Sholom Glouberman has spent his career in the healthcare system and in developing health policy. But as he details in his new book, *My Operation*, when he became a patient, he was surprised and disgusted by the way he was treated inside the system. Partly as a result of that experience, he's founded the Patients' Association of Canada (PAC) to change the way the system works. We caught up with him in his office at the Baycrest Centre for Geriatric Care, where he works as philosopher in residence.

**What exactly does a "Philosopher in Residence" do?**

Wittgenstein believed that philosophy was a way of sorting out conceptual problems. So if you, for example, are a doctor, then there's a kind of philosophical root to what you do, a basis for it. The same thing is true if you're a different professional. Nurses and doctors have different philosophical bases for what they do, and the same thing goes for other health professionals. For example, nurses value autonomy of people very, very highly. Doctors don't even think about it as an issue, they think primarily about how to diagnose conditions and understand treatment and things like that. Those differences in the ways people work can create difficulties in how they go about treating people. So some of what I do is mediate those differences at Baycrest by talking, by helping people understand where they are coming from. That kind of thing. I work with staff, I work with patients -- yesterday I had a meeting with the ombudsman to talk about the relationship between patients and her office.

**And now you've begun dealing with patients' relationships to healthcare in another capacity, with the Patients' Association.**
Yes, because one of the things that's true is that large institutions, especially healthcare institutions, have very little room to hear the patients' perspective on issues. The discussions tend to be among professionals and tend to not really listen very carefully to the patient's perspective on things. So what we're trying to do is bring the patient voice to the table.

**What do you think should be changed about the system to make it more responsive to patients?**

It's not so much a "should" as that the system is structured inappropriately for what it faces. Between 1880 and 1920, the modern healthcare system was developed, and the modern healthcare system is the one we have now. It's a system built to deal with acute infectious disease. But most people today have chronic conditions. For a chronic condition, how you live, what you eat, whether you're anxious or not -- all of those things can have an impact on things like heart disease or diabetes or cancer. But those things are not part of the system. People aren't trained to deal with it and the system isn't structured for it.

Decisions about the system are now made by everybody except the patient. All these experts make them: politicians, policy-makers, physicians, researchers -- they're all at the table to make the decisions. Patients aren't at the table. Bringing patients to the table is now appropriate. It's necessary if you're going to deal with chronic conditions. The patient experience is part of dealing with the condition.

**In your book, My Operation, you mention that you think customer service skills should be a requirement of healthcare careers.**

Of course. If you go through hospitals and you look at the people who are the face of the hospital, almost none of them have any training in customer relations, or in how to deal with other people's anxiety. And people who come to healthcare organizations tend to come with quite a high level of anxiety. If you compare a hospital front door to the front door of a Dim Sum restaurant, the person at the front of the restaurant is far more skillful at dealing with people's anxiety than someone at the front end of the hospital.

These solutions are not expensive and it's not hard to figure out how to do better. But it's not done.

**So what kinds of things is the Patients' Association going to be doing to improve the situation?**

We've already done stuff. We've initiated the Patients' Choice award, which rewards and acknowledges doctors who are especially patient, sensitive and provide a good patient experience.

There was a conference in June that was sponsored by the Canadian Institute for Health Research called "The Summit on Patient Centred Primary Care." But there were no patients who were engaged in the conference. And so what we did was we stole a slot. We said, if you're going to
talk about patient-centred primary care, you need a patient voice as part of the conversation, and they hadn't even thought of that at the time. But now it's on the agenda.

We have a lot of ideas. One is to start assessing educational programs for boards to help them deal with patient safety and quality. We want to develop educational programs for patients to help them function more effectively in system. We want to develop educational programs for institutions to help them receive and open up to patients better. And there's interest in that.

So what can readers do?

I think that the important thing is for people to come to the website and join as e-members. It doesn't cost anything. They can add their voice, and what we'd like to get is 2,000 members in a couple of months and 20,000 in a couple of years. What you get for joining is an occasional newsletter and your name added to the list saying this is the kind of thing you'd like to see happen.

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