

# Alberta Doctors' Digest

## History: A few parting words (or a denouement)

After a half century of reading and studying Alberta's medical history, I would like to end my *Alberta Doctors' Digest* columns with some comments and opinions as a guide for those who follow. Having lived in Alberta since 1940, I find it easy to take a single-province approach to health care issues, although for a national subject like health care that approach is open to criticism.

### **The documentation of Alberta's medical history is a bit of a patchwork**

Until recently, the documentation of the province's medical history has not been proliferative. Drs. Earle Scarlett and George Stanley published the *Calgary Associate Clinic Historical Bulletin* for 22 years (1936-1958). Their quarterly journal contained a wealth of information on leading medical figures and topics at the time, both in the province and beyond. Dr. Heber Jamieson (1946) identified the early physician immigrants to Alberta up to 1911, described the establishment of the early institutions (AMA/CPSA, U of A Faculty of Medicine) and outlined the early development of the medical communities across the province up to about 1930. Dr. Gerald McDougall addressed the evolution of medical education at the U of C (1987) and the history of the major clinics in southern Alberta (1991).

A history of the U of C medical faculty, while it could still reflect the views of the early deans, has recently been released (2021). Three U of A deans were active contributors to the history of the faculty of medicine at the U of A (2011), which complemented its first comprehensive history in 1990. As well, the two faculties have produced several informative departmental histories.

About 21 personal histories have been published, in addition to the 35 short biographies covered in *Alberta's Medical History* (2008). In 1993, *Alberta's Medical History: Historical Reflections* covered 25 topics, many on a first-person basis. Since then, there has not been an attempt to summarize Alberta's medical history, although the foundation now exists. A medical bibliography in the province would be helpful, although over 30 books and several journals have been scanned into the [Our Future Ourpast website](#) at the U of C.

Not surprisingly all the authors (but one) wrote on an avocational basis as there was no funded and occupied U of C medical history chair until 2006.

### **Our medical pioneers**

The majority of Alberta's early physicians came from eastern Canada together with some from Britain. One McGill University class provided eight physicians. They were young but were determined to establish the first medical organizations in the Northwest

Territories (1889) and after 1905, the AMA/CPSA. They encouraged the new U of A Faculty of Medicine (1913) to become a full four-year course (1921). For 30 years, the course was the only complete medical training program west of Winnipeg. In the absence of a faculty to provide examinations, Alberta physicians led the levering of the CMA to create the national body, the Medical Council of Canada, to do so (1912).

During WW I, as far as can be determined, the physician enlistment rate for the armed services was the highest in Canada, providing mostly fill-ins as the offer to staff a general hospital was not accepted. The post-war 1918 influenza epidemic crystallized the extension of the U of A medical course to four years to keep more graduates in the province, although many still completed their training in eastern Canada until WW II.

Few realize that the first two STARR awards went to Alberta physicians – J.B. Collip et al. in 1936 and J.S. McEachern in 1938 – for their contributions to the isolation of insulin, and for saving the CMA from bankruptcy (1921), developing the principles for a national health insurance plan, forming the Canadian Cancer Society (1938) and legally joining the provincial medical associations with the CMA (1938).

Under-recognized is the role of Dr. A.E. Archer, together with Minister of Health George Hoadley, who envisioned a government-subsidized health insurance plan covering hospital and medical services (1932), which we have now. Archer and McEachern and colleagues led the CMA to unanimously approve a national health care insurance plan during WW II (1942). Their effort has been largely obscured and the credit given to Hon. Tommy Douglas, whose primary role was in securing government funding for Medicare, not envisioning it.

## **Since then**

The years post-Medicare have seen the gradual diminution of medical influence on the delivery of health services. Numerous allied professions have been created and fiscal control of health services has been increasingly assumed by provincial and federal legislative bodies, who control the tax-raised disbursements that fund health care. They also indirectly control the number of physicians trained within Canada through the funding of universities but don't control the number exiting the country.

One of the most notable initiatives since Medicare has been the creation of the Alberta Heritage Foundation for Medical Research in Alberta (1980-2005), which funded medical research before being dissolved and replaced by the provincial government. Some of the medical research discoveries it funded have been world precedents.

Pressure points in the post-Covid health care delivery system need to be addressed. For decades hospital beds have been added at a rate less than the population growth, pressuring emergency departments into becoming the new short-stay hospitals. The growing shortage of doctors in the primary care system – because fewer graduates choose family practice as a career – remains a pressing problem, not easily or quickly addressed. So too is the shortage and retention of nurses.

## **Tomorrow**

In the past, much of the leadership in Canada to resolve important delivery issues originated in Alberta (the creation of ambulatory care centers, regionalization, Indigenous doctor training, etc.) despite the system being characteristically slow to

change and even then to focus on short-term political goals and cost issues rather than long-term sustainable improvements.

Much remains to be done following the Covid-exacerbated health care crisis. It will require leadership, consultations, innovation, new ideas and cooperation. In the past, Alberta provided much of that leadership through a constructive relationship between the medical profession and government, for in my opinion, “where there was a problem, there was an opportunity.”

I remain optimistic for, as Sir Winston Churchill said, “the longer you can look back the further you can look forward” (1944) or, as Dr. Scarlett wrote in the last edition of his *Historical Bulletin*, “We shall learn more of what we are, by studying the process of our becoming, and it is what we are that indicates not only what we can become, but also what we are intended to become.”

Au revoir.

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Banner image: Dr. Robert Lampard (photo credit: Marvin Polis)