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EDITOR'S NOTE

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In this issue of the *Journal of Current Clinical Care*, we confront an uncomfortable truth: our healthcare system stands at a critical juncture where clinical excellence must coexist with unprecedented operational strain. The articles presented here illuminate both the technical evolution of medical practice and the deeply human challenges that threaten to undermine the very foundation of compassionate care.

Dr. Alykhan Abdulla's compelling commentary on *Our Broken Healthcare System* forces us to confront a disturbing reality. While healthcare providers navigate impossible operational demands—managing 400+ daily calls, seeing 500+ patients weekly, and working extended hours—they simultaneously endure verbal abuse, racial epithets, and online harassment. This toxic environment accelerates physician burnout at precisely the moment when we can least afford to lose dedicated healthcare professionals. With over 165,000 orphaned patients in Ottawa alone, every departing healthcare worker represents dozens more patients left without care.

The irony is stark: in our desperation for healthcare access, we risk destroying the very people who provide it. Dr. Abdulla's plea for kindness represents a critical patient safety issue. Burned-out providers make mistakes, leave the profession, and ultimately worsen the access crisis that drives patient frustration.

Simultaneously, **Dr. D'Arcy Little's** examination of *Stroke Imaging* demonstrates how rapidly medical practice continues to evolve. The shift from rigid time-based treatment windows to individualized, imaging-guided care extending up to 24 hours represents a paradigm transformation requiring both technical sophistication and seamless care coordination. Advanced multimodal imaging can identify stroke patients who benefit from intervention many hours after traditional windows have closed, yet what value does this precision hold if patients cannot access timely care due to system collapse?

Dr. Michael Gordon's *Multistep Approach to Managing a Patient Referred for Cognitive Concerns* exemplifies the integration of clinical expertise with profound humanity. His emphasis on establishing genuine human connections—greeting patients in their native languages, learning their stories—demonstrates that even in specialized care, the therapeutic relationship remains paramount. Similarly, **Dr. Marina Malak's** systematic *COPD Management* in our featured *3P: Pills, Pearls & Patients* podcast shows how evidence-based medicine can be delivered with practical wisdom, tailoring treatments to individual patient capabilities while maintaining clinical excellence.

The path forward requires acknowledging that clinical excellence and operational sustainability are interdependent necessities. We cannot achieve optimal patient outcomes through advanced protocols while simultaneously burning out the providers who deliver this care.

Healthcare transformation demands more than technological advancement or additional funding. It requires recognizing that healthcare providers are human beings operating within an overstretched system, deserving of the same respect and compassion they strive to provide their patients. Only by protecting our healthcare workforce can we ensure that medical advances translate into improved patient outcomes rather than becoming mere academic exercises in a collapsing system.

The choice is ours: support our healthcare providers with kindness and realistic expectations, or risk losing the foundation upon which all medical progress depends.