

**PRESENTATION TO
STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS**

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Good morning, my name is Dr. Stephen Cooper. I have been a rural physician on Manitoulin Island since 1992. Together with my colleague Dr. Viherjoki, we serve as the Ontario Medical Association's chairs for both of northern Ontario's districts. It is a large area geographically but with a population smaller than the city of Ottawa.

I am here today in my role as chair of the Ontario Medical Association's northeast district. It is the vast area of northeastern Ontario that stretches from Wawa to Temiskaming Shores and from Moosonee to Parry Sound. It's a region of stark contrasts: Downtown Sudbury and remote Kapuskasing and Hearst. Mining and resort communities. Remote and urban Indigenous communities. A large francophone population as well as immigrants of Italian and Finnish descent. A health sciences centre that is striving to build a world-class reputation and smaller hospitals, like the one I work at, that provide general cradle-to-grave care by a handful of all-purpose nurses and physicians.

I appreciate the opportunity to speak to the Standing Committee on Finance and Legislative Affairs during its pre-budget consultations, and to bring you the perspective of a rural physician who has practiced in the north for three decades.

We know the province's health-care system is facing enormous challenges. In northeastern Ontario, these strains are magnified by the unique difficulties attracting and retaining physicians in the region; a small and disproportionately older population dispersed over a vast geography; lower life expectancies; and a mental health and addiction crisis that has only become worse since the pandemic.

Northern doctors are providing care to complex patients, and in exceptionally difficult circumstances. We work in clinics, hospitals, long-term care and patients' homes. But there are not nearly enough of us to provide the care our communities need and deserve.

Last year, the north had a shortfall of some 325 family doctors, internists, psychiatrists, pediatricians, anaesthetists and other subspecialists. This year, that number has ballooned to more than 350. It is hard to overstate the consequences for access to care if this trend continues. As Dr. Sarah Newbery told the committee last year, without physicians in rural communities in the north, there is no emergency department as we know it.

Ontario doctors have been working hard to bring forward practical solutions to problems that we confront every day. Last year, the committee heard about *Prescription for Ontario: Doctors' Five-Point Plan for Better Health Care*, setting out 87 recommendations to put the health-care system on the road to recovery, including 12 specific ideas to make care more accessible in the north.

We are grateful for the investments government has made to deal with some of these issues over the past year, including investing in 30 more undergraduate seats and 41 post-graduate positions at Northern Ontario School of Medicine, investments to combat the opioid crisis through the Opioid Recovery Fund and capital investments to build a new francophone

community centre in Timmins. But the urgency of the situation demands that we confront these challenges more aggressively. In the north, that means implementing those investments without delay, and addressing the shortage of doctors and specialists with new ideas that can have immediate effect. Dr. Viherjoki will have more about this in his presentation to the committee.