

File: Jean's Talks

MEDICAL EDUCATION IN THE ATLANTIC PROVINCES

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(Talk to Halifax Rotary Club, January, 1965)

With the completion in the next few years of the new Sir Charles Tupper Medical Building as the Centennial Memorial, the enlargement of the Victoria General Hospital which is in fact a completely new 850-bed hospital; the building of the new 275 to 300-bed Children's Hospital; and a new 90 to 100-bed Rehabilitation Centre on Anderson Square, together with the extensive recent additions which have completely replaced the Grace Maternity Hospital and the Halifax Infirmary, and the proposed new hospital in Dartmouth and the excellent new building at the Nova Scotia Hospital, the central medical and hospital complex of the City of Halifax and the City of Dartmouth will be completely rejuvenated to a level which will surpass many other university-medical centres in Canada and which will equal the very best of them. Some of you may be a little surprised to hear me make this apparently immodest claim, but, as I told the Rotarians five years ago, I have over the years become rather tired of the typical Maritime attitude of self-deprecation. We hear so much about our economic deficiencies that I am sure we sometimes frighten industry away. We hear so much about the brain-drain from the Atlantic Provinces that it conveys the impression that those who remained here did not quite qualify for an export permit. Surely it is time that we improved our public image, particularly if we can do so without stretching the truth too much. In any event, we should try to stop the spread of the dry-rot which has already been overly well propagated.

I should like to tell you something about why we need the new Medical School Building which will be the major centennial project of Nova Scotia. Briefly, most of the laboratory buildings where first and second year medical students and dental students study the medical sciences together, were built in 1922-23. These classrooms and laboratories were designed for 50 medical and 10 dental students in the first year and slightly fewer in the second year. Today we have 72 medical and 24 dental students per class in those buildings together with a large number of other students who take some of their classes in the medical science departments, such as pharmacists, nurses, physiotherapists, dental hygienists, and M. Sc. and Ph. D. students. The buildings were also designed for one staff member or professor for each department and we now have three to six staff members in each. I think these statistics should tell you why we need additional space. It is quite impossible to take larger classes even though we will be turning away a large number of qualified candidates in September, 1965. It is also quite impossible for us to attract and hold staff members unless research facilities are provided that are more adequate than we now have.

I was recently asked quite bluntly why we allowed things to go to the point where we would be turning away qualified candidates before we did anything about additional facilities. Couldn't this space shortage have been foreseen? There is a very short answer to that. It was foreseen and we have been warning

all and sundry for more than five years. Last fall the President of McMaster University in Hamilton, Ontario, was asked a similar question. A reporter called him when a news item came in about the shortage of doctors in Ontario, although their shortage is much less than ours. The reporter said "We have been hearing rumours for several years that McMaster University may establish a new medical school. Can you tell me, Mr. President, what are the reasons for the long delay?" Quick as a flash came the reply "Fifteen million dollars!" Our demands are more modest.

Ten years ago, when I was appointed Dean of the Faculty of Medicine and Rotarian Jim McLean, Dean of the Faculty of Dentistry, it was perfectly clear to both of us that new buildings were needed for our schools. The inadequate and ancient facilities available to the Dental School in the old Forrest Building made it mandatory that a new Dental Building be constructed as soon as possible. I am sure Jim would express this more strongly than I that it was impossible to improve the situation very much in the existing facilities. A new building was completed and opened in 1959.

In the Medical School we needed new facilities also, but the needs were so great for new staff, for more adequate salaries, for research laboratories that we concentrated for several years on trying to get the annual operating grants from the four Atlantic Provinces increased sufficiently to meet some of the requirements. Frankly, I was doubtful that we would obtain what we needed in operating grants if we asked for a large capital outlay immediately. In 1954, the provincial grants were very small, and

the total operating budget of the Medical School was far less than that of any other Canadian medical school of similar size. The Governments of Newfoundland and Nova Scotia have met most of our requests for increased grants, which were in fact relatively modest as compared with those of other Canadian schools. Prince Edward Island has been slightly behind them, but has also been very generous.

