A Call to Arms, of a Different Sort

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In an article this past summer in Harper’s Magazine, physician Ronald Glasser argues that society has grown complacent – or more precisely, “narcotized” into a sense of security – vis-à-vis its concern about the viability of public health as infrastructure and as a protective entity in general. Glasser ends his article with a diatribe against the American government’s exorbitant expenditures on the ‘fight against terrorism’, its missile defence system and the war in Iraq, and contrasts these with the inadequate funds put into the public health system, as well as the country’s more systemic problems. He closes abruptly, with a statement asserting that – given our foolishness and incompetence as a collective society in problem prioritization and fund allocation – perhaps we are not deserving of survival. “Perhaps”, he says, “it is simply time to die.”

Though clearly alarmist, one need not read very deeply into these statements to see that many of Glasser’s points ring true. Yes, perhaps a flimsily justified large-scale war of revenge for the 3,000 victims of 9-11, with a price tag of $4 billion a month, is problematic and warrants a re-examination of fiscal priorities. However, in making such claims one must be wary not only of the message conveyed, but the manner in which it is delivered. Alarmist threats, disruptive behaviour and exaggerated claims run the risk of undermining the credibility and effectiveness of the best-intentioned and sensible messages. An oft-repeated example of this is clearly demonstrated at ‘globalization protests’, where the unarguable and clear position of those concerned about the effect of global economic reform on the world’s most marginalized is completely erased by the brash and often bizarre actions of the violent protestor.

Now, some may wonder: what is the purpose of including this discussion of foreign policy and activism in this MUMJ editorial? Is there a point to be taken from all of this? More importantly, what – as medical students – should we be taking from this? Quite possibly, the most important message implicit in the above discussion is the need to concern ourselves with issues of advocacy and activism – in whatever form that may take – as well as an assurance that we do not become complacent or apathetic. Certainly, the implication here is not that medical students as a group are apathetic or not passionate about anything of substance. In fact, many medical students – and some may argue, especially those of us at McMaster – come to medical school from a life rich with interesting experiences and dedication to issues of social justice and otherwise. That being said, medical school can be a tremendously busy time – a time during which the ‘important things’ go by the wayside. All of a sudden, we are thrown into this world of limitless study, sleepless nights, and an integration of knowledge that will, for many of us, form the basis of our professional lives. In trying to make sense of this new world thrust upon us, we often feel like we have limited options in what we can take on. As a result, our priorities – and hence, our passions – change, and we dedicate ourselves to our new responsibilities.

Indeed, our lives change, with new responsibilities, the need for often radical time management and a re-evaluation of our priorities. On the other hand, there is also an argument that can be made about the position in which we are placed as medical students. Like it or not, physicians (and students, as future physicians) find themselves in a privileged position from many different standpoints – a privileged position bringing with it responsibility extending beyond that of a direct health care provider. In fact, a variant of this idea has been formalized by the Canadian Medical Education Directions for Specialists (CanMEDS), a body of the Royal College of Physicians and Surgeons of Canada. Through work that has been spanning the past several years, the CanMEDS group has developed a model of core competencies for physicians based on societal needs. According to this document, the central role of the physician is that of medical expert, with the overlapping roles of communicator, collaborator, health advocate, manager, professional and scholar rounding out the remainder of these core competencies. Clearly, two salient points can be taken from this model. For one, these competencies do not necessarily fall nicely into the realm of what medical school dictates we must learn. For one, these competencies do not necessarily fall nicely into the realm of what medical school dictates we must learn. Secondly – and despite the first point – many would agree that the roles outlined in the CanMEDS model are essential in order to be a minimally-competent physician, much less a ‘good’ physician.

All of this to make some very simple points: Most of us care deeply about many things lying outside of our ‘medical’ lives, and are forced to forgo some of these dedications as medical students. Being a competent or – even better still –
a good doctor necessitates the taking-on of roles that are not necessarily learned in standard medical education, such as health advocacy and efficient communication. Thus, for the sake of ourselves and our interests, as well as for the sake of our patients as they face the prospect – in the not-too-distant future – of having us as their health care providers, it is important that we continue to engage ourselves in the things that matter to us, as these will inevitably add invaluable tools to our arsenal of health care provision; tools that would arguably give us the skills necessary to fulfill the roles that society demands we possess.

As we cautiously make our way out into the world of medicine, and slowly build up our toolkit of the essentials with which to equip ourselves, the benefits of our ‘extra-curricular’ experiences and passions will become evident. Whether it be advocating on behalf of our homeless patient who has lost their health card, or using our political savvy to publicly challenge our government’s foreign policy, we will likely look back and know that multitudes of experiences helped us reach the point where we are able to accomplish what we accomplishing. Challenging what Glasser asserted in the abovementioned Harper’s Magazine article, perhaps we – as a collective society – are salvageable. Perhaps there is hope for us, that there is more for us to do. Perhaps it is simply not time to die.

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