

## **Inaugural Address from Dr Adam Thompson**

On Saturday, January 31, 2026, Doctors of BC's incoming President, Dr Adam Thompson, delivered an inaugural address to physicians, health care partners, and elected officials at the annual Doctors of BC President's Dinner and Awards Gala in Vancouver.

---

Hello everyone, I'm Adam, your 2026 President.

This is an evening to celebrate the incredible achievements of our colleagues. I stand in awe of the achievements of these individuals who work in our profession. Physicians who face all the ordinary family commitments, life challenges, and stressors, while accomplishing utterly extraordinary things in the field of medicine.

I know all of us are in this profession because we care. We care about our patients, our communities and about British Columbians having high-quality health care, but the exemplary people highlighted this evening have gone above and beyond.

So, thank you for all you have achieved to bring you to an award tonight and thank you for the ongoing exceptional work I'm sure many of you will continue to deliver for the people of British Columbia.

I gather this is an opportunity for you to learn a little bit about your President for 2026.

I started leadership by accident, frankly. I was working in the UK NHS, and a new political initiative was started to bring in private companies to provide primary care. As plans for how we should proceed got underway, I nervously stood up in a room full of a hundred fellow physicians and suggested we form a company and submit a bid ourselves. Much to my surprise, the idea was met with enthusiasm. Much to my horror, they suggested that I lead the effort.

The next eight months were a blur of 16-hour days as I threw myself into building a limited company, drafting a bid, securing the contract, and recruiting the necessary staff. We succeeded in building something truly grassroots for the community, but when the NHS changed course to exert more control over the clinic, it was a tough pill to swallow.

After all the blood, sweat, and tears I had put into the clinic, it felt like it was all being taken away from me. It was a hard lesson that I learnt...that the ability to adapt and compromise in the face of circumstances beyond your control is a fundamental component of leadership.

When Emma, my wife, and I decided to move to Vancouver Island, I was sure of one thing: I would never get involved in medical leadership again. You can see how well that worked out!

So, having settled in Comox, it turned out my neighbour was Vice-Chair of the Division of Family Practice, and after a supper invite, a few meetings, and something inherent within me driving me forward, I was Chair of the Division, leading us to be one of the first five Primary Care Networks in British Columbia. Despite our best efforts, it was deeply frustrating when the work of those five Divisions resulted in a PCN model that wasn't led by physicians and Divisions of Family Practice, but by health authorities.

Health care systems achieve the best results when they are led by physicians, because the physician-patient relationship is, in most instances, the very foundation of health care. That doesn't mean we don't want to collaborate and build teams with our nurse, nurse practitioner, and allied health colleagues or that there aren't circumstances in which they are best to lead; it's just a reflection that in the majority of health care delivery, the physician-patient relationship is central to moving forward.

Joining the Doctors of BC board to better understand physician advocacy was the next step after my role with the local Division. I'm pleased to see Dr Kevin Martin here tonight, who supported and encouraged my election to the board. You can blame him for me being here in front of you!

Issues in primary care came to a head while I was serving as board chair. Along with the president at the time, Dr Rummy Dosanjh, we met with Minister Dix, then health minister, and that most wonderful of humans, Premier Horgan. We agreed not only to develop a new payment model, but through direct advocacy, Minister Dix agreed to refresh the PCN model, which has resulted in uplifting the role of Divisions in the leadership – Divisions being best connected to their communities and understanding of their needs.

I had the privilege of working alongside BC Family Doctors and provincial government partners to lead the development of the Longitudinal Family Physician payment model. I'm delighted to see the gang of five physicians who did that original work here tonight: Renee Fernandez, Rummy Dosanjh, Maryam Zeinedden, and Josh Greggain. And of course, myself.

What did I learn through that experience?

Collaborative relationships, though messy at times, work.

The LFP model was able to turn the tide and prevent the collapse of primary care in BC. Launching LFP also showed me what we can accomplish when physicians unite with a single voice. We would never have got there without professional solidarity across our membership.

Focusing on patients' needs delivers for both British Columbians and physicians alike. When we come together as a profession and as representative bodies, we can achieve great things.

