

Dear Francois,

You and I have met many times in the past in relation to system wide advocacy, and I hope you will receive this letter with the understanding that I am seeking specific feedback on how I can continue advocating for the entire health care system, for my patients, and for my professional colleagues given the current environment.

I read your recent email entitled 'We are here to support our physicians' and it raised a number of concerning questions for me. Although I am assuming that your words were meant to be reassuring, they had the opposite effect and increased my feelings of professional stress and uncertainty.

In the opening of your email, you specifically bring up the stress for physicians that "negotiations" with government may be causing. It is important to be clear that no negotiations are currently occurring. The government has unilaterally torn up our contract and has walked away from physicians and its representative body (the AMA). Although negotiations are not currently occurring, you are indeed correct that this is having a devastating impact on morale and "feelings of stress" for physicians.

I am feeling confused and anxious to understand how AHS fits into the current "negotiations"/non-negotiations environment you refer to. Is AHS, and its leadership, merely an operational arm of the Ministry of Health which is being forced to simply carry out orders and dictates of the government? Or does the AHS leadership play a role in advocating for physicians and patients in the negotiations you allude to? These are not rhetorical questions. If AHS leadership does indeed support physician's rights to advocate for patients and the system, how is this support being actualized for those on the front lines given the stress and difficulties being caused due to a lack of any meaningful negotiations? How is AHS actively supporting the "many communities" to advocate when physicians are raising serious concerns about their ability to care for their patients? How is AHS leadership intervening to mitigate the long term negative outcomes that the government's fascist style of governing is having on the entire health care system?

Are you and other senior AHS leaders able to represent the concerns of the medical profession to government? Are you at least at the table? Are you actively advocating for physicians in communities such as Pincher Creek? They have eloquently raised their valid concerns that the failed "negotiations" are going to have devastating impact on recruitment and patient care for years to come. If you and other AHS leaders cannot advocate publicly on behalf of communities like Pincher Creek, could you at least inform the troops as to what specifically you are doing to help them advocate for their patients and the health care system?

I am one of the troops on the front lines who would honestly like to know what you and senior AHS leaders are doing to support "physicians rights to advocate for patients" in the face of working without a contract and having no recourse to arbitration, mediation, or meaningful job action. From my perspective in the trenches, all that I have seen recently from AHS leadership, in response to advocacy efforts in communities like Pincher Creek, have been threats of AHS initiated college complaints, leveraging on wide sweeping AHS privileges, and utilizing AHS paperwork demands to discount months of notice regarding planned advocacy efforts. It is possible I am missing a part of the picture here. Can you be more specific as to how AHS and its leadership is supporting the advocacy of physicians like those in Pincher Creek and the "many communities" across the province?

I hope you will take the time to reassure physicians that AHS and its leadership has not devolved to the point where it is merely a blunt instrument designed to enforce compliance and to quell advocacy. Please reassure us that you are not placed in a position where AHS leadership is simply 'following orders', and mindlessly enforcing the dictatorial fiats of a Ministry of Health that refuses to negotiate or dialogue with physicians or their appointed representative body. I understand that AHS leads would want to maintain access to "emergency and hospital care", but what if this can only be accomplished by forcing physicians to abandon advocacy efforts, and to ultimately remain indentured to serve with no ability to find replacements, to change their practice patterns, or to leave?

As I mentioned in the outset, your communication has left me with many questions and concerns. You mention Bylaws that bind me to "shared responsibilities". I find it extremely stressful to be in a position where I am bound by bylaws to a body (AHS) that could merely be the automatic enforcement arm for a Ministry and government that I currently have no contract with. More specifically, a government that is currently denying me my fundamental human rights with respect to having a voice in my workplace safety and my contract terms. The Alberta government unilaterally tore up the contract with physicians and has subsequently implemented many unilateral changes within the health care system. What is stopping government from unilaterally changing the AHS bylaws you indicate exist to protect myself, my fellow colleagues, and my patients? How specifically did AHS leads advocate for physicians when the master agreement was abandoned? What will you do when the government amends AHS bylaws and or legislates changes in the College?

To be very specific to my own practice, is it your and AHS leadership's position that I share responsibility in finding a replacement to work in the Medicine Hat Emergency Department before I can move, retire, or even take sick leave? Do I even get sick leave? Are there bylaw rules with AHS paperwork that need to be followed and completed before missing clinical shifts due to illness? I would not want to be at risk of being charged with abandoning my patients, especially given a raging global pandemic increases my personal risk of becoming ill from workplace exposure.

As a physician who is currently being reminded to honour AHS bylaws, in addition to College duties with strict codes of ethics, do I have any current workplace rights at this point and time? What happens if I am unable to entice a new emergency physician to work in a province where the government vilifies physicians, refuses to negotiate in any manner, and refuses to honour even the most basic of occupational rights? Am I stuck bound with my "shared responsibility" to find my own replacement indefinitely? I worry that leadership's interpretation of the AHS bylaws have unwittingly created the perfect Catch-22: if the work environment becomes too toxic for physicians to safely want to work in Alberta, they will not be able to leave until they convince other physicians that the environment is not too toxic to want to work here.

Even more challenging for my specific community is the fact that recruitment of emergency trained physicians has been extremely difficult even before the Alberta government tore up our contract and began to aggressively demean the entire profession of medicine. The "shared responsibilities" that you indicate are within the AHS bylaws appear to disproportionately affect physicians who are already challenged by working in underserved areas within Alberta. Should I be warning my Medicine Hat colleagues who are near to retirement, or those thinking of moving, that "shared responsibilities" may prevent their ability to retire or leave indefinitely? A college complaint of patient abandonment, levied by AHS leads enforcing their interpretation of the bylaws, may prevent a physician from obtaining

licensing in other provinces and effectively end their professional career. For obvious reasons, understanding physician responsibilities to bylaws and agreements, when a government is unilaterally changing or ending them, will be critical for all physicians moving forward.

Your email communicated the desire to support advocacy. Maybe you can help me to better understand how AHS leadership can help physicians advocate for the system, their colleagues, and their patients. You mention working together as the optimal strategy. How do we do that if Government policy places AHS leads in positions of enforcing and quelling local community advocacy efforts? How can I support my Pincher Creek colleagues to advocate within AHS and the government? What specific ways are you and the other AHS leaders supporting their advocacy in this extremely challenging political climate?

One of the biggest concerns facing Albertan physicians right now is that it is impossible to feel valued in a system where we have no input, and where our colleagues in AHS leadership positions appear to be quelling attempts to advocate and to secure meaningful input. I checked the “resources” you provided in your email, and they all pertain to supports for physicians dealing with the challenges of a global pandemic. I am at a loss to find specific information as to how AHS leads are supporting physicians to advocate in the “many communities” you make reference to.

You closed your correspondence urging physicians not to hesitate to reach out to you, and so I am respectfully doing so. Can you help me and my colleagues better understand how AHS fits into the advocacy puzzle, and how it is actively supporting physician advocacy in the many communities across the province?

Paul

Dr. Paul Parks

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