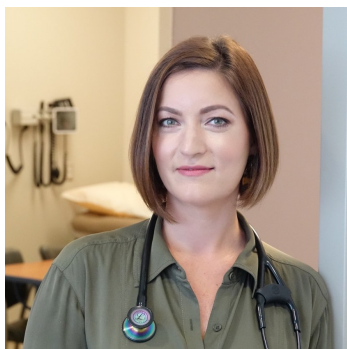

WOMEN IN MEDICINE

In Conjunction with McGill Feminism in Medicine

Women in Medicine: Dr. Danielle Martin

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ABSTRACT

Dr. Danielle Martin is an Associate Professor at the University of Toronto and Executive Vice President and Chief Medical Executive at Women's College Hospital in Toronto, where she is also a practicing family physician. Her career epitomizes an idea that is often discussed in medical training, but rarely manifests in practice: physicians are both advocates for individual patients and stewards of public health equity at a systems level. Dr. Martin has dedicated her career to improving and strengthening Canada's universal health care system. She is a public leader in the ongoing debate about health care privatization and founded the organization Canadian Doctors for Medicare. Notably, Dr. Martin spoke about Canadian health care and advocated for single-payer health care in a widely publicized US Senate hearing led by Senator Bernie Sanders. She has also published a book titled, *Better Now: Six Big Ideas to Improve Health Care for All Canadians*, which breaks down complex health policy into six actionable steps in order to improve the health care system for all Canadians. She continuously advocates for public involvement in health policy through research and public outreach and is a role model for young physicians aspiring to leadership roles in health and health care policy, while simultaneously pursuing a career in clinical practice. In fact, doing both provides a unique framework for improving the individual wellbeing and health of Canadians. Dr. Martin believes that advocacy is a skill that requires practice and training; she advises young trainees that the time to start is now.

KEYWORDS

women, leadership, feminism, public health

Dr. Danielle Martin, MD, MPP, CCFP, FCFP, Associate Professor at the University of Toronto Department of Medicine and author of the book, “Better Now: Six Big Ideas to Improve Health Care for All Canadians”

“Being sick is bad enough without worrying about having to pay for your care. Medicare is a work in progress, but it’s a work worthy of our greatest efforts. It represents a promise to be the kind of country we can be proud of.” Fulfilling the promise of universal access to free healthcare services has provided the impetus for Dr. Danielle Martin’s career as a practicing family physician, hospital administrator at Toronto’s Women College Hospital, associate professor at the University of Toronto, and author of the book *Better Now: Six Big Ideas to Improve Health Care for All Canadians*.

Dr Martin’s life-long commitment to improving health care for all Canadians was first inspired by her own family’s experience. Her grandparents arrived in Montreal as new immigrants long before Canada’s creation of an accessible, single-payer medical system. Soon after their arrival, the family had to contend with her grandfather’s illness and eventual death at the age of fifty-four. Their subsequent journey through a private-payer health care system created mounting healthcare bills and crippling debt. Her strong sense of social justice was further motivated by her upbringing in downtown Toronto, where she grew up alongside family and friends from diverse backgrounds.

Dr. Martin was the first person in her family to become a physician – although the decision to pursue medicine came relatively late in her academic career. She completed her undergraduate degree in Biochemistry at McGill University under the assumption that she would pursue a career in science. Somewhat ironically, a decision to join the McGill Debating Union “turned out to be at least as formative as her formal education.” Martin says that time spent interacting and socializing with political science and philosophy students taught her how to construct and articulate a well-reasoned ar-

gument. These skills would ultimately serve her well in her role as a major player in the ongoing, national health care debate on how to reform and improve our existing single-payer system. Post-degree, Dr Martin’s interest in policy led her to Ontario, where she eventually found herself working in health care policy. She learned how governmental decisions were made and the importance of physician advocacy in this process. At that point, Martin realized her passion for health care and systemic improvement, and she decided she should pursue a career in medicine.

Dr. Martin’s advocacy work directed at strengthening Canada’s single-payer system started early in her career. After completing her undergraduate medical degree at Western in London, Ontario, Dr. Martin then returned to Toronto for her residency at St. Michael’s Hospital where “inner city medicine and advocacy were core to the philosophy of the education program.” This philosophy suited her— “I was a system-oriented person before I was a clinician, and I have always thought about my clinical work through that lens.” Dr. Martin’s early work as a clinician in rural and remote communities also provided important learning opportunities—at that point in her career, she was speaking out about the promise of public healthcare and the need to revitalize our system.

