



CFMS Government Affairs Newsletter

February 2021

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WORDS FROM OUR DIRECTOR

Hello CFMS General Membership!

Welcome to 2021! This newsletter, to be published on a recurrent basis throughout the year, is meant to help educate the CFMS general membership on current events that occur outside the walls of our schools and clinics. These events will impact the lives of our future patients, and the world we will practice medicine in. Keeping up with the news can be taxing and politics confusing, so the Government Affairs team developed this newsletter to help keep Canadian medical students informed.

National updates have been provided by the CFMS Government Affairs Rapid Response Task Force (RRTF) Members, and provincial updates by the CFMS Government Affairs and Advocacy Roundtable (GAAC) Representatives. Enjoy!

Sincerely,

*Sehjal Bhargava & The Government
Affairs Portfolio*



RRTF: NATIONAL UPDATES

CFMS Rapid Response Task Force (Brintha Sivajohan, Sureka Pavalagantharajah, Sabreena Moosa, Anne Xuan-Lan Nguyen, Andrew Jeong, Ivneet Garcha, Donovan Makus, Kevin Ma, Anika Spasov, Julia Chai, Alex Lee)

The Impact of COVID-19

In a global pandemic that has taken the lives of over 15,000 Canadians, a light has appeared at the end of the tunnel with Health Canada's approval of COVID-19 vaccines from Pfizer/BioNTech and Moderna. According to the Public Health Agency of Canada, every Canadian can expect to be vaccinated by the end of September 2021. The federal government is responsible for the procurement and distribution of vaccines to provincial governments, whose main responsibility is to make decisions on how the initial limited batch of vaccines should be distributed. Federal guidelines indicate that high-risk groups including residents and staff in senior care homes, adults 80 years and older, healthcare workers in direct contact with patients, and adults in indigenous communities should receive the vaccines first. Additionally, current public health measures are expected to remain until sufficient immunization of the public has been achieved.

From a weakened job market to reduced social interactions and stay-at-home orders, the COVID-19 pandemic has significantly impacted the mental health of Canadians. Furthermore, the elderly, healthcare



workers, and people with pre-existing medical, psychiatric, or substance use problems are at higher risks of adverse psychosocial outcomes. In response to this mental health crisis, the COVID-19 and Mental Health Initiative (CMH) was created by the CIHR and other partners to conduct COVID-19 mental health and substance use research. Altogether, this initiative would provide \$10.2 million in 55 research projects across Canada to generate data that would inform policy decisions as well as guide mental health and substance use services. The Canadian Government also funded Wellness Together Canada, a mental health and substance use website that provides counseling and resources to support mental health. This set of policy decisions will be an important tool to confront the growing mental health crisis emerging from the pandemic.

Early on during the COVID-19 pandemic, Canadian hospitals faced a severe shortage of personal protective equipment, particularly

N95 masks. This resulted in a lack of proper protection for front-line workers when treating patients. In response, the federal government conducted hundreds of flights and imported PPE from China as well as supplies from Europe. Canada's Plan to Mobilize Industry to fight COVID-19 utilized resources from the \$1 billion COVID-19 Response Fund to build domestic capacity and procure essential supplies. This pandemic has reminded the Canadian government the importance of maintaining adequate stockpile and domestic manufacturing capacity of vital PPE.

Virtual Care & Telemedicine

COVID-19 accelerated advances in telemedicine due to the advantages of the medium in adhering to public health guidelines. Health care systems were able to quickly adapt in part thanks to recommendations in the CMA's Virtual Care Task Force Report released in February 2020. Canadians are "embracing virtual care options" and would like to see them continue in the future, according to a national poll by the CMA. Physicians have successfully advocated for new billing codes that meet the needs of virtual care services. Expansion of virtual care across Canada is likely to continue post-pandemic.



Racial Injustice in The Healthcare System

On September 28, 2020, the death of Joyce Echaquan and the circumstances surrounding it saddened Canada, and highlighted the systemic racism in our healthcare system. However this is not the first nor only time racial injustice in the healthcare system has impacted patients of color. Joyce, an Indigenous woman, filmed staff insulting her at a Quebec hospital shortly before her death. With racism as a determinant of health and often the deterrent to many people seeking the health care they need, there were many calls to address the systemic racism: a virus itself affecting the healthcare system. The government and healthcare leaders need to work towards health equity and tackle the bias, derogation and racism against the Indigenous communities in the health care system. This encompasses speaking up, as well as increasing underrepresented populations in medical and leadership settings.

