

Talking About Public Health...

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Dr. Thomas Piggott (PGY 2 McMaster) sat down with Canada's first Chief Public Health Officer Dr. David Butler-Jones over two occasions first in May and then November 2015 to talk about passion in public health, his experiences, and his confidence that the up and coming generation of public health professionals has the drive to change the face of public health in Canada.



Thomas Piggott (TP): David, thank you so much for making the time to speak with me.

David Butler-Jones (DBJ): It's always a pleasure to talk with residents.

TP: So to begin, I wanted to start at your start. How did you first come to public health?

DBJ: Well, I actually started in Family Medicine, and the reason I did that was actually because I wanted to work in Africa. And Family Medicine was going to give me the broadest and most helpful training for that. While I

was training, it sort of hit me that no matter what I was doing, there was an endless stream of things that didn't need to happen. I remember vividly a young single mom who was suicidal. I worked with her over a month in hospital, and got her to a point where she wasn't suicidal anymore. But, she was a single mom, trying to raise kids, very little education, no job, not many friends and no supportive family, and I just thought to myself that she had every reason to be depressed. And that if we actually wanted to tackle these issues, we really had to get at the underlying factors, which we now have come to call the Social Determinants of Health. And so, I decided then and there to study public health. I didn't leave clinical medicine, it continued to be a passion of mine and I practiced until SARS, and I also taught Family Medicine for a while, but I knew public health was my true passion. At the time, when I first started, public health didn't have a very high profile in Canada. I remember in medical school thinking that it seemed like a boring job that people went to after retiring from medicine. The reality of course, was very different, and I quickly realized that there probably wasn't any other branch of medicine where you have the ability to do as much.

TP: So on the topic of passion, what are you passionate about in public health?

DBJ: What am I passionate about in public health? Oh, well, I love it all. It's kind of like when my grand kids came back from Disney in Florida, I asked what did they like about it? "All of it", they'd shout. In public health, every minute, every hour you are doing something different. You are going from an administrative challenge, to a personnel challenge, to a public health crisis and any range of things. You have to be able to bring together the skills of epidemiology, the sciences, the social sciences, diplomacy, all of these things that just makes it a tremendous and exciting challenge. And the opportunities are huge. Particularly with this specialty, because there are just so many places that you can go. Like medicine more generally, if you want to be a clinician you can do that, if you want to be a researcher you can do that, if you want to be in the public eye and working to solve problems in communities you can do that too. All of these things, they provide endless opportunities and often careers in public health mix all of them. While that can be terribly frustrating some days, when you look back, you realize that each of the events builds on one another and that ultimately the difference is tremendous. It's kind of like after SARS, people finally clued in. But they would not have clued in and moved people all across the country towards improving our public health system if we hadn't done that preparatory work for years before. Otherwise coming out of SARS, it could

have merely meant the addition of say a few infection control officers. So, it can sometimes be very discouraging, but you just never know, and when the stars align, you have to be prepared to act.

TP: What advice would give to people interested in pursuing a career in public health?

DBJ: I think one of the first things, if you're interested in a career in public health, is that you need to talk to people working in public health. And as you go through your training and even into your career, try to identify mentors, who you can hopefully learn from. I mean we all make mistakes, [chuckles] I mean when I look back to the 1980s, there were so many things I think thank goodness it wasn't the open internet age with Facebook and Twitter and whatnot. And you have to learn from your experiences, and look to the support of colleagues. Because in public health, and especially if you are a medical officer, you're surrounded by wonderful colleagues in different disciplines, but there really isn't anyone else locally who has to deal with issues in the same way. Even if you go and attend local physician rounds, and present at rounds, which I always tried to do, and you meet with your clinical colleagues, you'll realize that you really don't have all that much in common at times. If you're a clinician you can talk about cases and easily get feedback from your colleagues, but in public health, the kind of issues that you deal with are so complex that it really is good to have a connection of mentors and peers in the field, and even benefiting from groups like the CPHA or PHPC, because if nothing else those networks help you to realize: okay maybe I'm not so weird, there is a purpose to everything I'm doing. And all you can do, whatever your situation, is really just make the best of it. And it's only when you look back that you realize that. At least in my situation, there were so many situations where I felt like I was being dragged kicking and screaming into them, and I realized later, looking back, that in fact it was exactly where I was meant to be.