Just as specialists recognized the impact of the primary care crisis on their work and supported us in building a solution, family doctors recognize how the waitlist crisis is impacting our work and continue to support specialists in advocating for solutions to their own crises.

This is not simply a waitlist crisis. Across many specialties, inadequate hospital resources and capacity are leaving specialists unable to practise to their full scope, increasing burnout, and preventing them from providing the care they are deeply committed to delivering for British Columbians.

The results of this, tragically, are in the news almost every day. Physician shortages have left some communities without adequate pediatric or obstetrical care.

Emergency department closures, once a rare occurrence that mostly affected isolated communities, are now widespread and increasingly frequent. The pediatric unit closure in Kelowna last summer, the ICU closure in Port Alberni, and I could go on—these are symptoms of a system in crisis. That system is feeling the strain in both rural and urban communities across the province.

On behalf of our colleagues and the patients who depend on us, we cannot, and we will not, accept the status quo.

When I became president, I did a lot of soul searching about what I could bring to the role. A philosophy that would meet the moment we're in. In the end, it was a simple choice: building community through connection.

I remember being introduced to our staff as a junior physician partner back in 2000 and asking them to call me Adam. The more senior physicians were surprised at my lack of formality. By 2011, when we left for the beautiful community of the Comox Valley, everyone was using first names when talking to each other, and it felt like a friendlier, more inclusive place for physicians, nurses, nurse practitioners and all who worked at our clinic.

This is a philosophy I've often seen firsthand in colleagues working in rural, remote, and First Nation communities. These communities suffer disproportionately when the health care system is in crisis, when the absence of just one or two physicians or nurses can shut down an entire emergency department or hospital ICU. And yet the approach of rural physicians to advocacy and system change can inform all of us the best way to navigate our way out of this:

Relationships first. Collaborate with government colleagues. Relationships are the work. Connect with community – build positive connections both within physician communities and within their broader communities. Our strength is when we stand together. Lead with being a human being first...with vulnerabilities, quirkiness, and the fallibilities that humanity brings. This last point is particularly important in the realm of wellness. For too long, our profession has demanded that we demonstrate competency through assimilation and conformity. Hide those

piercings and tattoos. Whatever you do; make sure you look separate from the people you serve. Wear the white coat. Make sure your patients use your title.

Institutional professionalism has been evidenced as one of the root causes of our deteriorating wellness. While we must advocate to address the system changes that harm us, it is also important to look within our profession and stop engaging in behaviours that cause us harm.

As Carl Jung said, “know all the theories, master all the techniques, but when you touch another human soul, be just another human soul.” Let us live that mantra.

Like many of you in the room today, I hail from a generation of physicians who were encouraged to keep a stiff upper lip. Stress, burnout, and moral injury came with the territory, and as a physician, you were expected to simply get on with it. We’ve all seen the effects of that approach firsthand.

Over the years, I’ve developed a list I refer to as the Thompson Five. So called, because I only have five digits on one hand, and the other hand to count them with. For me, I believe Physicians thrive when they pay attention to all five.

- **Self:** The foundation of it all. Unless we’re okay, how can we ensure others are okay?
- **Family:** Family comes in many forms for each of us. It’s that place of safety. For me, Emma, William and Ben, I couldn’t go out and do what I do if I didn’t know I was a part of you.
- **Patients:** Without the trusted relationships we have with our patients, we couldn’t do the work that we do. Each of us is in this profession because we care, and we want to make the lives of individuals better.
- **Community:** This takes many forms. Be it a community of physicians or the community you live within. With the power and commitment of community we are really able to effect change.
- **And lastly, the system of care:** As physicians, we want a functional system of care. For our patients and ourselves. It’s not just the role of medical leaders to advocate and build a better system; it is incumbent on all of us to strive from our positions to improve the system.

The year ahead will be foundational to the future of the profession. We are currently negotiating the Physician Master Agreement and anticipating the implementation of the Health Professions and Occupations Act on April 1.