Recent incidents of anti-black racism and violence, in Canada as well as internationally, have

further highlighted racial injustice in our communities. This included George Floyd's death in the USA, which sparked multiple protests across the world. Racial discrimination has been established as a major contributor to worsened health outcomes for Black, Indigenous and other people of colour (BIPOC). This not only stems from inequality in access to healthcare, but also treatment within and outside the healthcare system leading to stress, further interplaying with other socioeconomic factors. The fight against racial injustice is as imperative today as it ever was, considering the unequal impact of the pandemic on BIPOC, with 21% of cases reported by Black communities in Toronto while they make up only 9% of the population. Similarly, Middle Eastern, Arab and West Asian communities represent 11% of Toronto's COVID-19 cases while only making up 4% of the population. Medical students can start by educating themselves in order to work towards eliminating such disparities.

Racism continues to be a public health concern which impacts patients as well as healthcare workers. This was evident when CFMS director of global health Yotakahron Jonathan resigned due to structural racism within the CFMS. Work needs to be done in order to increase representation of marginalized populations in leadership and medicine by fostering safe environments. The CFMS has since then re-committed to driving forward equity, diversity, and inclusivity, following recommendations of the EDI team and increasing support for students from marginalized communities. Anti-racism requires solidarity and

support from everyone, with active opposition in order to bring about systemic change.



Changes in National Licensure and Medical Education

National licensure remains an important topic in medicine and especially in the context of the Covid-19 pandemic. Medical licensure is regulated under a provincial-territorial regulatory scheme. Each province has its own legislation that governs provincial standards for practice, licensing requirements, fees, and required documentation to support an application for licensure. Anytime a physician enters a different provincial-territorial jurisdiction that is different from their home province, they are required to obtain an additional license. However, amidst the Covid-19 pandemic, provincial-territorial governments, lawmakers, insurers and regulatory bodies recognized the need for an agile and coordinated response. As such, these stakeholders have worked together to increase the mobility of physicians nationally by: 1) expediting administrative processes allowing for the rapid deployment of physicians entering other provinces or territories;

and 2) emergency orders limiting physician liability during the pandemic (including concerns related to practicing in jurisdictions other than the physicians home province, seeing patients in other provinces via virtual care, etc.). These changes are temporary, but in effect provide physicians providing care during the pandemic with national mobility without the usual barriers posed by licensing processes in their new province.

The pandemic has also impacted the delivery of medical education training opportunities. The most notable change being the temporary discontinuation of visiting electives for the duration of the 2020-2021 academic year. Residents have also been redeployed as rotations were modified.

SPOTLIGHT ON: CFMS Day of Action 2020, Access to Contraception

Over 70 medical students across the country participated in the 2020 CFMS Day of Action on February 24, where they met with Members of Parliament in Ottawa to discuss Access to Contraception. Universal access will improve patient autonomy, as well as reduce costs to healthcare due to unplanned pregnancies. Students called on the federal government to support universal coverage of contraception, public education campaigns, and task-shifting for broader prescribing power among healthcare professionals.

[Read our research here](#)

Universal Access to Contraception

**CFMS National
Day of Action
February 24, 2020**





ALBERTA: A YEAR THROUGH POETRY

Tariq Vira & Summet Dhanoa, University of Alberta

A year of updates, In just 2 paragraphs
Seems a bit too limiting, so instead have a laugh
Appreciate the absurdity, contained in these verses
Pay attention to the fact that as we progressed, our politics worsened

If you haven't yet heard, we have new things in AB
An old idea tried before, called Practitioner ID's
The AHS can dictate your billing, under different decrees
Like according to your circumstances like specialty and geography
Of course students are worried about how this affects their futures
Like 'If I want to be a surgeon, practice my sutures,
Does this mean I have to move, away from my family?
Just so I can bill the government, or else be stuck in financial calamity?'

