

Book review

Who killed the Queen? A public health murder mystery

Who Killed the Queen? The Story of a Community Hospital and How to Fix Public Health Care

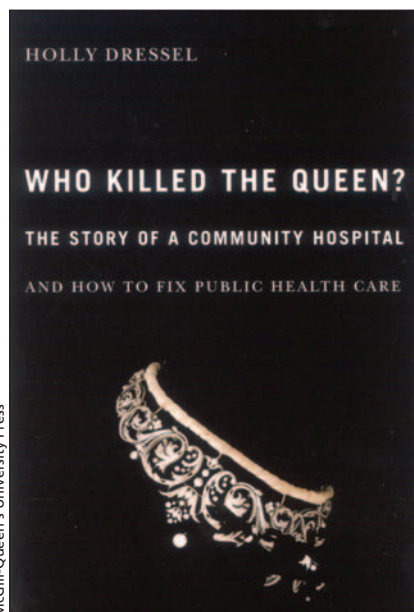
Holly Dressel

McGill-Queen's University Press; 2008
502 pp \$39.95 ISBN 978 077 353 34 00

It is always a pleasant surprise to open a book about a subject that seems remote in time or space and then realize that it has clear implications for our daily life. This book is one of those surprises.

Holly Dressel, a journalist and researcher known for her work with science activist David Suzuki, uses archives and interviews to describe the life and death of the Queen Elizabeth Hospital, a small community institution in Montréal, Quebec. The multifaceted history unfolds before our eyes: we navigate through the creation of the hospital in the 1890s, its struggles and functioning in the pre-medicare era, the lives and devotion of nurses and physicians and the switch to state-sponsored universal health care.

The description of patient-centred care, great team work, respect between doctors and nurses and between specialists and general practitioners would make any contemporary health care worker jealous. "In order to promote equality and empowerment, parties, dinners, and team sports as well as a friendly atmosphere that encouraged familiarity, horseplay, and practical jokes were part of the hospital's routine." Some surprising facts are also exposed, such as how the Queen Elizabeth was a homeopathic medicine hospital when it was created, at a time when that discipline was almost on par with "modern medicine"; the author supposes that it might explain the hospital culture of caring for the whole person and its focus on primary care. A fascinating point is also brought up in the chapter entitled "Family Medicine." At the time even a small hospital could be at the edge of medical research, and this community hospital



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was at the forefront of the development of post-war anesthesia, and one of the first ones to safely use curare — maybe, again, because of the homeopathic tradition.

The second part of the book takes a firm stand and decries the arbitrary closure of the Queen E as a crime. Like any good murder mystery, the first few chapters lay out the context. First, we meet those who knew the victim — Queen Elizabeth Hospital — the best: its employees, from long ago to present day. Then there is a focus on one of the most important families in the history of the hospital, the Griffith family, through whose history we cover a hundred years of changes in medicine. The next part exposes the struggles that the hospital had to deal with in terms of funding, caring for the destitute sick, charity, and how medicare changed all of these. This background is paramount to the understanding of the crime and its effect: in chapter 5 the Queen is killed, but not without trying to fight back with all its strength. The inquest then leads us from the usual suspects — the provincial government, which carries all the blame for the closure — to the unforeseen ones: the federal government, forces of globalization, the International Monetary Fund

and bond-rating agencies that were the masterminds in the shadows, according to Dressel.

The strength of this book is its use of a concrete, precise, well-researched case to exemplify how bad decisions are made and how we still suffer from them — such as the 20% cut in hospital beds and its present day implication, which is clear to anyone who has been to a Montréal emergency department recently.

While the context of the "murder" of the Queen E and the events leading to it are well exposed and a pleasure to read, the analysis of the forces at play is a bit broad and rapid, and one might have liked more references and examples to understand it in more detail. Some general statements are based on a 1-person point of view — like the one concerning the "punitive" nature of Quebec policies compared with the rest of Canada — and others are very general. And the core questions — "Is public health care really a business? Should it have to respond to and satisfy market forces?" — are definitely only touched upon.

However, the analysis' conclusion is quite pertinent to the issues at stake in Canada and elsewhere: the choice to close small hospitals is a questionable one, economically and politically, and the craze of mega-hospitals is definitely a move toward overspecialization, dehumanization, more nosocomial infections and pandemics and, worst of all, the abandonment of primary, preventive health care, which has been shown pretty much everywhere else to save more lives than any of the recent high-tech innovations.

Overall, this is a book to be read and reflected upon in an era where "larger is better" and where public health officials and health ministers seem to forget yesterday's mistakes while making today's decision.

Isabelle LeBlanc MD

Family medicine
McGill University
Montréal, Que.