

Asking the not-so-tough questions

by BROCK WEIR

We're often told of 'shifts' that have come out of the global pandemic, or, at the very least, 'shifts' that will come out of the more-than-two-and-a-half years of uncertainty we have collectively experienced.

We've been told our priorities have/will inevitably be re-evaluated, that the ways we previously tackled common problems would be a thing of the past, and that we will have a newfound appreciation for what was once considered commonplace now that we've been jolted out of our reverie and are less likely now to take things for granted.

And on it goes.

But where exactly are we in this apparent shift of priorities?

Over the weekend, I found myself thinking back to a personal experience just as the global pandemic reached the end of its first year in March of 2021.

The previous September, I woke up feeling less than ideal.

I shook it off, thinking I was just a bit tired and a nice jolt of coffee would help right the ship.

It did, but only temporarily.

The general feeling of 'blah' subsided only for a day or two. Later that week, it settled in and, after a trip to the doctor, there was another 'new normal' to settle into as the doc diagnosed my symptoms as related to a rather large kidney stone, something I have been prone to for the last decade.

There was little to be done about it at the time, they said, as the stone wasn't likely to go anywhere. So, I was given a couple of doses of medicine to rectify the problem and was sent on my way. Again, the meds only helped so much and, as the months wore on, it was a cycle that was repeated twice 'until the following March when things finally came to a head.

Well, they came to a head a couple of days prior to when I actually bit the bullet to go to the emergency room when I absolutely had to, a step which was followed over the subsequent four weeks by two reasonably minor surgeries to restore a kidney that had, unbeknownst to me, been blocked for God knows how long. Ah, that explained so much.

But it could have been explained far earlier if I had just taken a bit more initiative.

I suspect I'm not in the minority here when I say I had some reluctance to go to the hospital when COVID was raging. Given the fact that vaccines weren't readily available at that time to help blunt the impact of a viral infection, I spent two days delaying a foregone destination out of a two-pronged fear: of contracting COVID and taxing a healthcare system already bowing under pressure with something that could have been relatively minor.

After the first procedure, which was mercifully performed the next morning, I was on tenterhooks just waiting for those first symptoms of COVID-19 to rear their ugly heads. While I dodged the bullet, throughout I was so grateful that my local hospital had the wherewithal to treat me when I needed it.

Others, recently, have not been as lucky 'and this is what helped spur a reluctant trip down memory lane.

This past weekend, for instance, came reports of the latest Ontario hospital to be forced to turn away people from their emergency rooms for a whole host of reasons.

Just one example is Headwaters Health Care Centre in Orangeville, which sent out a bulletin on Saturday shining just a small light on a large problem.

“This evening, July 16, Headwaters Health Care Centre made the difficult decision that our Emergency Department will be temporarily on full redirect other than for imminent life-threatening situations,” said Headwaters President & CEO Kim Delahunt in a media statement. “This will be in effect from Saturday, July 16, from 7 p.m. to Sunday, July 17, at 7.30 a.m.

“The decision was made due to health human resource challenges and after exhausting all options. People will have the option to come back in the morning, July 17, at 7.30 a.m. or seek care elsewhere.”

This statement was alarming for people within Headwaters' catchment area, to be sure, but is indicative of a problem well beyond Dufferin County and Peel Region.

Few, in my opinion, can be surprised that it is now something of a challenge to find adequate “human resources” (a sterile, impersonal phrase I use with the utmost reluctance) when it comes to healthcare. This has been a long two-and-a-half years. Healthcare workers have sadly gone from being our lauded frontline heroes to, in some cases, the target of malicious attacks and abuse from some quarters.

They're stressed, they're exhausted, and, while this is no reflection of the hospitals, have not been compensated commensurate with what we've been asking them to do since March of 2020.

An apparent lack of “human resources” has been cited in just about every sector, public and private. It's often been used as a catch-all for everything ranging from supply chain issues to service delays.

But, is it really a human resources issue? Is it actually a dearth of workers, or is it a surfeit of workers who now have different expectations of the workplace?

Depending on who you ask, the answer is “yes” to all three of those questions but, no matter who you're talking to, there appears to be a lack of appetite to dig a little bit deeper.

We've had to adapt to more “new normals” than we could have ever anticipated at the start of 2020, but outside of offering remote and hybrid work opportunities, how much else has really changed? How much of what is offered our “human resources” reflects our current realities, rather than the reality of the quaintly-rebranded “before times”?

In my observation of many sectors and industries it has been minimal at best.

I recall in the last Federal election, an independent candidate who happened to manage a warehouse, complained about the lack of response to a job posting they had recently placed online. People just don't want to work was the argument they put forward, but, when pressed, they had done nothing to tailor the job to our new reality.

We haven't lost human resources, in my opinion, but rather human resources may be seeking opportunities that reflect post-pandemic realities, the time and effort they have put in to acquire the skills needed and wanted, and, in the end, offer what they need to just get by in these challenging times.

If people seeking emergency treatments that might not appear to be life-threatening have to go well beyond their community hospitals to get the help they need, it's a problem that deserves full consideration and a full analysis of how we got here, the direction we're headed, and what really needs to be done to keep the systems we rely on afloat.