TP: How have you seen public health in Canada change since SARS and since you took on the challenge of building the Public Health Agency of Canada?

DBJ: Well quite honestly 10 years ago, when I accepted the position to build the agency, I never could have anticipated we would be where we are today. At the time, at the federal-provincial level, when ministers got together, public health was almost never on the agenda. The only time it was, and only occasionally, was maybe if there was a special report, or

some kind of a crisis, they'd have a bit of a discussion. But over these ten years, at least from what I can say until I stepped back in 2012, we had built real relationships across sectors that ultimately allowed us to deal with H1 in a way that no other country could. I mean think about it. It's the first time in history that we actually changed the course of a pandemic. And in Canada stopped the pandemic before Christmas, which nobody else can say. And that was the culmination of the efforts of a whole bunch of people to get to that point. And to get to the point where now, Ministers and Deputy Ministers, when they got together the things they wanted to talk about were public health.

TP: So I have to ask you, how are you feeling with the recent election results?

DBJ: [chuckles] well I think most people in Canada are walking a bit lighter now. This is not a partisan issue, and I am a devout non-partisan. The issues surrounding the more recent approach to governing since gaining a majority would be a problem for democracy whether in Liberal, NDP or Conservative hands. The past few years have been particularly challenging to watch since I stepped down from the Agency after my stroke. Some of the decisions and actions just didn't make sense. For example we saw the failures of Canada and the International Community in addressing Ebola in Africa, while over reacting at home. The denying of visas to West Africans and the isolation of healthy returning Canadians, for which there was no good Public Health rationale. It was if we had forgotten many of the lessons of SARS. FPT relations, which are core to effective collective responses both in a crisis and on common issues have suffered as well. It will be good to see The Agency more visible again on the broad range of Public Health issues, not simply on occasion during a crisis.

Canada really needs to work to restore its reputation internationally, and restore its relationship with the provinces and territories. There is a lot of work ahead. We need renewed focus in public health, but when will the new government get to that, I don't know? They are aware, but there are just so many issues across government, where do they even start? It is good to see that they have started with un-muzzling scientists, and restoring the long form sentence which are signs of a desire for essential transparency and access to evidence. I am also encouraged by the introduction of the Chief Science Officer. And the new kind of approach they have promised in working collaboratively with First Nations, Inuit and Metis, toward Reconciliation is long overdue. I was given new hope watching the swearing-in ceremony of the new Ministers. There were the two young Inuit girls throat singing. It was really quite beautiful, and think

about the significance of it too. I had listened to an Inuit elder who had told stories of growing up and how the government had banned throat singing in their community. We have come a long way, but not nearly far enough.

TP: Finally, where do you think public health needs to go in the next ten years?

Back when I started with the Agency, I said there were three things that will tell us whether or not we are successful and on which we will be judged. We've come a long way on them, but I think they are still relevant goals to continue to work towards for the next ten years. The first, and partly because we were born out of SARS, but not just because of that, was the ability to prepare for and respond to public health emergencies. And the reality is, if we don't do that well, we have no public credibility for all the other important stuff that we need to do. The second thing was to move health promotion and, public health broadly, in this century. And that was to understand the connections beyond the standard programs and activities to really grasping the context for the social determinants, the context for one health, animal, human, the environment and the economy. As well as improving how we do work with communities, communities being everything from parliament right down to small towns, and how do we work with them to bring them from where they are to where they could be and want to go. And you need these framed in understandable ways, so like we've been saying since the 70s, you really need to think globally and act locally. And the same thing goes for public health, public health is everything, but it isn't everything. So our ability to work across sectors, to work with different disciplines and to collaborate becomes key. The third thing, I think is to create support for public health practice. Support, so that not every public health nurse, or environmental health officer, or nutritionist, or medical health officer, or teacher or others working to improve health and wellbeing has to reinvent things. To actually have a body of evidence to help people to actually move forward as opposed to having to rediscover everything and make the same mistakes over and over. So those three things are key. Over the next decade, I really believe those things will actually come together. And quite honestly, I am very excited about this generation of physicians who are coming up in our specialty. I think they're there for the right reasons, and I am very excited with their potential. Because there is an awful lot of talent there, and I get to watch now [smiles].