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Chris Simpson, professor and chief of cardiology at Queen's and the medical director of the cardiac program at Kingston General Hospital and Hotel Dieu, will become the president of the Canadian Medical Association on Aug. 20.

MARK KERR: *What have you learned as president-elect of the CMA?*

CHRIS SIMPSON: My year as president-elect has been fantastic. I've felt extremely well-supported by the staff and the board of the CMA. I've had the great privilege of travelling across the country to meet doctors, other health professionals, patients, citizens' groups and political figures. I have learned that, despite all of our problems in health care, there is optimism in Canada. There is an appetite for change, and Canadians expect their physicians to lead on the important issues of the day.

There are so many important and complex issues that we need to address: medical marijuana,

end-of-life care (including physician-assisted suicide), seniors care, wait times, health human resources planning, and the quality agenda. We also need to determine the appropriate level of involvement of the federal government in health care. Decisions made over the next couple of years will fundamentally set the course of the evolution of our health-care system for the coming decades.

MK: *What would you like to accomplish as president of the CMA?*

CHRIS SIMPSON: We're entering a federal election year, and I intend to make the issue of seniors care a ballot box issue.

Our health care system, in

many ways, is still stuck in the 1960s, when medicare was enacted. In Tommy Douglas' day, the health-care landscape was one of acute disease so we built hospitals and hired doctors. But today, as the population ages, the landscape is increasingly one of chronic, complex disease. The result is that we have our aging seniors with complex, non-acute health-care needs winding up in emergency rooms and in acute care hospital beds. They are not getting the care they need and deserve, and they're occupying hospital beds that are needed for their intended purpose.

We need to develop a more patient-oriented health system that recognizes the landscape of chronic disease, particularly in the seniors' population, requires com-

munity-based solutions. We should be doing everything we can to support our seniors so they can live well in their own homes for as long as possible. The federal government needs to play a role in this vision. We need a national seniors' strategy, including a strategy for dementia. We are the only G8 country without one.

MK: *How do you characterize your leadership style?*

CHRIS SIMPSON: I believe in the power of collective thinking and partnerships. At the organizational level, I place a lot of effort on ensuring excellence in governance. Good leaders are good listeners, and they have a way of crystallizing collective thoughts and conversations into succinct truths. I derive energy and inspiration from those I serve. I am a consensus-builder and an "incremental revolutionist."

MK: *You're quite active on social media including Twitter (@Dr_ChrisSimpson). How does this vehicle support your work as a health care leader?*

CHRIS SIMPSON: I am a big proponent of social media in medicine. It is a great way to share ideas, explore partnerships and relationships and have these conversations in a public forum so that everyone can participate. It is a great "leveller." All stakeholders, especially patients, can engage us and tell us what they think.

The CMA is a national, voluntary association of physicians that advocates on behalf of its members and the public for access to high-quality health care. The CMA also provides leadership and guidance to physicians.