In Conversation with George Smitherman

The Honourable George Smitherman, Minister of Health and Long Term Care for Ontario, has set some records: as one of the longest serving of Canada’s current Ministers of Health and by embarking upon Ontario’s ambitious transformation agenda. Driven, popular among providers and unafraid to speak from the heart, Smitherman has spearheaded change on many fronts. Investments in community care, creating local health integration networks, managing system capacity and wait-lists, as well as forging new accountability agreements for providers, top an impressive list of accomplishments that define his first term. HQ caught up with him en route to Picton, Ontario, on one of his many visits out of the office and into the field.

HQ: Why do you like people to address you as “George” rather than Mr. Minister?
GS: [Laugh] Because that’s my name! I’m a layman and just because I have a fancy title, I don’t want people to think I have a special repository of knowledge. But more importantly, some day I’m not going to be the Minister and I hope that I’m still “George.” I figure that if the name was good enough for my Mom, it should be good enough for everybody else – George, that’s my name!

HQ: So ... what keeps George, the Minister, up at night?
GS: Raccoons mostly! I am privileged to say that on only two or three occasions in the last three years my work kept me up at night – I enjoy easy sleeping. A long time ago, I determined that if you toss and turn all night and start your next day on two or three hours sleep, there is strong chance you are not going to get needed work done, so I manage to sleep. There’s only one of me and I have to stay focused.

HQ: The healthcare portfolio has been characterized as Cabinet’s most grueling post. How have you been able to weather its many challenges?
GS: Firstly, healthcare gives you a lot of energy back. Because so many people are trying to move the same things forward, you never feel like you’re alone – it’s a team.

I think frustration can zap more energy than anything else. My boss, the Premier, just lets the Ministers do their thing. There’s no second guessing and he has a lot of confidence in us, as long as we work on a no-surprises principle. We – central government – are working together. I haven’t experienced those [earlier] frustrations, because the Premier, his staff and my Ministry and staff have been working on cooperative basis for the past three years.

HQ: Healthcare’s scale and complexity have been problematic for many Ministers. How have you been able to deal with this reality, where others were less so?
GS: When we assumed power, the healthcare portfolio included a lot of broken promises. We have substantially addressed our key priorities. We still have more to do but we have substan-

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Healthcare involves so much landscape that if you don’t know every morning what it is you’re trying to deliver, then you don’t have an agenda and you’re not driving ahead. From the very beginning, we established our destination and that has made my job easier.

Healthcare’s size makes it complex but easy in the sense that I know what I’m supposed to deliver. We’ve been involved in what I like to refer to as relentless implementation, or simply, the principle of focus.

HQ: All leaders reflect on their strength and weaknesses, and you have drifted into my next question: What is your number one strength and what one thing do you want to work on?

GS: I’m very passionate and see that as a strength. My election signs said “politics with passion.” I make no apology for it, except to say that sometimes your passion needs boundaries. The lesson I learned is that not everyone can operate at my energy level. I need to modulate my passion and ensure that the energy attached to it is interpreted in a positive way.

I am very determined; that is very necessary given our mission. But I must be careful not to overdo it, so I monitor the capacity of others to absorb information. I need to be mindful of how my passion resonates with others; I can come on too strong if I’m not careful.

Some might use the expression “God’s not finished with me yet.” My life’s work is to focus my energy in ways that contribute positively and there are circumstances when I can come on too strong – that’s my biggest challenge.

HQ: Your track record as Minister of Health and Long Term Care will play a pivotal role in the outcome of the next election. At the mid-way point, what accomplishments make you most proud?

GS: Our accomplishments are not really our accomplishments alone. Everybody in healthcare has the power to achieve things. One of the issues that irks me a bit is that many players who have power [to make a difference] claim it on behalf of or for patients.