Before talking about the need for the new building any further, let me tell you a little more about what Dalhousie Medical School is trying to do. Our first goal is to provide educational opportunities for the young men and young women of the four Atlantic Provinces who elect to study medicine. The second is a practical outcome of the first, to try and provide a sufficient number of well qualified doctors to meet the demand for medical services of the population of this region, which now totals almost two million.

The first goal has been fairly well met by Dalhousie. We have the only medical school within the four provinces. From the time the present medical buildings were constructed in 1922-23 until September, 1964, there was only one period in our history when qualified students from the four Atlantic Provinces had to be turned away from the Medical School for lack of space. That period was immediately after World War II, when the influx of veterans was so great that no medical school in Canada or the United States was able to fill the needs. Our problem, then, was not a unique one. Today 90 per cent of the English-speaking medical students from the four Atlantic Provinces come to Dalhousie. For example, last year we admitted 65 medical students from the four Atlantic

Provinces and only 6 from these four provinces entered all other Canadian medical schools. Two of them were French-speaking students from northern New Brunswick who naturally went to Laval. We do serve, therefore, as the regional medical school and all four provinces make much the same call upon our facilities. It is no longer true, as it once was, that New Brunswick students go to McGill and Newfoundland students go to the United Kingdom. They come to Dalhousie.

I wish I could say that we had as good a record in providing a sufficient number of doctors to take care of the medical needs of the population of this region, our second goal. In fact, these four provinces have the greatest shortage of doctors of any part of Canada, and this has not improved very significantly during the last fifty years. Although we have been accepting practically all of the students who chose medicine as a career, that number has not been nearly adequate to take care of the health needs of the four provinces. 5.9 per cent of Canadian doctors are graduated by Dalhousie, but 10 per cent of the population is in the Atlantic Provinces.

Of the 50 to 55 Dalhousie graduates each year since World War II, ten per cent have usually been residents of other countries or of the six central and western provinces of Canada. Very few of these stay in this region after graduation. This leaves 45 to 50 Atlantic Province graduates. Where do these students go to practise? Is the shortage of doctors here due to the fact that our graduates leave this region? The answer is largely "no".

Almost 80 per cent of the Atlantic Province students stay in this region. Less than 20 per cent go elsewhere. This is a good record, I think. Starting then with a graduating class of 55, we lose 10 per cent as non-residents and then an additional 20 per cent of our resident graduates move away. This brings the figure to about 37 to 38 graduates who settle here each year. Nearly all of that number is required to replace the loss of doctors each year by death and retirement and it is not enough to keep pace with the growth of population.

If each doctor has a professional life of 40 years from the age of, say, 25 to 65, it would mean that we would need between 35 and 40 each year to replace the 1,500 to 1,600 doctors as they were lost by death and retirement. The population of the four Atlantic Provinces has grown during the last fifteen years by an average of 28,000 per year. At 1 doctor per 1,200 persons, this would require an additional 22 doctors each year. So we need about 60 graduates a year just to keep up.

If we had started out in the 1930's or 1940's with an adequate supply of doctors in the Atlantic Provinces, our graduating class would have hardly been sufficient to keep up with the loss of doctors and the growth of population, but the fact is that we started out with a serious doctor shortage even at that time and it has therefore been getting worse. As far back as 1910, the Canadian ratio was 1 doctor per 900 persons. In the Maritimes it was 1 doctor for every 1,200 persons. This ratio is just about the same today as it was in 1910. We need

at least one-third more doctors in order to reach the Canadian average, and that means an additional 500 graduate doctors. The Royal Commission on Health Services' estimate was higher - 735.

Even if we could double our graduating class and all 50 of the new doctors stayed in this area, it would take us ten years to catch up with the shortage. If there were a comprehensive medical insurance plan, that shortage would be even greater because the demand on the doctors would be greater. With the Sir Charles Tupper Building we will double the capacity of the Medical School from that for which the present school was designed. However, simply enlarging the Medical School is not enough. We have to have students entering medicine in sufficient numbers. We have, in fact, 148 applicants already looking for a place in the class next September and we can take only 68 a year until 1967. We cannot squeeze one additional student into the existing laboratories.

