

Providence or Accident

In our spring issue, we had asked two healthcare leaders to tell us if healthcare as a career choice was their first love or a loved compromise. In this issue, the editors of *Healthcare Quarterly* asked two more leaders: If they could start their career over again, is there another profession they would like to try or would they choose healthcare once again? Why would they choose that field, and what fascinates them most about it?



John Frank

Dr. John Frank is a Fellow with the Canadian Institute for Advanced Research Population Health Program, and Professor at the University of Toronto in the Department of Public Health Sciences. Dr. Frank was Provostial Advisor on Population Health at the University of Toronto from 1994 to 1997. From 1997 to 2001, he was Adjunct Professor at the School of Public Health at the University of California, Berkeley, where he received the Distinguished Teacher and Mentor of the Year Award. In December 2000, he was appointed Scientific Director of the Canadian Institutes of Health Research – Institute of Population and Public Health, located at the University of Toronto.

Dr. Frank trained in Medicine and Community Medicine at the University of Toronto, in Family Medicine at McMaster University, Hamilton and in Epidemiology at the London School of Hygiene and Tropical Medicine. He was the founding Director of Research at the Institute for Work and Health in Toronto from 1991 until 1997, and is currently a Senior Scientist.

When I started university in 1967, I was not thinking of a career in epidemiology or public health. Indeed, coming from a small village outside of London, ON., I doubt I had any knowledge at all of these fields. I was not even thinking seriously of a career in medicine, since no one in my extended family or circle of acquaintances was a physician. Rather, I was in love with biology, especially field work, which I imagined taking place in

exotic locations around the globe, as illustrated each month in the *National Geographic* in the local library!

What actually happened when I turned up for freshman course selection at the University of Toronto was quite serendipitous. The kindly registrar at University College suggested that I enrol in the elite Biological and Medical Sciences program, rather than the ordinary Honours Life Sciences BSc, since “you can always get out of ‘B & M,’ but this is your only chance to get into that special program.” A year later, rather to my astonishment, I was actually enjoying accelerated anatomy, physiology and other early medical school courses, in preparation for admission to the second year of the U of T MD program, after completing the BSc

Also informing my eventual career choice during this time were four stimulating undergraduate summers as an assistant in U of T biological research projects in wonderful field settings across Ontario – parasitology in Algonquin Park, limnology at Heart Lake and avian ecology at Point Pelee and in the last remnants of Carolinian climax forest in southern Ontario. Those experiences taught me that, enjoyable as such outdoorsy scientific work was, the university-teaching job market that followed (at least for the grad students I worked for) was not yet very relevant to Canadian society at large – for the ecological consulting industry that was to later influence many public policy decisions (by, for example, performing environmental impact assessments) had not yet developed. I wanted something less academic and more engaged in solving the problems of the world.

Ironically, medical school brought me no closer to public health. (Perhaps this is not surprising, given the undergraduate medical curriculum at U of T in those days!) Instead, I found primary care/family medicine compelling – again, partly because it was a direct ticket to work in the exotic settings of the developing world, serving the health needs of the world’s disadvantaged. So, within weeks of finishing family medicine certification at McMaster in 1976, my wife Eden Anderson and I were off to Tanzania with CUSO. She taught a very creative national Cambridge O-level course on “African Literature in English,” and I was with the first cadre of four CUSO volunteer MDs, assigned to teach at the newly founded Medical Assistant Training Colleges across that still-young, but very progressive, country.

After nearly three years of challenging tropical medical practice and teaching there, one clear lesson stood out. One-on-one clinical work was ethically mandated in such a profoundly poor setting, but hopeless in the long run. The

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reason? It could not tackle the fundamental environmental conditions, malnutrition and poverty, that caused the endless stream of patients filling up the outpatient queues and hospital beds every day. In short, I was inadvertently converted to public health as a career. The year after my return to community clinic primary-care practice in Toronto, I applied for a CIDA Scholarship for Canadians. That took me to the London School of Hygiene and Tropical Medicine in 1980-81, for an MSc in Community Health for Developing Countries. There I found, to my delight, that all my prior training in ecology and biology was of great relevance to understanding the transmission and control of tropical infections at the population level. I returned to Canada, but continued to take part in international public-health and healthcare-system research and consultation on three continents for many years. In the process, I inevitably became involved in the epidemiology and prevention of the main health problems of Canada and other developed countries, and later – at the Institute for Work and Health in Toronto – of those multifactorial conditions, such as low back pain, that appear to stem from adverse working conditions. By that point, I had become sufficiently immersed in the social determinants of health, through participation in the Population Health Program of the Canadian Institute of Advanced Research, to be considered a “social” epidemiologist – although I prefer the term “biopsychosocial.”

If there is any lesson in this career account, perhaps it is that it is fine to have definite career plans early in life. However, given the unpredictable exigencies of human existence, burning interests may be more important than exact plans, for they continue to guide us toward job satisfaction even if our actual opportunities change.



Morris Barer

Morris Barer is the first Scientific Director of the Institute of Health Services and Policy Research at the Canadian Institutes of Health Research (CIHR). He is also the chair of the Division of Population Health and Health Services Research in the Department

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of Health Care and Epidemiology and a faculty member at the Centre for Health Services and Policy Research (CHSPR) at the University of British Columbia. Prior to joining CIHR, he served as the (founding) director of CHSPR for more than a decade. He has served on the Federal/Provincial/Territorial Advisory Committee on Health Services, on the Advisory Board of the Manitoba Centre for Health Policy and as a consultant to many provincial ministries of health. During the mid-1980s, he was senior editor for health economics with the international journal *Social Science and Medicine*, and has also served on the editorial board of the *Journal of Health Politics, Policy and Law*. He has played central roles in the creation of the Canadian Health Economics Research Association, the International Health Economics Association (iHEA) and most recently the Canadian Association for Health Services and Policy Research (CAHSPR). For iHEA, he chaired the scientific and planning committees for the inaugural (1996) conference in Vancouver. Earlier this year, he delivered the Emmett Hall Memorial Lecture at the inaugural meeting of CAHSPR.

Looking back on how I ended up having the privilege of serving as one of the “original 13” scientific directors for CIHR, it all seems such a logical progression. Indeed, if one were to think about the perfect training ground for such a position, my career path was probably pretty close. But getting to the starting line on that career path was, alas, pure serendipity.

During my teens, my passion was baseball. Unfortunately, of the three key ingredients for success in that career – burning ambition, remarkable coordination, and disgusting talent – I had only the first.

A bit later in life, I flirted with the idea of becoming a commodity futures trader or a stockbroker. Given my personal track record (no one is likely to confuse me with Warren Buffett), there are many “might-have-been-clients” who don’t know how fortunate they are that I did not pursue this.

I fell into math as a specialty in my undergraduate years because I was good at it, and mediocre at most other stuff. But by the time I hit third-year honours math, I was hanging on (and not very interested). So I spent my final year of undergraduate studies doing what most students do in their first two years – exploring.

A particularly inspiring professor got me interested in economics, and the math background got me into economics graduate school. I had some interest in healthcare, my mother having been a registered nurse and my father a professional healthcare skeptic, and so decided to explore a course in health economics. The professor happened to be one Robert Evans. The rest, as they say, is history.