Women’s Health Study

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Standing Committee on Health

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Introduction

Since 1867, the Canadian Medical Association (CMA) has advocated for physicians and championed the health of Canadians. The CMA brings a unique perspective on women’s health, with a focus on the women physicians who care for Canadians. Their health holds significance beyond the way it affects their own well-being. As Canada’s health care is being provided increasingly by women physicians, the wellness of this demographic is becoming of greater and greater importance to the larger public. It is getting harder to ignore a central truth — the health of our women physicians is suffering.

Women physicians

There are myriad systemic issues that continue to negatively influence the ability of women physicians to flourish under the current conditions of their work life. More and more commonly, women physicians are experiencing worsening wellness outcomes, with significantly higher rates of burnout and screening positive for depression. According to the CMA’s National Physician Health Survey results (2021), burnout among women physicians is a shocking 16% higher than among their male counterparts.\(^1\) The pre-pandemic prevalence of suicidal ideation was significantly higher among women in medicine than among men and has remained high since 2021.

Workload accounts for some of the imbalance in burnout. Administrative tasks make up a larger portion of women physicians’ weeks. Women physicians are over 10% more likely than men to be caregivers for children, parents or other family members. The draining effect of these factors has been exacerbated by the fact that women physicians are significantly more likely than their male counterparts to report instances of intimidation, bullying and harassment. It is this cumulative effect that has led to a disproportionate experience of punishing exhaustion among women physicians.\(^1\)

Women in medicine face further challenges including pay and leadership inequality, sexual assault and harassment, opposition to career advancement, gendered stereotypes, unfair role expectations and unconscious bias. These challenges are amplified for women who also belong to a racial or religious minority, low socioeconomic demographic, 2SLGBTQIA+ community or disabled population.

The future of primary care

The well-being of women physicians holds a broader significance beyond themselves.

A shift is happening in Canada’s health care workforce. While 39% of physicians are 55 or older, two-thirds of family physicians under 35 are female.\(^2\) The growing influence of women in shaping the future of family medicine is clear. Given the state of Canada’s health care system, where one in five Canadians does not have a family physician, it’s
imperative that we take measurable steps to retain the existing workforce.

Primary care is the foundation for an effective health care system. Preventive measures and treatments are most likely to be found via a strong primary care plan. It is the point of first contact for the majority of healthcare Canadians receive and for identification and referral to more specialized care when required. The security of present and expanding primary care teams is key to improving efficiency and effectiveness in health care delivery. The savings we will reap if Canadians benefit from more and greater preventive health services and chronic disease management are nearly incalculable. Lives will be saved. Invaluable resources will be saved. Funding will be saved. This is how we will relieve pressure on downstream health care services — particularly hospitals. The figures all indicate that the fate of primary health care depends on the effectiveness of our women physicians.

In February, a significant milestone was reached as federal, provincial and territorial (FPT) governments established a groundbreaking $196 billion health funding arrangement over a decade. This includes $19 billion in new Canada Health Transfer funding and an extra $25 billion for bilateral health agreements, setting the stage for much-needed progress. These bilateral agreements focus on shared priorities, with a strong commitment to strengthening our invaluable health care workforce. This includes women physicians. The 2023 health funding agreement offers a unique opportunity to improve patient access and working conditions for medical practitioners.

This achievement relies on collaborative efforts and unwavering commitments from all jurisdictions, alongside vigilant citizen oversight. Together, we aim to usher in an era of more prompt and equitable health care within a supportive health care system.

**Recommendation: Support the establishment of a long-term National Mental Health Strategy for Health Care Workers**

This strategy would be co-developed by those accountable to the workforce, including governments and regional health authorities. The scope of this strategy would involve examining the assumptions, pressures in the medical culture, and systemic structures driving mental health issues for health care workers to protect the future workforce from the immense psychological distress and challenges to mental health latent in the health care sector and exacerbated by the pandemic. Burnout must be recognized as an occupational hazard; standards, tools, resources and reporting measures must be readily available to enable workers to care for their own mental health, and in turn, provide quality care to patients. This recommendation is in direct alignment with the federal government’s priority to support the mental health of Canadians impacted by the pandemic, in addition to establishing mental health as an element of occupational health and safety under the Canada Labour Code.
Recommendation: Reduce administrative burdens on physicians

Contribute to reducing the administrative burdens on front-line health care providers through a review of new and existing federal forms by engaging in consultations, setting targets to reduce administrative burdens and sharing best practices.

Recommendation: Sustained health care funding with measurable results

Collaborate with provinces and territories to establish federal health funding with clear, measurable targets that enhance patient access, improve working conditions for all health workers and modernize Canada’s health systems. The CMA urges governments to take decisive action in addressing burnout rates. A bold agenda for change is needed if we are to achieve the equitable accessibility Canadians deserve. The recommended targets include a significant 40% reduction in burnout within three years, returning to pre-pandemic levels, followed by an even more ambitious 60% reduction within five years. These targets reflect Canada’s expectations for a commitment to the well-being of health care professionals and the sustainability of our health care system.

Recommendation: Scale up collaborative, interprofessional primary care

Improve routine primary care access from 85% to 90% within five years and to 95% within 10 years by leveraging the Canada Health Transfer (CHT) to provide funding for interprofessional primary care teams. That includes supporting the well-being of health care providers who currently work and will work in primary care.

Conclusion

It is imperative that we enhance our monitoring of the well-being of Canada’s health care workforce. Success depends on establishing targets to advance the key metrics described in this brief. The resilience and longevity of our health care system depends on it.

Women physicians play a vital role in the delivery of effective health care. When they flourish, the entire health care landscape transforms for the better. Now more than ever, we need to be concerned about and address the myriad, disproportionate health challenges affecting women physicians.

References