This increase is not simply because of the fact that there are more students in universities in general. It is also due to the fact that the Government of Newfoundland has introduced the generous plan for the support of premedical and dental students at \$800 per year and medical and dental students at \$1,200 per year. A great increase in the number of students from that province has resulted. Last year's Federal Loan Plan also helped.

Nevertheless, when there is such a tremendous

shortage of doctors in this area, it is tragic that we are unable to provide them with the education they seek, but it is a tragedy which is going to be re-enacted all across the country for the very simple reason that the Canadian government has not yet recognized that it has any responsibility for the support of medical education and some of the governments of the four Atlantic Provinces have been slow to recognize theirs. It is sheer good luck that we will be in a position in 1967 to take a larger class, because of the fortunate historic accident that one of the Fathers of Confederation, who later became a Prime Minister of Canada, was a medical doctor. Because we asked that he be honoured in the centennial year and because Dalhousie Medical School celebrates its 100th anniversary in 1968, the year after Canada's birthday, we received the \$5,000,000 grant to help us in the construction of a \$7,500,000 to \$8,000,000 building.

If the people of Canada continue to demand increased health services and increased insurance against the risk of illness, is it too much to ask that governments exercise a little foresight and at least ten years before the introduction of a medicare or dental insurance plan, someone begins to think about training the people who will be needed to provide the services? The Children of Israel could not make bricks without straw, We cannot train doctors without well qualified teachers, and it takes about ten years to train one and there is already a tremendous shortage of

teachers in the existing medical schools. The Hall Commission has recommended that five additional medical schools be established, but has made no provision for the training of teachers.

The Royal Commission on Health Services stated:

"While we are aware that shortages of physicians, dentists, nurses, and other paramedical personnel will make it difficult to establish the full personal Health Services Programme our Charter envisages, none the less the fact that there are shortages must not be used as an excuse to delay initiating programmes and plans."

The use of the word "excuse" is derogatory. It suggests that any opposition to an immediate comprehensive plan is based on ulterior motives. My opposition is a "reason", not an excuse. The shortage of physicians makes the introduction of a medicare plan practically impossible in the Atlantic Region. A government cannot in all honesty guarantee a service to the public, and charge them for it, when they cannot deliver the product. Businessmen in this audience of Rotarians know what you would think of the ethics of an individual who did this.

We need more money to operate the Medical School since it costs about \$4,000 per student per year and we obtain only \$600 in tuition from the student himself. The Federal Government provided a loan plan to help the student with his problem, but they haven't helped us. We also have to find \$2,500,000 for the remaining cost of the Medical School Building. We are taking 50 per cent of our students from the three Atlantic Provinces outside Nova Scotia. However, the governments of those

provinces find it quite impossible to provide money to aid in putting up a building outside of their own provinces. This is very logical, isn't it? They use our Medical School. We train their students. They have no medical schools of their own, but they cannot provide us with any money to make room for them.

The Federal Government is all in favour of good health services for Canada, but it is not prepared to spend any money to train any of the people who are needed or even to train the teachers to teach them. A year ago we went before the City Council of Halifax requesting a grant of \$250,000 toward our new building. I showed figures for our research grants which amount to \$500,000 a year. This is free money which our staff bring into the University from the M. R. C. and N. R. C., etc. I pointed out that these grants were only \$80,000 ten years ago, but the increases had been less in the last three years than in three other Canadian medical schools of similar size. We obtained as much as they did in the national competition, but when they got new buildings three or four years ago they went ahead of us and got about \$750,000 to \$800,000 to our \$500,000. I predicted that our outside research grants would jump \$250,000 a year after we got our new building. I was naive enough to think that a gain of \$250,000 a year, every year, of money that would be spent to take on more technicians, provide more jobs, etc. would be worth some help. That rapid a growth in an industry would warrant help. The City cut off the grant of \$15,000 that

the University had been getting, instead of increasing it!

Obviously, we live in a highly logical country where everything is properly planned. Fortunately, too, our Department of Psychiatry at Dalhousie is a good one and we need their support! One certain fact is that life is not dull, if one accepts a position as the Dean of a Medical School.

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