As if that weren't enough, now we have Bill 30
An omnibus bill passed in the summer (that means it's quite Wordy)
The government is opening up more ways for private contractors
To deliver healthcare service, which has spawned many detractors
Claims that privatization, hurts patient safety
And that the basis of the legislation, is rather shaky

Meanwhile COVID is still happening, yeah, that's a thing
Our cases rise was greater than Ontario, now that's quite staggering
In December the government, declared a public health emergency
Lockdown Part II was needed. Urgently.
So no social events, no gatherings, no seeing extended family
Unless of course, it's your family tradition, to visit Hawaii
Several MLAs from our province decided to vacation Internationally
A decision that has been met, with a high degree
Of outrage from Albertans, the opposition, and physicians
And our Premier decided, not to sanction these MLAs decisions

(Actually, wait, new info, a bunch of MLA's resigned from their positions)

So our GAACs have been busy, that much is an understatement

PAD, PARA, AMA, Advocating for Patients

We held our PAD, on Bill 30 consultation

To deliver our ask that medical students be part of the conversation

We surveyed all our students, about their thoughts on Practitioner IDs

We've been working with PARA, addressing student unease

So as we start the new year, we await

a response

From our government, and we look forward to that correspondence

There's been so much happening, it's impossible to cover all

The events that transpired, without some amount of alcohol

So for now we'll keep working, advocating, and planning

For whatever our government's changes they're demanding

If you have any questions, need more details, or facts

You know how to contact us,

Sincerely:

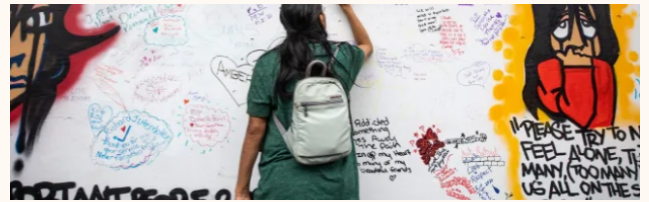
The Alberta GAACs

BC: DRUGS, GOVT & ACCESS TO CARE

*Jason Speidel & Annie Foreman-Mackey,
University of British Columbia*

Vancouver Leads the Way on Decriminalization of Simple Possession of Controlled Substances

On Wednesday, November 25th, 2020, Vancouver City Council unanimously passed a motion to call on the federal Minister of Health to approve an exemption under section 56 of the Controlled Drugs and Substances Act to decriminalize possession of controlled substances for personal use for all people in the City of Vancouver. If approved, Vancouver would be the first city in the country to decriminalize simple possession of drugs. Given the profound health and social impacts of criminalization of people who use drugs - fueling stigma and discrimination, increasing risk of harm, impeding access to health and social services, and



#END OVERDOSE

disproportionately impacting BIPOC and already overpoliced communities - this decision has the potential to improve the health and well-being of many Canadians and serve as a precedent for other communities across the country. Widespread support for decriminalization of simple drug possession ranges from organizations of people who use drugs and other community organizations, harm reduction and human rights advocates, as well as public health associations and authorities.

[Read more here](#)



government. As part of their campaign promises, they have included a new BC medical school as well as universal access to free prescription contraception.

[Read more here](#)

NOSM: HEALTH IN THE TIMES OF COVID

Scott Zablony & Justina Marianayaga, NOSM

“The true measure of any society can be found in how it treats its most vulnerable members.”

This quote resonates with many families who had or have loved ones in care at Southbridge Roseview, a 157-resident long-term care home located in Thunder Bay, Ontario. On November 17th, 2020, a COVID-19 outbreak was declared at the home by the Thunder Bay District Health Unit (TBDHU), and is still in effect today. This outbreak has currently claimed the lives of 20 residents, accounting for approximately 91% of the total COVID-19 deaths within the region.

Like other long-term care homes across Canada, they have failed their residents. Pandemic preparedness and miscommunication have been cited as contributing factors by Thunder Bay’s two MPPs, Michael Gravelle and Judith Monteith-Farrell. There have been significant breaches of health and safety protocols by Southbridge Roseview during the pandemic, including a resident who was inadvertently given her roommate’s medication,

Provincial Event of 2020 - Supreme Court Ruling Re: Private Healthcare

On September 10, 2020, the Supreme Court of British Columbia ruled in favour of public healthcare against a challenge by Cambie Surgeries Corporation. The plaintiffs argued that the BC Medicare Act, which prevents doctors from both billing the public healthcare system and directly billing patients or their insurance companies for procedures covered by provincial healthcare, was a violation of the Canadian Charter of Rights and Freedoms. The Judge ruled against Cambie and their claims, asserting that a two-tiered system would not reduce wait times or increase access to care, instead emphasizing the importance of public healthcare and the ability of Canadians to access care based on need instead of finances. Advocates for public healthcare called this a major win against those wishing to dismantle our current system in the name of profit.

