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Book Review of *Who Killed The Queen?*

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In her book *Who Killed the Queen?* Holly Dressel poses a question akin to other murder investigators. Through a variety of plot twists, uncanny characters, witnesses, and foes she highlights the story of the death of the beloved Queen Elizabeth, a hospital on the west side of Montréal, Québec. Yet through the careful recounting of this death, she grasps the larger significance with this case and uses it to highlight the underlying causes of the healthcare problem today.

Holly Dressel considers the death of the Queen as a uniquely emotional event, with many still feeling the loss and grief from losing a beloved friend. She shows however, that this death was part of a larger pattern. What if one death was followed by a number of other deaths for the same reason? *Who Killed the Queen?* is much more than a book investigating the demise of one of the longest lived and most celebrated hospitals in Canada. Instead, the author takes the reader through the arena of international financial forces, language politics, and provincial political dynamics in a search for the answer to a much bigger question—who committed what can only be called an act of institutional genocide that ended in the loss of more than 20% of all of the hospital beds, through the closure of small community hospitals in Canada?

The story begins with a discussion of her role in the project. Dressel was hired to create a life history of the community hospital upon its closing in 1995. The hospital workers wanted closure and clarity, and perhaps explanation, for the loss that they were feeling. The project was to retell, communicate, and publically record the life events of the Queen Elizabeth Community Hospital. The funding was provided from the last vestiges of a yearly budget, left over after a surprise closing and quick disbursal, which left some funds both from the yearly budget and from the original owner endowment. This book could be considered an exercise in grief and history, but as the investigation got under way the facts brought the author to telling a different story using the Queen Elizabeth as a case study.

Understanding the overwhelming grief from the loss is not difficult. This was not a hospital that was sick. Rather, it enjoyed a prime position in the West side of Montreal, was a founder of the practice of Anesthesiology. Here, Harold Griffith adapted and integrated *Curare* into the surgical toolbox in 1942 through the proper delivery and dosage. This single feat increased the odds of survival in surgery to reach acceptable levels, helping to make modern medicine possible. This history remains embodied in the Anesthesiology department at McGill University, and the scholarships that are held under the Griffith name. The Queen also served as a teaching hospital for McGill medical and nursing students, and was home of one of the only family medicine training centres in Montréal. It was different than many hospitals for its history as an equitable, community-oriented, caring, homeopathic institution focusing on the provision of family medicine to all types

of patients in the most caring way possible. In short, it was a well run, well loved, innovative, and equitable institution that was focused on delivering care rather than making money.

The problem as Dressel defines it is that the cost of medical care has elevated regularly over the last number of years, mostly due to the elevating cost of pharmaceutical cures and regiments. This has been exacerbated by a focus on prestigious research and the focus on curing or treating rarer diseases. "The real problem", as Dressel notes, is that while "*paying* for increasingly expensive and complicated hospital care has been left to taxpayers [or]Ĕ individuals", that "*controlling* the rising costs of hospitalization and general medical care has been left entirely to the very entities that stand to gain most from every price hike" (241).

But it was never about the Queen. A beloved institution was lost, but it was not because of any mistake or problem with the hospital itself. Instead, as healthcare became more under the control of the government, the hospital began facing the violent tides of political shifts: at once forbidding something, then repealing that decision and eliciting that same action. In the face of fast technological growth and historically low budgets, as well as a constant throng of misleading and sometimes patently false claims from political entities such as the Fraser Institute, these tides were magnified. Finally, as QuébecŠs and indeed most provinces in Canada were being faced by a credit rating downgrade from the International Monetary Fund, plans for a super-hospital were submitted. The spiral to death was quick, unexpected and violent; coming on the heels of a newly purchased CT scanner, laparoscopy equipment, and the mammography unit in Canada, it could not have been timed any worse nor been any more sudden.

Dressel notes how quickly and terribly forces tore at community hospitals in Canada, and comes up with a plan for a rebirth in the face of a new force: expensive pharmaceuticals. Historically, medicine was held clearly in the hands of doctors, but now the expansion of pharmaceutical research has led to an increased reliance on simple cures and treatment priced by market forces to deliver adequate treatment. The ability for a privately insured health system is dismissed for its inability to provide care—the basic necessity of a healthcare provider. Private healthcare and hospital consolidation into super hospitals are not shown to be the correct way, as they too reduce care. Instead, there needs to be a refocusing of healthcare from its current 'all inclusive get-away spa' towards a system that focuses on caring for the patient in a way that actually makes them live *longer and healthier* lives. Not all interventions make a difference, and many harm the patients in new and terrible ways. Knowledge of what works and what does not is necessary, while focusing on appropriate and efficient care for the patient given their medical problem.

As a society we have faced a consolidation of care. This has not led to better, nor cheaper, nor even more efficient care. Rather we are now facing the loss of the egalitarian system that defines Canada and gives Canadians some of the best health outcomes in the world. We have killed community hospitals, when community hospitals have served us better than any other form. Dressel's suggestion for healthcare reform is clear, simple, and based on all of the best types of evidence: we must return to smaller, more efficient, and more flexible hospitals that focus on prevention and delivering care to those who can benefit from that care first, and delivering specialized cures secondarily.

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References

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