

Dr. Albert J. Schumacher: Raising Awareness, Showing Direction, and Creating Results in the Medical Profession

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Introduction

The general public widely recognizes the multifaceted roles of physicians today. According to CanMeds 2000, to be a "health advocate" is one of the essential roles and key competencies of physicians. In the face of complex influences on government policies, physician advocacy may have a particularly important role in ensuring that the health of patients remains a public priority.

A physician who has made a significant impact as an advocate is Dr. Albert Schumacher, former President of the Ontario Medical Association (OMA) (2000-2001) and the Canadian Medical Association (CMA) (2004-2005). Dr. Schumacher has a long history of advocacy on a variety of health and environmental issues at the community, provincial, and national levels.

Dr. Schumacher was born and raised in Windsor, Ontario. A former lifeguard and swimming instructor, Dr. Schumacher spent four years lifeguarding and teaching swimming at City of Windsor pools and Point Pelee National Park. He also served in the Armed Forces reserve. Dr. Schumacher enrolled at the University of Western Ontario for undergraduate studies and later graduated *magna cum laude* from the University of Western Ontario's medical school in 1982. Following a one-year internship at the Ottawa Civic Hospital, he returned to his hometown of Windsor and established his still-active family practice in 1983.

Throughout his time at the OMA and CMA, Dr. Schumacher contributed to the success of various advocacy campaigns, including the Clean Air and Anti-Smog Campaign and the Ontario Tobacco Advocacy Strategy. Dr. Schumacher's involvement in public health and advocacy also extend to a multitude of other interests and roles, including the role of examiner for the Royal Life Saving Society of Canada and recipient of its Distinction Award. With an interest in environmental issues, he took part in the World Medical Association World Oceans, Forum in 2004 and presented Canada's source water protection to international medical, water, and ocean scientists. In addition, he presented Canada's experience with the SARS pandemic at the First World Medical Forum in China in June of 2005.

Furthermore, Dr. Schumacher passionately advocates for

medical students and medical education. Concerned about student debt, he was the Founding Chair of the Ontario Medical Student Bursary Fund. With the vision of enhancing development of medical student leadership and advocacy, he also founded the Schumacher Research and Leadership Group (SRLG) in 2005 and has developed weekend student leadership training programs that have benefited more than four hundred medical students.

On June 9-11, 2006, we had the opportunity to attend the SRLG-organized Medical Student Advocacy and Leadership Training program held in Leamington, Ontario. Inspired after a weekend of training and motivated by the leadership of Dr. Schumacher, we were eager to learn more about his insights on physician advocacy.

How did you become interested in advocacy? Was there a significant event or person who motivated you to pursue this interest?

The need was demonstrated first-hand during the 1986 doctors' strike in Ontario. I was very involved in organizing that as the secretary of the Essex County Medical Society. One of the things that I came to realize is that the government and the people making the decisions were not aware of what the true situation was in the front lines of health-care, and we, as a profession, were doing a terrible job of educating them. We were also very ill-equipped as a profession to do that kind of communication. I vowed at that time that nobody would ever be put in the position I was then, at age twenty-seven - confronting the government without the necessary training and experience to do it effectively...[It] made me realize how important advocacy was, how important the government was in the decisions and healthcare, and what a big catch-up role we had to do.

What are the most important skills needed for a physician to be an advocate and community leader? Can these be learned?

I don't think that you can learn every skill. There is a buffet of skills out there that you can pick up and adapt to what you do best. So there will be some people who are great at public speaking, other people who are great at private meetings, and other people who will be really good at organizing. You don't have to do all of those well. You can pick up many of these things in other forms. For myself, I'm lucky in that I can communicate well with people.

Stories are how we tell people who we are, how we transmit our values, how we tell people what we've done before. [They are] a representation of what you value and what you think are important. They're the fabric of how you get things done.

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All it takes is having seen somebody do something before, or having heard the story of somebody else that did something. It's not all that hard. Most of the nicest things in life are free. They don't cost a lot of money...that's the other good thing about story telling...it's incredibly cheap to learn and do and teach, but it's extremely effective.

Traditionally, medical school curricula have focused on teaching clinical and basic science skills. What role do you think medical schools have in promoting and developing more student leadership and advocacy?

At the very least, the people who are in charge, the Deans and the others, need to accommodate the people who are interested and the people who are leading the students right now to be able to pursue those kinds of things. The people who are the class presidents, the people who serve on national and provincial committees, they need to make sure that they have easy access to getting that time off so that they can participate.

Tell us more about the Schumacher Research and Leadership Group, recently founded in 2005. How did it get started and what is its mandate? What is your vision and plans for this group?

This is a group that I started last year with a number of individuals who had either worked for medical associations or worked for medical associations with me in my roles in the past. I'm a big believer in training and in investing. Having had some modicum of skill in fundraising, I've been able to find and solicit funds to help do this kind of educational training. Thus far, we've put on full training weekends, which include everything from public speaking, networking training, how to meet with your elected officials, how to speak to media, and how to run meetings. We've done that from St. John's, Newfoundland, to Montreal, and to Ottawa. We're going to Calgary, and we'll be going to Sudbury in the fall.

