

# Alberta Doctors' Digest

## An oldster's thoughts

As a retired doc, I'm thankful to be well removed from the fray, the day-to-day demands of a health system that never stops re-engineering, that most often seems rudderless as it responds to fiscal pressures and the crucible of limitless illness.

Instead, I want to bask in the more quiet circumstances of retirement that provide an opportunity to mull things over – past, present, the limited horizons of the future. I want to see if the thoughts and memories of a half century in health care cohere, fit together on re-appraisal and make more sense. I think of it as reconnoitering, a military term that implies scrutiny and reassessment of a long campaign against an opposition, the enemy in this instance being the forces that are persistently aligned against more rational and more durable development of care.

Looking back's a luxury. Many don't get the opportunity for such reflection, given the busyness of their lives or the interruptions of misfortune. Others are habitual postponers and never get round to it. Still others aren't really serious and assess things more rosily than honestly

There are pitfalls. One entails the functionality of our noggins: memory is a function of time and exercise. Things may or may not have happened as one recalls, just as witnesses to crimes are often wrong in the people they finger in police lineups. As well our emotions colour our memories; we remember what we want to remember, problematic if we're seeking truth. There's a more general hazard with memory that we recognize as nostalgia. Today's events, no matter how pernicious or dismaying, will become the "good old days" when we remember them next year. Nostalgia – perhaps for good reason – was once regarded as an illness some hundreds of years ago.



Gambling with change: One of the most painful and debilitating features of our lives in organizations has to do with the reflexive promotion of change for change's sake without assessing in any

meaningful way the barriers to change, the likelihood of success and the real costs of disruption  
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As well, perhaps in the same manner that some animals can see colours or different wave lengths while others are colour-blind, it's likely there are thoughts we'll never have, areas of blindness we'll never acknowledge. On some level, we recognize this, perhaps explaining our present enthusiasm for artificial intelligence.

And yet remembering, mulling things over, is not always serious. It's often fun to try to unravel the circuitry in one's head. As we realize we're transient, impermanent, we can always change our minds.

Here are some of the things I'm concerned about and take issue with. They've been arrived at through my former life as a health professional but apply to our experience in general.

We live in a world of winners and losers. The so-called winners acknowledge this, in part, to say we live in a meritocracy. It's an attractive notion to think that our achievements are due to our intrinsic merit, our steely resolution, force of character or our underlying exceptionality. The problem here is that this is bogus. While effort and persistence are undeniably required of us, our abilities as humans are rather narrowly prescribed. Our attainments, whether as physicians or captains of industry or as rummaging beggars in impoverished circumstances are largely determined by chance, fate, destiny or luck – call it what you will. Failure to recognize such hubris is hard to contend with and can lead to egregious disregard of others.

A related notion pertains to our glib acceptance that, whatever state we've arrived at, it represents progress. To be sure, we've become more adept at treating a variety of diseases and can run further and faster than ever before, but lost is the notion of advancement or general improvement as in "what progress have we made in caring for ourselves and others?" Other examples: How are we more prepared to fight our next pandemic? What have we truly accomplished in battling climate change?

Our stale and tired thinking clouds our reasoning regarding health care. As we bundle more and more people together with fewer but busier practitioners, costs mount. When politicians specifically look to pay for this, they're wont to say "no problem; we'll look for organizational efficiencies." Talk of such efficiencies has been the tired reassurance for decades now, yet where are they?

A close relative of this mumbo jumbo is the deathless conviction that a soupçon or even whole-scale privatization of health care will save the day. Once again: Why would it? Cost savings remain illusory when apples-to-apples comparisons are made. There may be reasons to go down this privatization path – in particular, expedience and political bias – but I'd expect a better conversation, with more candour and less subterfuge.

In health care – and pretty much everywhere else – we're enjoined to become ever more adept at managing change. Again we're jumping to unwarranted conclusions; we'd be better off, most times, looking for less change rather than more. Human physiology, for instance, demands that we function best within relatively narrow limits of temperature, pH and blood chemistry, a concept developed by famed physiologists Claude Bernard and Walter Cannon a hundred and more years ago, a phenomenon we have come to know as homeostasis. The notion has been extended beyond biology to other processes

including technological control systems in which we've come to identify such homeostatic mechanisms as cybernetics.

Change and change management are topics that we need to view especially critically. One of the most painful and debilitating features of our lives in organizations has to do with the reflexive promotion of change for change's sake without assessing in any meaningful way the barriers to change, the likelihood of success and the real costs of disruption.

There's an old saying that pertains to management: "If you can't measure it, you can't manage it." It's an adage that is probably true enough, but it is particularly apt given the higgled-piggledy flux of centralizing and decentralizing health care over many years and involving large and varied constituencies. What do we know about rolling the dice and upending the organizational chart one more time?

Such are the incomplete and scattered thoughts that have recently occupied my thinking. They're the bits of neural activity that may be evidence of retreating or sclerotic brain synapses, but they're the matters that come to mind. I hope they reflect a sort of scepticism that falls short of cynicism.

As evidence that I'm more than a Luddite and a curmudgeon, I can report I've become a fan of the information provided us by the James Webb telescope, launched from French Guiana in 2021 and now in solar orbit a million or two kilometres from Earth. The novel images of our early universe perhaps 180 million years after the Big Bang, promise new insights into star and galaxy formation and will revamp our concepts of cosmology.

The Webb pictures are staggering in their beauty, but to my cluttered mind the distances and mysterious findings prompt questions of how and why and when that are perhaps unanswerable – renewed interest in the mystery "are we alone or not?"

I've mulled this over too, but recognize I'm better off thinking about matters closer to home like organizational change and our behaviour in groups.

If I were pressed about our role in the universe, though, I'd likely side with the poet Coleridge and his Ancient Mariner: "We're alone, alone, all alone."

It's a simpler, more responsible way to conduct ourselves.

At least for now.

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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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