**RTOERO**

**Template advocacy letters/op eds**

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**Family doctor shortage closes the door to the health care system**

Family doctors are the front door to the health care system – and for too many patients, that door is closed.

Primary care is essential not only to meet patients’ everyday needs, but to connect them with other health specialists or social service resources. Yet studies show that around 6 million Canadians lack regular access to a family doctor. This is a major issue across the country, including here in [insert name of province or local community].

The problem is only getting worse. Millions more patients have a family doctor nearing retirement age. Almost 1 in 6 family doctors are age 65 or older; seniors now comprise the fastest-growing group of family doctors.

The family doctor shortage has broad implications. According to research, people who don’t have a primary care physician require more emergency visits and hospitalizations, and have worse health outcomes overall. If they have an illness, the diagnosis is often delayed. And chronic conditions aren’t managed as well.

These are challenges for all groups of patients. For older patients, a family doctor can be essential in addressing and monitoring age-related health conditions.

The crisis in primary care is of significant concern to RTOERO’s 84,000+ members across Canada. Since 1968, [RTOERO](https://rtoero.ca/) has been a voice for teachers, school and board administrators, educational support staff and college and university faculty in their retirement. Our mission is to improve the lives of our members and Canadian seniors.

Policy-makers and health system leaders can help improve those lives by implementing strategies to stem the crisis in primary care access. The solutions range from increasing investments in primary care, to increasing family medicine residency spots, to fostering the environment that might entice more doctors to enter and remain in family medicine (e.g. more of a health team approach, less of an administrative burden).

Health care is a major focus of RTOERO’s [advocacy efforts](https://rtoero.ca/giving-back/advocacy/). Taking steps to reverse the family doctor shortage will help to address some of our priorities. That includes aging in place, which requires a range of health care resources, as well as elder abuse, where family doctors can play a key role in prevention and detection.

Ensuring that seniors have access to the primary care they need is a matter of both numbers and training. Beyond requiring more family doctors, we need family doctors (and other health care professionals) to have basic education and training relevant to geriatrics and gerontology. That’s on top of the need for additional geriatricians. Nationally, we only have about 300 geriatricians serving the older population (one for every 15,000 adults), which is far from sufficient.

While any patients can experience all sorts of health issues over their lives, only seniors experience something else that’s harmful: ageism. A Canadian study published in *Ageing Research Reviews* found that most older people surveyed have faced ageism, and most younger people admitted having discriminatory thoughts or behaviours toward seniors.

Ageism can creep into medical encounters as well, when there’s a perception that older patients take more time, or when certain treatable concerns – from chronic pain to hearing loss – are dismissed as just part of aging. That’s another reason why specific knowledge of geriatrics and gerontology, as well as anti-bias education, is vital for family doctors.

RTOERO also backs the International Longevity Centre (ILC) Canada’s demand of the Canadian government to support the UN Convention on the Rights of Older Persons. An international legal framework is an essential component of dismantling systemic ageism, and creating a more just and fair society for all Canadians as we age.

Addressing the family doctor shortage isn’t the only thing that will contribute to improved health outcomes for seniors. But it’s a critical step in ensuring that seniors, and patients of all ages, receive the primary care that meets their needs. And that keeps the door to the rest of the health system wide open.