BOOK REVIEW

Health for All: A Doctor's Prescription for a Healthier Canada

Jane Philpott, MD
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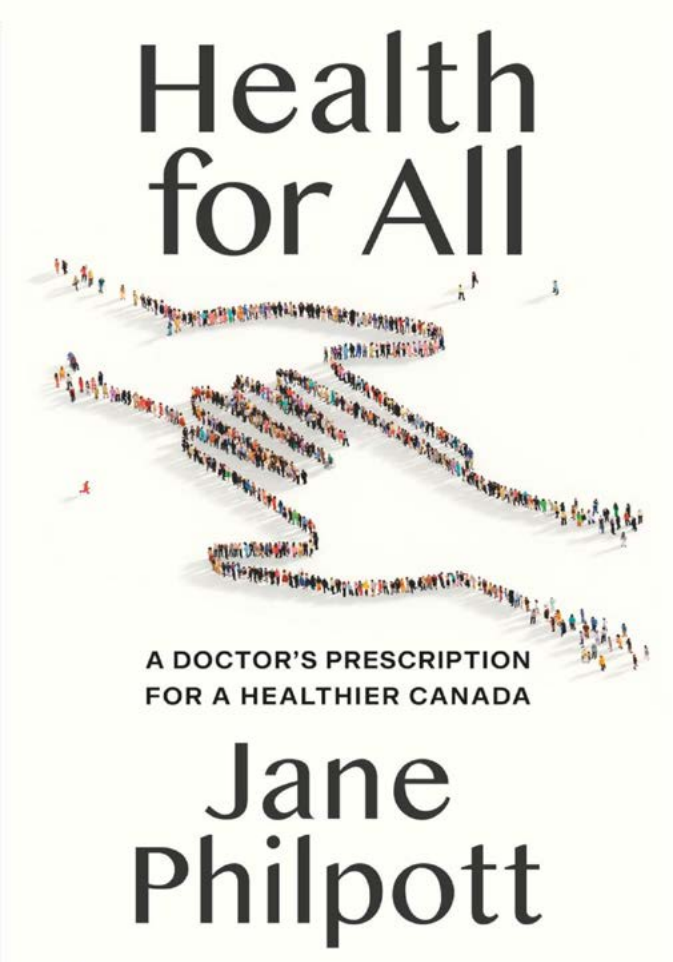

Dr. Jane Philpott is a servant-leader who has made a wide range of humanitarian contributions to the common good: from Médecins sans Frontières in Niger to the bedside in Ontario's long-term care facilities during the pandemic, from family physician to federal health minister, from evidence-based medicine to innovation in primary healthcare, from grieving mother to published author. This book is filled with narratives, experiences, reflections, and human emotions, as well as accomplishments and lessons learned from failure. The book makes it clear how and why those narratives and experiences informed the purpose of Dr. Philpott's life: to work for and fight for a fair world with health for everyone.

In *Health for All,* Philpott's mix of knowledge, evidence, learning, and innovation, interlaced with meditative reflections and narrative experiences is divided into four parts: clinical, spiritual, social, and political. The clinical and political parts are outstanding and deserve a reflective read.

In Part 1, Clinical, we gain insight into why primary and community care are poorly served in Canada: historically, because such care was never included in the 1966 *Medical Care Act* or in the 1984 *Canada Health Act*; politically, because the return on investment (i.e., being re-elected) is much higher for building a new hospital or giving more money to acute care than it is for investments in primary care or socioeconomic factors that influence health and wellness. To solve this conundrum, Philpott proposes an additional law, the *Canada Primary Care Act*. It would hold governments at all levels accountable for access to primary care, just as the *Canada Health Act* is meant to do for acute care.

Good examples of successful primary care and community health models can be found in Europe, mainly in Scandinavia and the Netherlands. The Dutch primary healthcare system is one of the best in the world, at the top for many health and healthcare indicators. The Netherlands is also an example of how keeping healthcare at arm's length from government, as in many European countries, works better than

in our country. Quoting Philpott's vision for primary care, "The operations and oversight of the [primary care] system would not reside within government but should be delegated to an arm's length health authority."

