

## Dr. Marcia Anderson DeCoteau – Nominee for the Position of CMA President Elect



I am a Cree-Saulteaux woman, with my family roots going to Norway House Cree Nation and Peguis First Nation. My grandparents moved to the North End in 1954, the year my Dad was born, and that is where I grew up. I stayed in Winnipeg for medical school, graduating from the University Faculty of Medicine in 2002 and began my internal medicine residency here. I transferred midway through residency to the University of Saskatchewan in order to pursue my research interests in Indigenous health, and then moved to Baltimore to complete a Masters in Public Health at the Johns Hopkins Bloomberg School of Public Health prior to returning to Winnipeg in 2007 to begin clinical practice.

As a medical student, I sought out experiences in both Indigenous health and global health. I spent time in Norway House, Sanikiluaq NU, Coral Harbour NU, and in Zambia. These experiences, combined with the values instilled in me by family, led me to pursue a career focused on social justice, fairness, and the right to health. This is hard work, and I am also a single parent so work-life balance and self-care are really important to me.

The CMA has a significant amount of influence in the Canadian health care system, and has been a respected voice on significant issues like seniors care and medical assistance in dying. To date, the CMA has not had a significant role in Indigenous health or in advancing health equity, both issues I am passionate about. With the current political climate and Prime Minister Trudeau stating that the relationship with First Peoples is the government's most important relationship, I firmly believe it is time for the

CMA to increase its role in Indigenous health but to do so it first needs to increase its organizational capacity in Indigenous health.

Working in Indigenous health in a spectrum from public health to tertiary care and in planning, service delivery and clinical contexts requires an in-depth understanding of health care system financing and administration. While I look forward to enhancing my own knowledge, skills and networks I am also excited to bring the knowledge base that I have with strong skills in health equity focused analysis to the work of our national physician association.

A couple of the key issues the health care system is currently facing are going to affect everyone in the medical profession including the renegotiation of the Health Accord and the Cambie court case in BC challenging the ban on private payment for medically necessary services which are currently universally insured and provided exclusively through the public system. A ruling in favour of the Cambie Surgery Centre would change the career planning and options for future physicians but we need to be very cautious about the real population health impacts of this type of privatization. I am aligned with the CMA's position to focus on strengthening the public health care system.

Another key issue is that the practice models and payment models haven't necessarily kept pace with shifts in how current young physicians want to practice. In the NMU we have seen a shift to more part-time work, and more mixed practice models with some time in the North and some in urban settings. As someone who values my own work-life balance and time with family, I believe it's important to understand these changing work practices, and redesign health care teams and payment schemes to allow physicians to practice in ways that work for them and still provide excellent, patient-centered care.