Celebration of World Family Doctor Day
Tuesday, May 19, 2015
Jacqueline Sharp - President & CEO, Scotia Group

Salutations

- Caribbean College of Family Physicians
- Association of General Practitioners of Jamaica
- The Post Graduate Training Program for Family Doctors
- Other special guests

Good morning everybody. A special good morning to our doctors. We are happy to be here to celebrate you, and to honour you for all you have done for us as individuals and as a society.

Let me begin by saying ‘thank you’. Thank you because I understand that medicine is not a job, – it is a calling. A physician is not like an accountant or an engineer or a marketer; you are always to some extent, on duty. I’ve never been on a flight and heard the flight attendant ask, “if there is an accountant on board, please identify yourself to the flight crew.” You play a vital role in our society, and it is because of you that we continue to thrive, despite the economic and other difficulties. We thank you.
Today, on this World Family Doctors Day, we are recognizing those of you who focus on primary health care. You work at the grass root level to provide care to patients. You are the backbone of health care, either in the clinics or at your private practice. I read Dr. Rattray’s article in the Gleaner yesterday, and couldn’t agree with him more. He said that general practitioners or primary-care physicians are the solid core in medicine, the ‘general managers’ of patient care, the persons who are the first line of defense, and who have to have a wide breadth of experience and knowledge to diagnose among a wide range of illnesses and then refer patients to specialists as needed.

You have been integral to the improvements that we have enjoyed in primary health care. And the efforts are evident in the numbers. According to the Pan American Health Organisation, life expectancy at birth in Jamaica is now 73.1 years¹. That is in large part due to overall improvement to our health that strong primary care provides.

And your job is not easy. I am a banker, and as a banker, I can tell you that the Internet has dramatically changed our business. The internet has meant that most of our customers know

¹ http://www1.paho.org/saludenlasamericas/docs/hia-2012-summary.pdf retrieved March 31,2014
more and have better access to financial information than we imagined possible. And I know that you experience the same thing. Accurate or not, I am sure many patients come to see you with a reams of questions, facts and falsehoods gleaned from the Web.

Even with the explosion of health information on the Internet, and patients Googling their own diagnosis, or requesting particular treatment for imagined diseases, the key to your success remain the same: being highly competent in providing quality essential individual and community health care.

But technological change is also real, and will continue to shape medicine. Diagnostic advances, and new treatments allow much faster and accurate detection and management of conditions that may not even have been well understood when you and I were students. Earlier this year, Scotiabank had the privilege to inaugurate the Telemedicine Room at Bustamante Hospital. This facility is part of the Sick Kids Caribbean Initiative to improve health care outcomes in the Caribbean, and one we are extremely proud to support.

The telemedicine facility allows doctors here in Jamaica – maybe some of you here today – to consult on cases with colleagues throughout the
Caribbean, and at Sick Kids Hospital in Toronto, sharing diagnostic imaging and patient files electronically, while speaking face-to-face virtually. I share this story because it reflects what Scotiabank believes: that healthcare is critical the future of the Caribbean, and you are the front line.

Health care continues to be among the top issues on the public’s agenda, and the impact that a physician can have on policymaking decisions is great. As medical professionals, you enjoy a unique measure of respect in society. Although bankers still command some respect, you, as care providers bring a voice that will be listened to, whether in your community, town or parish, or nationally.

But “with great power comes great responsibility” – that’s a quote from either Voltaire or Spiderman, depending on if you ask my son. You have the responsibility to influence the public discourse of Jamaica, with your unique insight into the lives and needs of a vast cross-section of the Jamaican population. Part of your calling must be to promote prevention, and to lobby for policy change.

One of Scotiabank’s focus areas is youth. You can see that focus in our Kiddy Cricket program, in our support for the Bustamante hospital, and we
believe that this is an area where the medical community can significantly influence public policy.

With that in mind, I’d like to speak to you as about adolescent pregnancy, child abuse and violence, as we recognize Child’s month in May.

Take for example the early sexual exposure and pregnancy of so many of Jamaican teenage girls.