Amidst this, our advocacy continues. Our bi-annual Health Authority Engagement Survey results will be released in the coming weeks, and those will inform conversations with health authority leaders across the province.

This survey is instrumental in identifying opportunities to improve working conditions, and success stories can be harnessed for insights to be applied elsewhere. Our advocacy team has a

robust engagement strategy in place to ensure the insights from the survey result in positive change. As your President I will meet with each Health Authority CEO and strongly advocate for an action plan to improve engagement with physicians.

We also continue to actively support and advocate for physician members as we collaborate with ministry and health authority leaders to address their concerns, some of whom are in the room here with us tonight. Our knowledgeable and dedicated staff are embedded in communities across the province. They know the challenges that physicians in their region face because they work with them every day.

Doctors of BC is also a frequent and trusted contributor to public discussion around health care in the province. Engaging the media gives us a direct line to the public and guarantees the perspective of physicians is included in the conversation.

Anywhere a discussion about health care is taking place, we are working to ensure the physician voice is heard.

2026 will be a challenging year for the profession.

We continue to see cohorts of physicians under significant strain, who are going to need to protect themselves from a system that is failing them.

There is a chronic shortage of physicians and other health care providers who work in the system. Emergency rooms continue to close. Patients are languishing on long specialist waitlists. Not every British Columbian has access to primary care. There's a crisis in physician wellness, with burnout approaching 50%. Many of these challenges are rooted in under-resourcing; in a period when the government has a large deficit, with health care expenditure being one of the key drivers.

The future is certainly uncertain. But if we work with the values I've elucidated from our rural colleagues, being human, building relationships, connecting to the community and being willing to collaborate, we can and will achieve the change we seek.

When I'm frustrated with the system, angry that something isn't moving quickly enough, or upset over a meeting, I remember this wonderful saying my wife Emma likes to use: "nobody gets out of bed to do a bad job." Seeing the best in one another and working together in good faith is the only way we can get where we want to go and build the health care system British Columbians deserve.

Despite the challenges of health care, we've had success. We built the LFP model. We eliminated sick notes. And we've addressed local and regional issues alongside Medical Staff Associations and the Divisions of Family Practice – organizations jointly established by Doctors of BC and the provincial government. The achievements these bodies make resulted from....

consistent long-term advocacy...maintaining collaborative relationships...and being pragmatic in moments of opportunity.

We can build systems and processes to address the waitlist crisis. Doing so will reduce burden and cost to the system elsewhere, such as family doctors managing the deteriorating health of patients waiting for specialist care, or patients admitted to hospital because earlier intervention by a specialist in the community wasn't possible.

We can build on the LFP model to get patients attached to family physicians.

We can collaborate with the government to stabilize the ER and other specialty crises in hospitals.

We can continue to stabilize and improve rural care.

We can partner with our colleagues in health care to build out team-based care, making the system more efficient and ensuring everyone works to their scope of practice.

We can address Indigenous Specific racism through connecting as humans first and building community with our First Nations partners and colleagues.

However, as the climate health crisis accelerates, it threatens to subsume all our efforts.

We must address the climate health crisis through education, advocacy, and community building.

And why can we do all these things in a time of poly-crisis? Because we are physicians. We are the bedrock of health care. We are experts in being human, building relationships, connecting with communities, and understanding complexity... with a natural passion and desire to fight so that the people of British Columbia are happy and healthy.

During my tenure on the board, I've had the opportunity to work alongside some exceptional Presidents: Dr Kathleen Ross, Dr Matt Chow, Dr Rummy Dosanjh, Dr Josh Greggain, Dr Ahmer Karimuddin and Dr Charlene Lui. Each has brought their own skills and style. I've seen a strong work ethic, an ability to build community and culture, and a desire to lift others up, delivered with humility, compassion and a sense of fun. All the values that I hold dear in leadership.

My commitment to you as President? I will be with you in the trenches as we strive to achieve change. I will highlight your solutions, successes and challenges with vigour. I will advocate relentlessly for this great and proud profession.

Thank you all for listening. If you do choose to applaud, please do so in acknowledgement of your colleagues and all that they are doing for British Columbians and one another.