

D. Robert Siemens, MD,
FRCSC

CUAJ Editor-in-Chief

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Should the delivery of healthcare be regarded as a business venture with all its incumbent financial modelling or more of a social obligation mandating some degree of fiscal sacrifice in order to bring “health” to society at large? Likely, most readers of *CUAJ* would naturally gravitate toward the latter notion during the multiple years spent learning and perfecting their craft in medical school and residency training. However, within a short period of time in practice (anywhere in North America), it would become quite obvious to any clinician that the answer to this question is complex and not easily attained. As often cited, we quickly learn that “Healing is an art, medicine is a profession, but healthcare is a business.”¹ Despite billions invested each year by provincial and federal governments to support hospital-related care in Canada, significant fiscal gaps are steadily increasing, requiring novel and sometimes draconian measures to close that gap and balance the budget. Despite some slowing in the pace of growth over the last six years, healthcare expenditures in Canada are still approximately 10.9% of our GDP (about 17.5% in the U.S.): the healthcare industry is expensive.

Over the last few years, it has become increasingly apparent that in order to continue to deliver healthcare — recognizing this is only one component of enabling good societal “health” — it needs to be more effectively managed and fiscally prudent. The subsequent focus on the business of healthcare has become intense, with many healthcare organizations exploring and adopting business principles and development; this is something that has been previously foreign to us in Canada. Furthermore, greater numbers of individual physicians are seeking out business training, given this environment and the mounting complexity of the marketplace.²

Experientially, most Canadian medical school curricula, as well as residency training programs (including urology), have done a poor job in providing adequate exposure and teaching of basic principles of business administration, specifically topics typically taught in Masters of Business Administration (MBA) programs. This is despite a strong recent focus on healthcare by many business schools in North America.

At *CUAJ*, we recognize this as a potential need for our readers and are excited to introduce a new series of articles entitled, “The Business of Urology,” authored by a number of engaged leaders in the urology and business worlds.

The first article in the series, published in the current issue, concentrates on physicians as leaders. Future issues will cover topics such as negotiation, change in management, political influence, organizational behaviour/human resources, strategy, finance/financial planning, and accounting/data management.

Although some formal business training in our educational programs would be ideal, the present reality for most of us is to learn these concepts and practices on the fly. And while a formal MBA degree for all urologists is impractical, we are confident this series of articles will provide interesting, practical guidance on the business aspects of urological practice.

More than ever, with the changing landscape that is healthcare, it is crucial that current urology leaders and those of the next generation are forward-thinking and properly educated in both medicine and business administration. It is *CUAJ*’s hope that this series on “The Business of Urology” will provide Canadian urologists with the ability to perform at a high level in their various present and future clinical, administrative, education, and research roles. Let us know what you think!

References

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Correspondence: Dr. Robert Siemens, Department of Urology, Queen’s University, Kingston, ON, Canada; siemensr@KGH.KARI.NET