- According to the 2008 Reproductive Health Survey, the mean age at first intercourse for females 15-17 Jamaica is 14.4 years.
- In the Caribbean, about half of the girls who have sex during adolescence, experienced their sexual debut by age 12, making them victims of a sex crime. About one in ten of these incidents are forced\(^2\), and others occur in circumstances involving transactional, inter-generational or coerced sex\(^3\).

Teen sex crosses all social and economic classes, but statistics also show that poverty makes girls more vulnerable to sexual exploitation and adolescent pregnancy.

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\(^2\) The 2008 Reproductive Health Survey shows that 11% of female adolescents and youth have been forced to have sex against their will (p.408).

\(^3\) Estimated rates of coerced sex vary substantively in different behaviour surveys. In the 2012 National HIV/STI KAPB study, 12% of girls in the same age range had been forced to have sex within the preceding year (p.19). However the 2008 National RHS shows that for nearly half of women in the 15-24 age group, their first sexual encounter was coerced (p.279). Variations may result from differing interpretations of what comprises coerced sex.
• According to the United Nations Population Fund Jamaica has one of the highest rates of teenage pregnancy in the Caribbean, with 18% of all births in Jamaica occurring to teenagers.

• It is also estimated that up to 80% of first pregnancies among youth aged 15-24 are mistimed, unplanned or unwanted⁴.

Many of these girls are from poor communities and get little support from the fathers in bringing up their children. Because of their incomplete education they have difficulty finding fulfilling employment, and they get caught in the cycle of poverty.

As a health care provider, you play a critical role in supporting appropriate sexuality among teens and reducing teen pregnancy rates, through the care you provide to your adolescent patients. Teens need access to comprehensive sexual and reproductive health counseling about the importance of delaying sexual activity and about their contraceptive options. While you might say that this is the job of the parent or teachers at school, your position as an influencer gives you both great power and great responsibility.

⁴National Youth Survey, 2010, GOJ/IDB Youth Development Programme, Summary of Findings, p.11
You are best placed to identify children at risk. Together with social services and education, you promote programmes that teach and enhance parenting skills so that parents can play a more effective role with their children.

Right here in Jamaica there are programs being organized by doctors to reduce teenage pregnancies. For example Dr. Rudolph Stephens leads a team at the Victoria Jubilee Hospital that work on prevention methods for teens already pregnant to reduce the chances of a repeat experience.

My question for you: is there more that you can do? How can you promote youth reproductive health in your agenda? Are there programs you can be involved with to help share the message?

And from an advocacy standpoint, are there policies you can recommend that would help change these behaviours?

And let me reinforce that this is not your job alone. As a bank, we too are trying to make a difference for Jamaica’s youth. Recently the Scotia Foundation hosted a conference titled Girls Empowered for Motherhood and Success or “GEMS” to encourage conversations on parenting as a choice, and raising personal standards.
Throughout this month, child month, we have coordinated a number of activities with agencies involved in child care as we try to raise awareness about the abuse of our children.

Our Scotia Foundation, through partnerships with various health organisations, have been involved in healthcare for 20 years. For the past 4 years, we have worked with the Medical Association of Jamaica on the Healthy Population Initiative, and have provided financing and other financial services to association members.

We have also contributed extensively to the health sector through:

- building the Renal Unit at the Cornwall Regional Hospital
- renovating the Renal Unit at the Kingston Public Hospital
- building the Accident and Emergency unit at the Port Antonio Hospital
- expanding the Accident and Emergency Unit at UHWI
- facilitating purchase of new equipment for the Bustamante Children’s Hospital
- equipping the Jamaica Cancer Society with a Mobile Mammography Unit.
• And most recently the telemedicine centre at the Bustamante Hospital that I mentioned earlier.

This shows our strong commitment to a healthier society and to our youth, both of which are critical for our future growth and development.

So Today on World Family Doctors Day, I commend all the stellar services you have provided and still continue to provide. I encourage you to continue to make a difference in the lives of the patients with whom you interact. And I challenge to you to continue to make a difference. To stand up and speak out. Push the system. Let’s improve the health system we have.

Thank you. Have a great day.