It's my hope also to be able to bring people outside of the city, where they're going to school, to see other areas of opportunity. We try to put people in more real-life situations. We purposely try not to do the training at the medical school or in a hospital or any place that they're comfortable or bored with. We'll typically try to find a large boardroom in a corporation or in a large legal office, the kind of place that you will one day serve as a physician representative and try to advocate and defend on behalf of your profession and patients. That's where the real battlefield is, and in many cases, where you're going to have to do your best work.

With the medical association and your practice, can you tell us what your typical work week is like?

My typical work week for the last decade is [that] I've usually practiced for three or four days a week, and out of the office and usually out of the city one to two days a week, either at board meetings for provincial or national associations, or speaking to groups out-of-town. The thing I had to give up was my hospital work. When I started in practice, I did obstetrics. But, I was not able to keep up that call com-

mitment and that obligation while I was out-of-town so much. So that's what I stopped doing. I [still] have a solo practice as part of a family health group, so there's a group of fifteen of us that share the after-hours and call responsibility. For me, it's a nice balance, it gets me out of the office.

Do you have any spare time, and if you do, what do you like to do in your spare time?

My wife loves to garden. She does the flower-planting and the planning, and I'm the industrial gardener. So I'm the guy who goes and gets the 6x6 pieces of lumber in the lumber yard and brings in the gravel and dirt and does all the heavy-duty stuff. Also, you have to get very efficient about exercise. In the summer time, I bike to work. It's 12 km there and 12 km home; [it] takes me about half an hour each way. I have a shower at work, and then I'm ready to go for the day. It's 20 minutes to drive in, 30 minutes to bike, so it only costs me an extra 10 minutes each way. I like to exercise, I like to bike and run - I've done a couple of marathons. Once I have a little more time, I'll be able to go fishing again.

Is your time management really tight?

What I've learned is that at work, I have to be quite efficient. Oftentimes, you have to do stuff between patients. I deal with faxes as they come in. [When] I deal with phone calls that have to do with association work, I fit them in during the day. While I was doing medical association work, my patients were extremely tolerant of that. They certainly understood what I was doing, and even if I wasn't here [in Windsor], so long as they saw me on television or heard me on the radio once a week, they were very accepting of that. They would tell their friends and family, "Hey, that's my doctor."

What do you enjoy the most about being a physician advocate?

It's about seeing change happen. The nice thing is that you can change almost anything in the world, so long as you don't care who gets credit for it. I have been involved in a whole number of areas that have actually resulted in something. I worked on the tobacco file for ten years and the legislation in Ontario and in Quebec that bans smoking from all public places - that's a combination of ten years of work, not just on my part, but on dozens and hundreds of people's parts. It's all the little conversations and stuff that you do on the back of a napkin at a cocktail party that make it happen. It's not just one single event. I like to have a feeling that a lot of what I've done, once upon a time, made a difference ultimately.

What do you enjoy the most about being a family physician?

I enjoy the fact that I get to do something different every day, and that each patient is different. It's a huge variety and I don't do exactly the same thing all the time. I'm very happy with my choice. I started practicing when I was twenty-four and the community was under-served then. As I said, I did obstetrics; I also did a lot of hospital stuff. I would not have gotten the same opportunity and experience any-

where else if I hadn't actually been doing that at the front lines that early on. I have absolutely no regrets to do family medicine. For me, it was perfect. It was the right place, the right time. I was very happy with that.

Who are your role models? Who do you look up to?

I have a picture on my desk of my grandfather, who was a family doctor. It was taken as a passport photo before he came to Canada in 1947 at age forty-seven, when he was exactly the same age as I am now. If I was asked who my role model is, it would be my grandfather, my mother's father. If you ask me who was the most important famous person I have ever met, I would have to say Jacques Cousteau - we talked about zebra mussels in the Great Lakes. When I was young, the Jacques Cousteau series was on regularly on television, and they were exploring the world. This was as cool as being an astronaut. Getting to meet him was a big thrill for me - even at age thirty-one it was a big thrill. No, I've never met any astronauts and I've never met Kirk and Spock, but you have to be of my generation to understand how important meeting Kirk and Spock would be! [Smiles.]

What is your most important message or advice to medical students regarding advocacy?

I think that medical students have an incredible amount of knowledge and experience and opinions that the general public and the patients need to hear and understand. I

don't believe for a second that they should be just seen and not heard, that they should sit on the sidelines. I was already practicing medicine independently in the community when I was at the age of most of your classmates. I think that [medical students] are already trained enough and mature enough to be taking on a lot more in the way of general responsibilities. There is nobody, believe it or not, stopping you from doing that. The Dean nor the head of the department is not out there saying, "you shouldn't write a letter to the Editor," or "you shouldn't get involved in this organization," or "you shouldn't volunteer for this." Nobody's stopping you from doing that.

Those kinds of experiences as a student are as or more important than anything you will learn in the classroom or on the hospital wards in the operating room. Those kinds of social and coherent things that you've done together and put together will be much more memorable, as well as or better than anything else you might learn on the hard science and clinical sides. You need to re-balance that and take advantage of some of those opportunities as they come up.

We really appreciate you taking the time to talk to us!

My pleasure. Well, hopefully, this will stir some more enthusiasm for the training that I hope to have for more of your classmates.