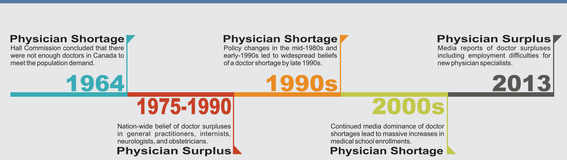
The Doctor Shortage Myth in Canada: More Complex Than Just Numbers

Aaron Wolski, Undergraduate Student, a.wolski@rogers.com

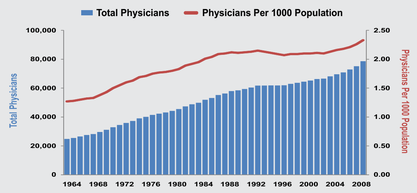
ABSTRACT

Canada currently has more physicians than at any point in history yet a belief of a shortage exists, particularly in the area of general or family physicians. This has been kept in the forefront of public discourse by the mainstream media which fuels public paranoia that the health care system is “not what it used to be”. Much of this debate stems from a series of policy changes made in the 1980s and early 1990s, which by the end of that decade left the impression that it was a system in peril. Government responded by expanding physician resources, which increased the physician-population ratio almost 17% from 1993 to 2011, and 30% compared to 1980. This paper seeks to determine why the perception of physician shortages continues despite the record levels of total, and per-capita physicians. To answer this, a critical examination of physician activity in three areas – location, gender, and age – was conducted. The results show a sharp decline in the number of hours available for direct patient care as a result of an ageing, and increasingly female, work force. Results also indicate that the location of physician practice – urban or rural – has an impact on the perception of physician shortage, with rural populations having access to significantly fewer physician resources. The paper concludes that, from a policy perspective, Canada must move beyond absolute numbers and ratios in the evaluation of physician resources, and instead focus on total hours of direct patient care actually available.

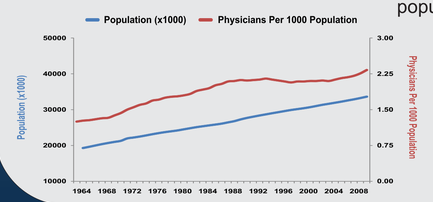
PHYSICIAN SUPPLY



Data from the Organisation for Economic Cooperation and Development (OECD) illustrates the steady increase of both total physicians and physicians per 1000 population in Canada. A marginal decrease is noted in the physician-population ratio from 1993 to 1999.

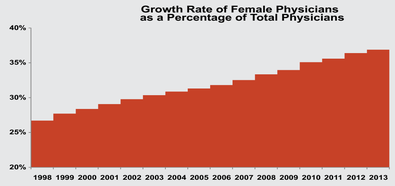


Population data from Statistics Canada for the period 1964-2009 depicts a population that has increased at a linear growth. In contrast, physician-population growth has increased in a manner that is not congruent with population growth.

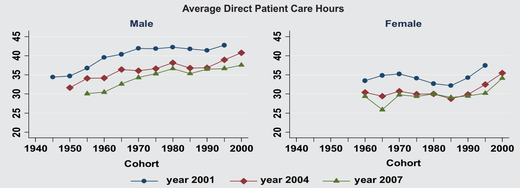


FEMALE PHYSICIANS

Research has recently been undertaken to better define the practice patterns of physicians in Canada in an effort to determine whether they are working more or less than previous generations, and what impact the increased percentage of female physicians has had on overall physician supply hours. Data from the Canadian Medical Association (CMA) shows that the percentage of physicians who were female increased from 27% in 1998 to 36% by 2013.

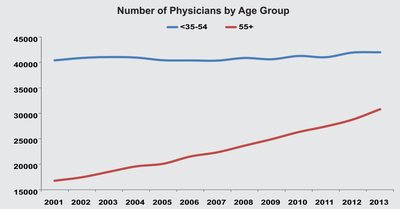


To understand the impact on patient care it was found that female physicians work, on average, 47.5 hours per week with 30 hours for direct patient care. In comparison, male physicians work, on average, 53.8 hours per week with 35 hours for direct patient care (Weizblit, Noble, & Baerlocher, 2009).

