abilities are prioritized in the training of Canada's next generation of physicians. We must not only strengthen system-level competencies in the Health Advocate Role, but also intentionally explore how intersections with other Roles, such as the Leader Role's orientation towards system stewardship and quality improvement and the Collaborator Role's emphasis on interprofessional partnerships, can further advance this skill set. Specifically, importing key concepts from the former—including systems thinking, negotiation, and physicians as healthcare system architects—and bolstering the latter in ways that emphasize the need to build coalitions with allied health professions importantly disposed towards system-level efforts (e.g., social work) are but two examples that may offer a clear path forward. These proposals are not a panacea for our strained healthcare system, but reforms in contemporary medical education designed to deliver on longstanding aspirations of optimal health are a vital step to resolve the gap between our ambitions and our outcomes as a country.

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