[Read more here](#)

BC NDP Re-Elected

In other news, the BC NDP were re-elected, this time with a majority

MUN: A YEAR IN REVIEW

Simal Qureshi & Elizabeth Rowe, Memorial University

It is clear that COVID-19 has impacted our province and our planet drastically over the course of 2020. In response to the pandemic, policymakers, government officials, and healthcare workers have come together to aid the members of NL. Starting in March, Premier Dwight Ball, Health Minister John Haggie, and Chief Medical Officer Dr. Janice Fitzgerald held daily live briefings to keep Newfoundlanders and Labradorians informed and up-to-date. In September, newly-elected Premier Dr. Andrew Furey, Minister Haggie, and the NLMA met to discuss an agenda to improve the province's healthcare system. The provincial government, Regional Health Authorities, and community organizations recognize that the implications of COVID-19 disproportionately affects vulnerable and marginalized populations. These effects are seen not only through contraction of the disease itself, but also in the form of income and housing insecurity with the loss of many jobs, negative effects on mental health, and less support and resources for those suffering from diseases such as alcoholism.

To combat some of these inequities, various measures have been put in place. These include: adding Naltrexone to the NL Prescription Drug Plan to aid those suffering from alcohol dependence, opening up a provincial opioid toll-free line to help individuals connect

leading to a near-fatal event. Furthermore, a PSW was found to have worked two shifts after a positive COVID-19 test. At first glance this seems unthinkable, especially when this healthcare worker is working with a labeled vulnerable population. However, it is important to recognize that Northern/rural/remote regions of Canada face additional barriers to our Southern counterparts including a limited pool of qualified healthcare workers to meet our population demands. Overall, Southbridge Roseview has been reluctant to acknowledge their shortcomings, but has made important changes to work toward improving the current situation. These measures include an increased number of staff, a newly appointed on-site epidemiologist, and a new infection prevention and control specialist. While these improvements will not erase what has happened in the past at Southbridge Roseview, they will hopefully help bring the ongoing outbreak to an end in the near future.



with opioid addiction services, and the Indigenous Friendship Centre offering supports, such as food, medical supplies, and mental health resources. Additionally, physician peer support groups have been created to connect colleagues undergoing similar challenges. The NLMA has donated \$200,000 to the Community Food Sharing Association to help to mitigate the long-term ramifications of COVID-19 on long-term care, retirement homes, and food insecurity. In December, the first shipment of Pfizer and Moderna vaccinations were received, with initial doses administered to residents and staff of long-term care facilities and healthcare workers at high risk of exposure to COVID-19. Initial doses will also be given to members of Indigenous communities and individuals at an advanced age. A public health campaign will be planned to encourage individuals to vaccinate.



HEALTH IN QUEBEC IN 2020

Liam Cooper-Brown & Karim Atassi, McGill University

In 2020, long-term care homes and systemic racism in healthcare were major topics of discussion in the general population as much as among members of the health and social services workforce. During the first wave of the COVID-19 pandemic, long-term care homes (CHSLDs) were hardest hit, with the scandalous sanitary conditions being reported by the press leading to public outcry. As a result, multiple inquiries into the gaps in private and public long-term care facilities were launched by governmental bodies, with the notable example of an investigation into a private long-term

care home by Quebec's chief coroner following controversy over the nearly 800% increase in deaths reported at the facility as early as March. In addition, in June, the government launched a fast-track training program to increase the number of orderlies working in CHSLDs by 10,000. Orderlies, who are often responsible for 80% or more of the care delivered to older adults in residences, had seen their working conditions and full-time hours deteriorate following sweeping healthcare cost-cutting in the last two decades, leading to a chronic staffing shortage.

On September 28, 2020, two days after the anniversary of the Viens

Commission report's filing in 2019, Joyce Echaquan, an Atikamekw woman, died in the Centre hospitalier de Lanaudière. A Facebook Live video she recorded before her death showed her screaming in distress as healthcare workers abused her and articulated racist remarks. In 2019, the Viens Commission concluded that Indigenous people experience systemic discrimination in Québec's public services. As several prominent elected officials continued to deny the existence of systemic racism, Echaquan's death inspired solidarity demonstrations and renewed calls for explicit actions to decolonize healthcare from the general population and from members of the health and social services workforce.

[Read our research here](#)