

## Dr Eric Cadesky – Informational Q&A

### **Where did you study medicine?**

I grew up in Toronto, and did my undergrad at U of T. I went to McGill University in Montreal for medical school, where I learned French. I loved the culture and stayed there for my residency.

### **What prompted you to move to Vancouver?**

The Pacific Coast experience beckoned me. My projects were self-sufficient, and I didn't have any roots left in Montreal. So I packed two suitcases and booked a one-way ticket to Vancouver.

To get to know my new home, I worked in medical practices all across the lower mainland from Vancouver to Delta to Surrey, answering every ad I saw looking for locum doctors. I settled in a supportive, full-service group practice in the Broadway corridor and have remained there for 12 years. I really enjoy the collegiality of the physicians, and now I'm the most senior full-time doctor there.

### **Why did you choose a career in medicine?**

I had some great role models. For example, I worked at the Hospital for Sick Children in Toronto doing research on ADHD. My supervisor was Dr Russell Schachar and I respected how he cared for children and families and how he was able to integrate his work into his life. I then became interested in working with children and thought about going into child psychiatry, then pediatrics.

### **How did this morph into a career in family medicine?**

As I went through my clinical rotations in medical school, I enjoyed everything about family medicine. For me, primary care brought together the best of everything: I could see children and their families, help prenatal women, care for the elderly, do procedures, and that as new interests and challenges came up, my practice would evolve accordingly.

### **Why do you love working with children?**

I really identify with kids. I'm still kind of a kid in some ways. There is a feeling of potential and vulnerability that children have and I feel like I can really make a positive difference in their lives and the lives of their children. I have also learned to respect epigenetics and that the health of children and adults starts well before they are actually born.

In that way I feel lucky to be born in the position I was – with a stable home and family and country – and I consider that a privilege. I've always wanted to pay that forward to those not as fortunate and give support and a voice to others.

### **Were you involved in student politics at U of T and McGill?**

I have been involved in student councils and other “political” roles during my undergrad and medical school. At U of T, I was elected to the University College Literary and Athletic Society, the oldest student council in the country, established in 1854.

At McGill I was elected class president from 2001-2004, representing my fellow students to the Faculty of Medicine and its dean. At that time, e-mail was new and using media as a form of communication was just coming into its own. I remember having to type so many emails to send out a primitive listserv. Our class was relatively cohesive and friendly and we always applauded whenever guests came to speak to us, so I called my newsletter the Happy Clapper. Hotmail at the time only allowed for 50 addresses and our class was 130 people, so I had to send the Happy Clapper multiple times any time that there was news.

I learned two important things during that time: What can happen when people unite and the importance of listening. We live in such a diverse world and each of us has unique experiences, so I see it as my job to listen to them, understand where they are coming from, and respond as best as I can.

### **How did you become involved in Doctors of BC?**

I like what Dr William Cunningham (past-president) said once about embracing the inability to say no. So, when people say there is a need, I ask myself, “How can I not help?”

Dr Bill Mackie (past-president), was one of my office mates at the time that a call went out for board members and he asked me to run. So, how could I not have signed that paper?

As I learned more about what I had actually signed up for, I saw the opportunity to bring about big change. As one doctor in my practice, I can help and support my own patients. But with Doctors of BC we can support 13,000 doctors care for their patients. In this way, I can make an exponentially significant difference to improve the lives of others.

### **What was your path at Doctors of BC?**

I was a Board member for three years, then I became Honorary Secretary Treasurer for one year, then Chair of the General Assembly for one year.

Then last year people encouraged me to run for President-Elect. I was humbled by their confidence in me, and felt I had skills that would complement what previous Presidents had accomplished. I also had not learned to say ‘no’. I was nervous: scared of losing in something so public, but equally frightened of the unknown effect being president would have on my life if I won. But I figured that all I could do was put myself and my ideas out there and let my peers decide, so I trusted the democratic process. After the election results my family and I were excited to start this new experience and the support from my colleagues in the clinic, my family and friends, and the staff of Doctors of BC has been overwhelmingly positive.

I wish more physicians knew about the tremendous opportunities for personal and professional development available at Doctors of BC and will work to ensure that we continue to create and promote more of these opportunities for all members.

**What do you see as the challenges ahead for Doctors of BC and the profession as a whole?**

I think there are challenges internally and externally.

Internally, we have 13,000 very diverse members. They practice in different areas – whether it is specialties, or different geographic settings in which they work. How do we respect that diversity and come to decisions that are best for the group as a whole?

The health system is complex. Every step along the way, people want to feel heard, to have the opportunity to provide input. Even if the final decision is not always what they want, it's about the right process.

With negotiations around the corner, it is important that everyone is on board with the process and becomes involved. We can't make everyone happy, but if there's agreement on the process, and every feels heard and listened to, we will be fine. In fact, we often need that creative tension to get the best results.

Externally, we have an increasingly complex health care system because of the structure. There are federal transfer payments to the provinces. The provinces have challenges, the Health Authorities have challenges. People are getting older and their needs are more complex, so the health care challenges today are different than before. But we have an old system and structure that is trying to meet these different health needed. The result is high cost and unsatisfactory results.

It also creates ethical challenges. We have limited resources – how do we distribute those resources such as technology and medications? How do we decide who receives what and who pays for it?

It can be frustrating because the complexity of the system and the layers of decision-making, cause the system to move slowly and cautiously. On the other hand, to bring about innovation, we need to move quickly. And that's the balancing act: creating and scaling pilot projects quickly with our fiduciary duty to do no harm, and working within our available resources.

**As a family doctor, how you feel you will do in representing Specialists?**

I think we have to start thinking a bit differently about this perceived "divide" between GPs and Specialists. The separation isn't black and white anymore. We now have more specialized family practices. Family doctors work side by side with specialists in the emergency room, operating room, caseroom, and academia.

I think it's more important to consider the elements that bring us all together. We all identify ourselves as doctors. We all want to provide the best care for our patients, to advocate for a better health care system.

I think ultimately, it's about listening and being open to understanding and learning. I haven't lived in the world of a rural surgeon, for example, but I can listen and learn about that reality and advocate for them to address their unique challenges.

### **What is your main goal as President?**

It's a one-year term – not a long time. But we can continue to create the culture of respect and trust that will allow to meet our challenges. So we will focus on listening to our members and understanding their needs. To create spaces for respectful dialogue and celebrate diversity. Let's get beyond partisan views, let's focus on our commonalities, and bring the profession to a stronger place of trust in our society.

In the world we live in, there are so many ways to express ourselves. There are a lot of voices, but people don't often feel heard. And that's a terrible feeling. Doctors are experts in health care, we are passionate and we want to bring about positive change. If we are feeling unheard, it is really disempowering.

So, I want doctors to once again feel that we can make a difference. Many doctors feel discouraged. When we listen to just the headlines, only the more extreme views are heard. We lose our humanity.

By remembering what we have in common we can unite as a profession: we all want a stronger health care system, we all want to see more healthy doctors, we all want patients to have more access to doctors, we all want more disease-prevention and health promotion, we all want to provide the right amount of care.

As the world speeds up, we can use technology to help us communicate and engage, to advance discussion and push ideas out for comment and bring them back for reflection. This is such a challenging time to be a doctor, but also one of great opportunity if we focus on our common vision.