These early work experiences prepared Dr Martin for her current roles as both a public health advocate and a leader at Women’s College Hospital, where she works as the Executive Vice President and Chief Medical Executive, as well as an academic family physician. A number of extraordinary mentors also played a vital role in getting her to her current position, including her mother who modeled a successful life balance of career and family. Dr. Martin shares credit with her other mentors who supported her in establishing the Canadian Doctors for Medicare (CDM) organization in 2006, encouraged her to pursue a master’s degree in public policy, and offered Martin her first leadership roles. She appreciates that many of her mentors, who were leaders themselves, were able to invest time and create space for her in their systems. This ability to create “system space” taught Dr. Martin an invaluable lesson: “systems are critical, but they are not built for individuals.” Martin believes that

systems need to be built with flexibility and filled with adaptable leaders, so that even those who do not fit the mould can still be successful. This resonates in Martin's core philosophy of Canadian health care: "We need to build a system that is flexible and meets the needs of all Canadians, regardless of what they can bring to the table."

This philosophy on systems thinking certainly came to the foreground in 2014, when Dr. Martin received a phone call that would change the course of her career: US Senator Bernie Sanders found Dr. Martin through the CDM, which is now a nationwide organization that advocates for the strengthening and improvement of universal publicly funded healthcare in Canada. Senator Sanders asked Dr. Martin to speak at a Senate hearing about what the American health care system could learn from other countries about universal health care coverage and cost control. The five minutes that Dr. Martin had to discuss what the US could learn from Canada landed her on the front pages of Canadian and international news and transformed her career such that public engagement and education became central to her work.

As a result of this US senate hearing, Dr. Martin's role became increasingly public facing, eventually culminating with her book, *Better Now: Six Big Ideas to Improve Health Care for All Canadians*. *Better Now* was published in 2017 as Dr. Martin's response to the lack of real change taking place in an environment where too much of the conversation about health system improvement was happening cyclically and amongst the same people. The book was written to ignite a passion for change in the Canadian public, especially amongst those who are concerned about our healthcare system, but who are not normally involved in the decision-making process. Dr. Martin describes her "ideas" as the "greatest hits" that would have the biggest impact on improving health care.

Since *Better Now* was published, there has been some progress towards a better healthcare system. However, the current COVID-19 pandemic has shone an intense light on the existing shortfalls of our health and social services, reinforcing the need for the policies that Dr. Martin spent her career advocating for. Across the coun-

try, thousands of people have lost jobs and the security, healthcare and social benefits that accompany them. As Dr. Martin points out and addresses in her book, the "CERB (Canada Emergency Response Benefit) that has been put in place during the pandemic is similar in principle to the notion of the Basic Income Guarantee"—a policy that recognizes the huge role that social and economic circumstances play in determining the health of populations. Indeed, COVID-19 underscores the need for action to reduce the inequities in our healthcare system that predate the pandemic and are only now being exacerbated. Also, the pandemic will inevitably result in longer wait times for many elective procedures that have been cancelled. This highlights another "big idea" described in Dr. Martin's book regarding the reorganization of healthcare delivery to reduce wait times and improve the quality of care being delivered. As she has famously said, "Sometimes it's not actually about the amount of resources that you have but rather about how you organize people in order to use your queues most effectively [...] when you try to address wait times, you should do it in a way that benefits everyone, not just people who can afford to pay."

Dr. Martin acknowledges her many forms of privilege—her status as a white, English-speaking person and physician—but says she still experienced push-back at times during her career and felt that her views were taken less seriously than those of her colleagues as a result of being a woman, a family doctor, and a public-facing researcher. She has worked to address this by being "explicit in her values and the evidence issues she cares about, relying on those things that are harder for people to discount." Dr. Martin recognizes that we still have a long way to go in order to address equity in leadership in medicine—not just across the gender spectrum but also in diversity in race, ethnicity, and belief. "Gender equity is important, but it isn't enough if it isn't inclusive," she says and adds that she hopes to see positive change arise from the work being done across the country to address anti-Indigenous and anti-Black racism in medicine and beyond.

Dr. Martin has worked tirelessly to advocate for good healthcare that is accessible to all, and her career illus-

trates the necessity of assuming a bifocal lens. To create real change in medicine that benefits everyone, one needs to see patients both as individuals, as well as how they fit into a larger system working to improve the health of all people. Dr Martin urges young physicians aspiring to be policymakers and hoping to make changes in our health system that the time is *now*—“You can be an advocate now, your voice matters. The sooner you get on the issues you care about, the more skills you will amass. Advocacy is a skill set and it requires that you train just as you do for your clinical work.”