

# Committee Appearance: House of Commons Standing Committee on Health (HESA)

November 30, 2020



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President of the Canadian Medical Association  
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Thank you, Mr. Chair.

It's my honour to appear before you today. My name is Dr. Ann Collins. In a three-decade career, I have taught family medicine, run a full-time practice, served with the Canadian Armed Forces and worked in nursing home care. Today, as President of the Canadian Medical Association, I am proud to represent our 80,000 members, so many of whom have been working all-out for over 9 months and counting.

Our health systems and the people who work in them were stressed well before then. Now we are at a tipping point.

I am deeply concerned about the mental health of Canadians. And I am deeply concerned about my physician colleagues and health care providers who work alongside them. Psychological trauma is anticipated to be the longest lasting impact among health care workers in the post-pandemic environment.

After almost a year on the front lines in untenable circumstances, burnout is a grave concern. We're sounding the alarm.

When Canadians banged their pots and pans, they shouted their support for those risking their lives on the front lines. The pots are now nestled in kitchen drawers, but the pandemic has not stopped. It's worse. And the risk to frontline workers persists.

At the pandemic's onset, a lack of coordination of emergency supply stockpiles among federal and provincial governments led to inadequate deployment of supplies such as ventilators and a widespread void of sufficient PPE for frontline health care workers. Physicians were faced with the ethical dilemma of being unprotected while treating patients and potentially putting their families at risk – in addition to having to make decisions about allocating life-saving intervention. The explicit anxiety haunting frontline physicians is palpable.

They are at high risk of developing symptoms of burnout, depression, psychological distress, and suicidal ideation. Gruelling work hours, uncertainty, fears of personal and family risk, experiences with critically ill and dying patients – these conditions create unprecedented anxiety.

Physician burnout was a nationwide challenge long before the COVID-19 pandemic emerged. In 2018, 30% of physicians reported high levels of burnout.

The outcomes of human health resource issues, system inefficiencies and over-capacity workload creates a culture of sustained burnout. No amount of therapy, yoga and mindfulness will make it go away. And the consequences reach much further, Mr. Chair. They lead to bad patient outcomes.

We are calling on all levels of government and health authorities to work together to protect Canadians and health care providers during the second wave of COVID-19 through a series of four strategic investments and actions.

First, that all governments recognize and raise awareness of the need to support health care providers as part of their public education messaging on COVID-19. There is nothing benign about remaining mute on this subject. Patient safety depends on the mental health stability of medical professionals.

Second, that the federal government invest in the creation of a mental health COVID-19 task force that mobilizes national mental health associations and professionals to support the mental health needs of care providers during and following the resurgence. And, that the government increase funding to jurisdictions, enhancing access to existing, but strained, specialized mental health resources for health care providers.

Third, our vulnerable populations and people living in rural/remote areas are disproportionately affected. The federal government must fund and implement sustainable evidence-based mental health services and supports to respond to the increased demand for mental health care resulting from COVID-19. We must also intensify access to critical social support services and embed virtual care. We welcome the commitment to expand broadband across the country. It has the capacity to create equitable access to virtual care. But the success of digital health care relies not only on broadband expansion, but the development of digital health literacy programs and measures to ensure equity of access for marginalized populations.

Lastly, we simply cannot ignore the risk of a health care shutdown. Avoiding this is absolutely critical. Adherence to public health measures is needed as well as new federal investment. A Health Care and Innovation Fund of \$4B in federal funds would address the backlog of medical services, expand primary care teams and boost the capacity of public health.

These measures don't exist in a vacuum. It is their combination that blazes a path to Canadian health security.

Canadians need the confidence that their health care system is there for them, that the physicians and frontline health care workers are in good shape. With burnout becoming the most significant challenge to the health care system, we face a degradation of care for our patients.

Every tipping point needs a steadying hand. Canada is reaching out for it.

Great victories require two elements: a common enemy and solidarity. We have a common enemy. Its viral. But without solidarity, there will only be more harm and loss. This virus doesn't care about politics. It doesn't recognize federal, provincial or territorial lines. It doesn't care about a perceived stake. And, these case numbers aren't numbers. They are lives. And we must fight for them. All of us. Together.

Mr. Chair, let me thank the committee for the invitation to share the convictions of Canada's physicians.