The CUA regularly conducts needs assessments to gauge members’ opinions on the impact of current activities and to consider where the organization might focus its future efforts. In the latter category, the last two surveys have signaled the membership’s interest in the CUA taking on a more proactive advocacy role. Specific examples of advocacy initiatives that members felt the CUA might address include:
- Promotion of physician wellness
- Playing a role in provincial fee code negotiations
- Helping in the approval of new technologies
- Lobbying for drug access based on national guidelines
- Assisting with hospital resource expansion
- Creating and supporting tumor registries
- Addressing drug shortages
- Lobbying for more peer-review research funding

While all these topics are important, the CUA board, in consultation with several of its relevant committees, has been giving considerable thought to the pros and cons of wading into the advocacy pool (some might say cesspool). There are many important considerations. Which topic(s) can we realistically address and have an impact on? Does the CUA have the resources to tackle issues that might require years to resolve? Effective advocacy would require the CUA to interact with governments at the federal and provincial levels with a degree of engagement the organization has never had before. Are we equipped to enter into those relationships? Advocacy requires a strong media presence; will that open up the organization to unwanted scrutiny? How much will all this cost?

With those caveats strongly in mind, it does seem, however, that the CUA is in a strong position to become a forceful advocate. We are a cohesive group, with a national presence, and a reputation for academic excellence. The time may be right to parlay those strengths into attempting to influence policymakers. To be clear though, this would not be an initiative we could do “in-house.” For us to be effective interacting with governments, the CUA would need the assistance of those who regularly deal with legislators and policymakers to facilitate the proper contacts and ensure our messaging is clear and effective. A review of the activities of other medical organizations in Canada that have successfully embarked on advocacy indicates this work requires the assistance of professional lobbyists.

Needless to say, the CUA is doing its due diligence before committing to this endeavor. A subcommittee of the board has been struck to further delve into the nuances of what establishing an advocacy presence will mean for the organization. Foremost in this group’s conscience is the awareness that the main purpose for the CUA to take this bold step would be to enhance the care of the patients we serve. As the “Voice of Urology in Canada,” adding advocacy to our organization’s mandate seems not only timely but worthy of consideration if we are to live up to our own mantra.

This is an important step the CUA is considering, and we will continue to update you on the deliberations. I would also welcome members‘ comments.