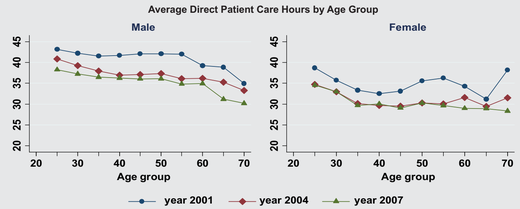


AGING PHYSICIANS

A study by Sarma et al. (2011) found that older physicians tend to work fewer hours per week than younger physicians with females working less during their child rearing years.



Sarma et al. also noted that between 1981 and 2001 the average number physicians 65 and over increased from 7% to 11% (Sarma, Thind, & Chu, 2011). Data by the CMA confirms an aging physician workforce (CMA, 2001; CMA, 2012).



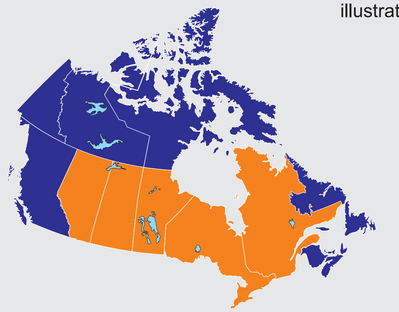
Couple an aging physician work force with the declining practice hours, and the result is an overall reduction in total hours devoted to direct patient care.

PHYSICIAN DISTRUBITION

It is widely known that health inequalities exist between urban and rural populations. Rural populations have poorer health statuses than their urban counterparts, with an increased rate of chronic diseases such as obesity, diabetes, heart and respiratory issues (Romanow, 2002). As a result, people in rural and small communities tend to have a greater need for health care services like family physicians.

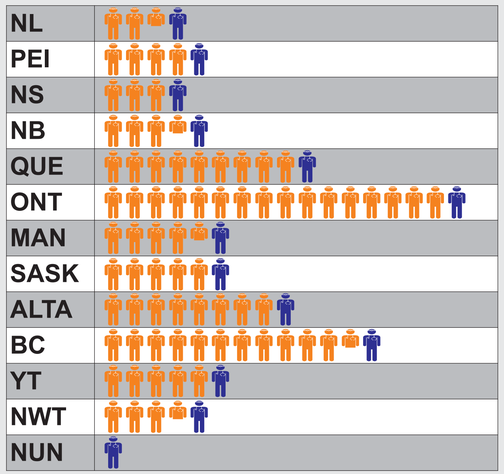
Contributing to the health disparity of people in rural areas is the geographically dispersed nature of Canada with 21.1% of people living in rural and small town areas (Pong & Pitblado, 2005).

This map illustrates the population distribution across the country, with the total land mass occupied by rural populations (21.1% of the total population of Canada) representatively illustrated in blue, and the remaining urban populations illustrated in orange.



In addition to the population distribution disparities there is also an issue of rural populations having less access to physician services than urban populations. Rural areas have less than 10% of family physicians and specialist physicians combined (Pong & Pitblado, 2005).

The following chart illustrates the differences in ratio between urban physicians and rural physicians within each province.



CONCLUSION

Discussions surrounding whether or not Canada has a sufficient supply of doctors to meet the needs of its population seem to focus on the quantity of physicians and results in the implementation of direct and indirect governmental policies as a means of controlling the supply. The challenge with addressing the issue in this manner is that they rely on the easiest solutions to affect change, which tend to be reactionary measures resulting from public pressure that foster a level of insecurity within the governmental realm who merely wish to remain in power. By virtue of this, the masses get what they shout the loudest for – more doctors!

Evidence put forth in this paper has demonstrated that the policies enacted in the 80’s and 90’s had very little to do with changes in physician supply, and yet habitual fears of doctor shortage crept into the public discourse and lead to persistent shouts of outrage. What government failed to investigate was whether more physicians translated into better care, or whether there may have been other reasons – such as physician distribution, work hours, or gender differences – that more effectively explained the perceived physician shortage in the face of an actual increase in total number of physicians per 1000 population. It is the conclusion of this paper that, focusing on what physicians’ do, where they do it, and for how long, would offer a clearer and more informed insight into the actual questions of physician-population resourcing instead of a strict focus on total numbers.

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