



PRESIDENT'S MESSAGE

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EQUITY, DIVERSITY, AND INCLUSION - WALK A MILE IN MY SHOES

The topic of equity, diversity, and inclusion (EDI) has been front and centre in the consciousness of society for several years now. It certainly is considered and serves to shape many of the policy decisions of governments, academic institutions, and employers, among others. In the last issue of Footprint, our Registrar spoke at length about the efforts she is undertaking on behalf of the College to do our part in protecting the public through a better understanding of EDI and the improved health outcomes that can result from the application of robust EDI principles. One thing is for sure, I certainly do not have the insight nor the educational foundation to begin to attempt to speak to the magnitude of the suffering, not to mention the unnecessary negative health outcomes a lack of EDI has caused within the healthcare setting. Nor do I have the full depth of comprehension to appreciate the magnitude a lack of diversity, inclusion and equitable access to healthcare has on the different segments of our society.

Nonetheless, as horrific and shameful as the relearning of the history of those impacted by a system failure to previously adopt EDI might be to us, it is a gauntlet line that we are obligated to travel along toward becoming a more just and tolerant society and better neighbours to our fellow citizens. We must not overlook that each such injustice committed has a human face and a human outcome that, in the context of providing healthcare, can not only amount to a less-than-optimal medical outcome but a dangerous one. Collectively, entire peoples were maligned, and we now look to do our part to contribute to appropriate redress. EDI is a part of that redress.

As Ontarians, we don't have to look far to see the ravages of systemic discrimination and how it has impacted and continues to impact entire communities in a tangible way. Take the example of the First Nations and Indigenous peoples living in the northern rural regions of our province. In the last Footprint, the Registrar referenced data from our northern community LHINs that demonstrate shockingly high rates of lower extremity amputations amongst people living in those communities compared to those of people in other rural and urban centres of our province. The link to that data and study is here: https://www.cocoo.on.ca/pdf/Email/Aug/registrars_message.pdf.

This information has formed the foundation of a Position Paper the Registrar and I drafted based on the available data around lower limb amputations. This paper will soon be shared publicly as evidence



supporting the immediate adoption of the full-scope podiatry model in the province Council has endorsed as part of its Strategic Plan and Vision statement. As a College, it is very exciting to be a part of the solution to helping address the tragic plight that has severely impacted these communities. Earlier this year I, along with all College staff, Council members and Committee members, completed an EDI course in Truth and Reconciliation as one step on a continuing path toward increased awareness of this important principle.

While systemic discrimination is a subject that challenges the mind as to the depth, breadth, and scope of its impact, we must each of us, as healthcare professionals grapple with how to apply the concept of EDI in a very practical way in our day-to-day practice to begin to affect even the smallest of changes in the lives of those with whom we interact. As an employer, applying EDI might appear relatively straightforward in terms of practical actions such as more diverse and inclusive hiring practices. But what about EDI as it applies to our patient interactions and how we provide care to our patients? I fervently believe that we can make a significant impact, one patient at a time. To do so, we must be adequately prepared through greater sensitivity and awareness of the potential barriers to given patients receiving optimal care. By taking the extra time to converse with your patient about the specific challenges they face, you may be able to peel back the layers of the problem to better assist them in addressing the medical concern for which they seek your care. Yes – that’s right; I’m suggesting that simply by taking that little bit of extra time with a compassionate ear and an EDI-acquired sensitivity, you can, and you will make a significant difference in helping your patients with their medical concerns. Often with this deeper understanding you can make a significant difference in another person’s life. Isn’t this the essence of why each of us gets up and goes to work daily?

This much I do know – as a consequence of the little I have learned in my personal journey of EDI learning and understanding, I am much more open and willing to hear the personal stories of these various traditionally underserved people who come to see me, and I believe I am a better practitioner and person for it.

I wish you a Happy Holiday season and all the best for the New Year!

Collegially,

Peter Stavropoulos, DPM
President