Philpott presents 10 conditions needed to create a successful system that brings primary team-based care into the community, conditions she learned from her two years as minister of health when she orchestrated integration of 25 000 Syrian refugees. One could argue that almost none of these 10 conditions is currently in place, but they give us a framework that healthcare professionals, the public, and politicians must bring to life to be successful.

As Philpott advocates decisive action, it is no surprise that she offers practical solutions in the form of pilot projects, showing what else is possible. Based on the principles of the Quintuple Aim and on the concerns and needs identified by patients and providers, the Periwinkle Model was co-created in Kingston. This multi-partner project is an adaptation of the patient-centred medical home for a geographically defined population, with patients attached to a whole team of healthcare professionals. Accountability is built into the model, similar to what Norway accomplished with its *Patients' Rights Act*. In the Periwinkle model, the workforce and services are expanded with learners, volunteers, and community partners. Care is provided long term and supported with a good EHR that makes it easy to access information, should the citizen move to a different but similarly structured municipality.

Because the shortage of family physicians will not disappear, even in a multidisciplinary team setting, Philpott is spearheading yet another innovative pilot project. Queen's University, where she is dean of health sciences, has launched a satellite campus devoted exclusively to training family doctors. These medical students are committed to family medicine from the start. Teaching is done by educators who themselves are entrenched in primary healthcare.

If you are short on time, skip Part 2, Spiritual. Although it gives insight into Philpott's stories and reflections, the four chapters lack evidence or references on which to base the content. The chapter on meaning is a mainly religious reflection triggered by a personal and very painful experience of losing a daughter, far from home while the parents were serving others. Sharing that personal and intimate pain with the reader shows the author's vulnerability and humanity and takes courage, something that returns many times in the book.

Part 3, Social focuses on the socioeconomic factors affecting health, as well as injustice. This topic is a fundamental element of this book but, as suggested by the author herself, a more complete picture on how socioeconomic inequity make us sick can be found in *The Health Gap* by Michael Marmot.[1]

In Part 4, Political, Philpott packs so much wisdom and insights into 50 pages that it deserves a slow read. She went into politics to improve people's health on a larger scale than she was able to do as a clinician. Starting with a stronger knowledge base in health and healthcare than the average career politician allowed faster initiation of and action on the projects during her short two years as minister of health, including the Syrian refugee program, naloxone for non-prescription use, the *Cannabis Act*, and MAID legislation. Those projects also prove that, "When people and circumstances are aligned, the machinery and the institutions of government can be used to make us a healthier nation." She demonstrated that, "a seat in the house should be a tool, not a target, and politics can be a force for good. Sadly, it is abused and misused to the point that its potential for public benefit becomes contaminated." Reading these words and seeing what she accomplished in such a short time, one wonders what our health system might have looked like had she stayed on as health minister for two or three election cycles.

In "Using clinical skills in politics," Philpott describes some of the clinical skills that health professionals are expected to master and then submits that politicians should learn a similar set of competencies. Those competencies should form the basis for politicians' behaviour if they have the best interests of the population at heart. Philpott claims that many people go into politics with values similar to those found

in medical professionalism and with the aspiration to display behaviours to match those values. Unfortunately, there is enormous pressure to act quite differently. Philpott ponders whether the Canadian parliament could function like a healthcare team where individuals arrive with different skills and are encouraged to work with each other to the full scope of those talents, offering constructive criticism and looking for the best ideas from all parties. Tasks are shared and shifted according to who is trained for the job. That section of the book is just brilliant and an eye opener.

The problems or solutions described in the book are not new to the world of health policy. The ideas are based on many reports written over decades. Yet health systems remain stuck. Health workers are exhausted, they work hard every day, but when they try to change or improve care, they struggle to make progress. They know what's not working and how the system could be changed, but they don't control the levers to do so. Power is held by a few in Canada and we, the voters, are the ones who are giving them that authority. We will never be a country with health for all unless our political leaders make it a top priority, exhibit the courage to make some tough decisions, and then painstakingly watch over implementation of a new coordinated national health system rooted in universal access to primary care. Voters must make it very clear that we expect this work to be done, as healthcare is consistently one of the top five concerns of Canadians. If we want Canadians – public, healthcare professionals, and politicians – to understand what work needs to be done and to co-create "what else is possible," then this book is a must read.

Reference

1. Marmot M. *The health gap: the challenge of an unequal world*. London: Bloomsbury, 2015.

Author

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