

Alberta Doctors' Digest

Any jackass can kick down a barn

Emerging from the pandemic that has preoccupied us in recent years, we're weary of our efforts to avoid illness and retain reasonable economic footing and some semblance of our normal lives. Along with our fatigue, we're cautious, anxious and even truculent wondering whether something new and even more disrupting lurks just around the corner.

We're no longer awash with more COVID-19 than we can handle, but the virus has not – repeat, not – gone away, and morbidity and mortality continue to accrue, particularly in the aged and infirm. Influenza and RSV have made strong showings once again so that social distancing, avoidance of crowds and masking remain measures that seem appropriate to many of us.

There is, however, no unanimity regarding our optimal behaviour in the face of a persistent virus. Effective mRNA vaccines have likely saved our bacon, to the extent that it's been saved; vaccination and many other aspects of our viral illness remain remarkably contentious. It's no surprise then that we remain surprisingly ignorant of pandemics in our past, including the historic resistance of citizens wary of nefarious intent and malicious motives.

The fact that we haven't learned much is possibly the worst result of our pandemic experience and has cast a pall over measures that seemed established practice. In particular, we've been left generally uninclined to pursue vaccinations across the board though the risk/reward data are clearly supportive.



A power struggle's at work here, and a move to rein in the historic authority of public health officers in times of epidemic illness. (Photo credit: Pixabay.com)

We're in a rush to get on with our lives, it seems, and we want to forget a bad experience. This is perhaps reasonable enough, but I'm grateful for the infectious disease specialists who continue to update us regarding COVID-19 outbreaks and their persisting morbidity and mortality.

Given our experience with an illness that has carried away something in the order of 6,000 Albertans, our conflicting notions of appropriate therapy, and the likelihood we'll see more viral illness rather than less, I expected we'd now see abundant analyses and recommendations to help us in future, when we meet the fire next time.

These may be coming, but I fear we're merely carrying on, in blinkered fashion, and that a novel transmissible pathogen will find us as unprepared as ever – or possibly in worse shape. We've become preoccupied with individual rights and autonomy rather than the public good and our shared responsibilities. This may auger behaviour – every man for him/herself – to an extent we haven't seen before.

Our situation's troubling. Some months ago, I watched our premier and her minister of health announce the arrival of yearly influenza vaccine and an updated COVID-19 booster. They stopped short of recommending that all citizens avail themselves of the vaccines. When a reporter asked, reasonably enough, whether our politicians were going to get needles in their arms straightaway, both demurred, offering up that their respective immunity was in good shape and they weren't about to queue up, at least not right away.

It was an awkward moment for me but reminded me that electioneering may have more to do with supporting and tending to one's political supporters than the need for evidence, truth and expert opinion. A power struggle's at work here, too, and a move to rein in the historic authority of public health officers in times of epidemic illness.

A certain cynicism is evident in the political arena as well. Highly placed bureaucrats and leaders in a variety of locales have been caught transgressing the rules they themselves put in place. Caught partying in the face of quarantine measures or sneaking off to sunny climes, they shrug off criticism – the rules for ordinary folk just don't apply.

Exemplary behaviour, like truth, can be hard to find. Indeed, there's widely divergent thinking about many of the more routine and commonplace practices undergone in the epidemic, with a spectrum of opinions – and often little evidence – regarding schooling, masks and the timing and extent of business closures.

We're not absolved, of course, of the responsibility of seeking such facts as can be known.

I'd expected more humility from all of us – politicians, bureaucrats and citizens alike. I'd expected, as well, that we'd be more curious about past epidemics and would have researched our experience with cholera and smallpox and the further encounters with measles, polio and HIV that mar our past.

Maybe colloquia, symposia and learned gatherings are planned across the country, mulling things over, harvesting what evidence there may be and looking for agreement among experts so as to guide our conduct and tell us what to do differently in future. So far, I've been disappointed.

Though it's definitely not what I had in mind, there has been a review of sorts in the province. Some months ago, our premier tasked political stalwart Preston Manning of Reform Party fame with chairing a public health emergencies governance review panel intended to improve the ability of the province to respond to future emergencies. Manning's panel was a small one and included an internist, a psychiatrist, a member of the defunct AHS Board, a retired supreme court justice and a lawyer/businessman from Montreal. It did not include public health officers or an epidemiologist. The panel received limited input from the public, who generally sought greater reliance on medical expertise and more autonomy in future decision-making, especially in respect of political interference.

The panel's report did call for greater capacity in the health care system to cope with emergency needs, but, less agreeably, called for rule changes that would ensure that the premier and cabinet would have the final word on future crises, so that public health decision-making would shift from the chief medical officer of health and experts into the hands of government.

It is interesting to note that Preston Manning had authored a fictional report before the Alberta panel was established, an inquiry into federal pandemic management and this prior exercise made the same argument – and in remarkably similar language – that a health department shouldn't lead in an emergency situation but should defer this to a dedicated agency.

On the day the Alberta panel tabled its report (Nov. 15, 2023), Manning sent an email to his Conservative Party friends, opining that his report could be used politically to critique past measures and to trumpet what should be done in future emergencies.

There's not much meat there, and despite the report, our next experience with a runaway virus, or whatever, may be just as unique and nonsensical as our COVID-19 experience. Or it could be worse!

Hold on. In our beleaguered land, there's more: health care reorganization is coming our way. Again.

The premier has announced that Alberta Health Services will be replaced by four new entities dealing with primary care, acute care, continuing care, and, finally, mental health and addictions. Justification, as usual, includes promises that another rejigging will reduce red tape and empower front-line staff. These are recognizable smokescreens and the most obvious reflects a move to address a power differential. Over the years AHS had become a behemoth, annoyingly autonomous, tardy at times in genuflecting or pressing lips to the ring of political masters, the premier and the minister of Health respectively.

The larger structural change that we've embarked on instead fails to appreciate the "cost of change" and the limited ability of an overburdened workforce in short supply to cope with further disruption. The potential exists to turn the work environment from merely awful into a hellscape. Job losses via restructuring have already begun, I'm told, and the resulting angst and confusion may prove more wounding than the pandemic.

How much more straightforward it would be to acknowledge and act on three pressing issues: crowded, unacceptable waits in emergency rooms; the need for more hospital beds and staff across-the-board; and the dire need for accessible primary care. These are linked, vexing issues but come at a time when provincial resource revenues are booming and when the population is growing. Specific task forces involving citizens,

bureaucrats, physicians and other health care professionals could be charged with finding durable solutions.

To conclude: on a personal basis, retirement has never looked so good. I'm fond of a quote years ago by longstanding US Speaker of the House, Sam Rayburn: "Any jackass can kick down a barn, but it takes a good carpenter to build one."

We'll see. We'll see, indeed.

Heaven help us.

Editor's note: The views, perspectives and opinions in this article are solely the author's and do not necessarily represent those of the AMA.

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