I’m very proud of our achievements. Of course we’re going to work hard to ensure that our results get us re-elected. But what impresses me more and excites me more is that so many leaders at all levels of healthcare have really stepped up to the plate. I think the biggest lesson I have learned is that healthcare has so much potential to be an even more positive powerful influence for people. By asking better questions and challenging them, we have unlocked new capacity in healthcare. More than anything else, that’s what excites me.

But, I don’t want to be a glory hog. It is the people on the frontlines who are getting things done. I never lose sight of that and that’s why I sleep at night. There are 250,000 people pulling vigorously in the favour of patients. Our results are well-positioned to be considered positively as we lead up to the next election. But the key challenge is this – there are people who are mired in the notion that healthcare is a “yes” or “no” question. By that I mean, these people are waiting for a newspaper headline to declare “healthcare is better.”

Here’s what I know for sure. Many people are experiencing hardship accessing primary care. I know it, am mindful of it and we’ve worked vigorously to improve the availability of doctors. We are making progress, and I get some satisfaction when hundreds of thousands of Ontarians can better access primary care, because our government is working with partners like the Ontario Medical Association.

I can’t be satisfied when patients have to wait to access services; however, I do recognize that I can’t fix a situation 8–10 years in the making. I’m talking about reductions in medical school enrollment. It takes longer to make a doctor than to make a pizza; many don’t temper their tough questions when they complain about not having a doctor. The reality is that we have more work to do.

Our healthcare initiatives are going to be a net positive [result] for our party in the next election but we also acknowledge that healthcare challenges remain. That’s why we need to be re-elected, [so] that we can continue our track record of addressing these underlying problems for Ontarians.

HQ: What healthcare agendas would top your list for a second term?

GS: Continuing our progress in crucial areas where we have more work to do. We’ve made progress on primary care but need to continue to advance that agenda. We have many Family Health Teams and community health centres to bring on-line. Primary care will continue as a priority.

We have much greater capacity in our healthcare system. Lessons learned from our wait-time initiatives may apply more broadly in healthcare but we have a lot of work ahead to take full advantage of those results. Other initiatives will continue at their current pace.

One area where we haven’t done our best work, where we are nowhere near maximizing our potential – and I might say this is a bit strong – is our obligation to support people to age in place. We have worked hard to enhance the quality of care in our long-term care homes but have yet to fully consider the necessary resources and policies that support people who live out their days in the home that they have known. Yes, we have added palliative programs (and I’m very proud of that), but the pieces missing include services like housekeeping, shopping, assisting people with other essential day-to-day activities. Ontario can develop and be a leader in developing policies and strategies that more effectively support our seniors as they age in place.
The Ministry of Health and Long Term Care has committed to the development of a strategic plan with a release targeted for next spring. The issue of aging in place is one I have personally identified and am trying to generate a lot of energy and enthusiasm. I’m trying to get people revved up about this discussion because I really feel that our commitment to community care over the last three years has not yet seen our best public policy work, and Ontario can be a national leader.

HQ: Of the many characteristics that define you as George, the politician or the Minister, which one would you place at the top of the list?

GS: [Chuckle] You know I’m crappy with this stuff....The passionate stuff shines through and I’m just a guy. I’m human. I have a big job to do and I’m very mindful of the responsibilities and the privileges attached to it. I don’t take it for granted, I love it and I still pinch myself and say “wow – you have got the best gig going.” But at the end of the day, when I’m on Parliament Street or in my neighbourhood, or when I’m at a hospital meeting patients, I’m just a guy. So, I’m human, very passionate about life, about opportunity and especially about how good our healthcare system can be....you decide.

HQ: Is there one thing you’d like the national readers of Healthcare Quarterly to know about George Smitherman, the guy who just happens to be the Minister of Health.

GS: Well, the most important thing I would want people to know is not about me – you’ve got enough about me! It is the enthusiasm, gratitude and abundant pride that I have for the leaders and I spoke about this before. The leadership that’s occurring in Ontario, in a national context, demonstrates Ontario can shine through as the place where medicare has been renewed. I’m really proud and very grateful for the leadership that’s being provided on the frontlines. That’s what I would want your readers to know.