My Family Doctor

Close to the seat of power
Conversation with former Federal Cabinet Minister John C. Crosbie

Barbara Kermode-Scott

The good old family physician—anybody with any sense is all for them.

—John C. Crosbie

B orn and raised in St John’s in the Dominion of Newfoundland, John C. Crosbie was 18 years old and attending St Andrew’s College in Aurora, Ont, when Newfoundland joined Confederation on March 31, 1949, and he became a Canadian. In the course of his 28-year political career, this proud Newfoundlander and proud Canadian fought 10 elections (one for St John’s City Council, four provincial, and five federal), held many senior portfolios (eg, Finance, Justice, Fisheries, Mines and Energy, Health) in provincial and federal cabinets, and was an important figure in 20th-century Canadian politics.

John Crosbie was appointed to the cabinet of Joey Smallwood’s Liberal government in Newfoundland in 1966. He later challenged Smallwood’s 23-year “tyranny” as Premier and fought to restore democracy to Newfoundland. When Conservative Frank Moores became Premier there in 1972, Crosbie joined him and acted as his “number two” until 1976, when he entered federal politics as the Member of Parliament for St John’s West.

In Ottawa, Crosbie held the powerful Finance portfolio in Joe Clark’s government, was energetic and vocal in the Opposition to Pierre Trudeau’s government, and served 9 years in Brian Mulroney’s administrations. In 1983, Crosbie narrowly lost the National Tory leadership race to Brian Mulroney when his inability to speak French went against him.

During his political career, Crosbie fought fiercely for Newfoundland, free trade, the Meech Lake Accord, the Hibernia offshore development project, the Atlantic fishing industry, gay rights, pro-choice in abortion, and better divorce legislation. He battled against political corruption, discrimination against women in the armed forces, sexual exploitation of children, the breakup of Canada, and his media image as a loose cannon and, following his altercations with Sheila Copps, a misogynist.

Since retiring in 1993, Crosbie has published an award-winning autobiography, No Holds Barred My Life in Politics. Many have admired Crosbie’s rare honesty as a politician, his courage in always speaking his mind, and his skill as the master of witty or pithy phrases. Others have condemned him for having “foot in the mouth” disease. Whatever your view, you will find Crosbie’s autobiography gives a brutally honest, fascinating, highly entertaining, and educational record of his story, Newfoundland’s story, and Canada’s story. After reading it, you might agree with Barbara McDougall’s comment, “John Crosbie is a man who often says the wrong thing and does the right thing.”
Crosbie is currently Chancellor of Memorial University of Newfoundland and Labrador; Chairman of Memorial University’s fund-raising campaign, “The Opportunity Fund”; Counsel to the Atlantic Law firm of Patterson Palmer Hunt and Murphy; a member of various boards; and a frequent speaker at paid and charity events across Canada. He and his wife Jane have three children (Ches, Michael, and Beth) and nine grandchildren.

Q: Do you have a family doctor?

A: Jane and I have always had a family doctor. Much the best way of going about things is to have a family doctor. You need a doctor who knows you and your family, somebody you can call on at any time. We had ours for about 30 years, in St John’s. We had great trust in him. He’s 80 now and just retired after practising for nearly 50 years. We have a young fellow these days.

Our doctor and his wife are friends of ours as well. His wife worked with him the whole time he was a doctor. When I was Minister of Finance (in Joe Clark’s administration), she got after me because the federal tax then didn’t allow you to deduct your wife’s salary from your taxable income. I abolished that in the budget of December 1979. I changed it all so that spouses could work for their spouses and their salary would be deducted so long as they were actually doing the work and it wasn’t just a dodge.

Q: Who did you see if you were sick or injured when in Ottawa?

A: When I was a Member in Ottawa, you used to go down to the Armed Forces hospital there. They had medical services for Members of Parliament.

Q: Did you have a family doctor when growing up?

A: My original family doctor was Dr Dinty Moores. I broke my arm when I was 7 or 8 years old outside school, and I remember him being called into service to set the arm.

Q: What is your idea of an ideal family doctor?

A: They have to be... kind and considerate, and interested in looking after and understanding people. They also need to be intuitive. It’s hard work [being a family doctor]. I know that. If you’re doing your job, you’re taking calls night and day. It becomes very difficult, so you need lots of strength and patience. To be a good family physician you’ve got to have a lot of good qualities.

I’ve seen quite a few doctors in my time, and most of them have been pretty good. Because of a problem I had in 1979 with narrowing of the arteries, I’ve seen a lot of internal medicine specialists, and quite frequently, but family physicians are very essential, I think. I used to take Aspirin daily, but now I’m [taking warfarin]. I have to go in every couple of weeks for a blood check because they discovered I have atrial fibrillation. It’s never bothered me and I didn’t know I had this condition until it showed up on an EKG.

Q: Have your family also had good experiences with physicians?

A: Generally speaking, my family’s experiences with doctors have been very good. My brother Andrew died of cancer. The cancer specialist who looked after him was first-class. We’ve always looked up to doctors. Back in the old days in Newfoundland, before Confederation, the doctors were all known. They were household names. Everybody knew who appeared to be a good surgeon or a good doctor. It’s a little different now because there’s so many more physicians.

Jane had all our three children in the hospital and we’ve been lucky with them all. They’re all healthy. You have to be very thankful when you’ve had children who are healthy.

Q: Were you ever treated any differently as a patient when you were in a position of power?

A: No. I don’t think they treat you any differently. In fact, if you’re a politician, you’ve got to be careful that it doesn’t appear that they are treating you any differently. But it’s just a matter of fact that a lot of these doctors and people in positions of authority are people that you know or who know you. You’re friends or whatever. So you can get in [to see them] somewhat quicker than if you weren’t in that position. That’s just normal human relationships. There’s no doubt that you’ll have an easier time to get an appointment or they’ll go out of the way to see you if they know your name. It’s not really that you can do anything for them, it’s just that they know you and they understand that you’re in public life, and they want to be helpful.
Q: Has anyone ever been unpleasant to you because they disagreed with your politics?

A: No, I don’t think so. People are interested in seeing you.

Q: In No Holds Barred you describe a few medical problems, including a kidney stone and hemorrhoids, that you experienced at inopportune times during election campaigns. Can you tell me about those?

A: The kidney stone was certainly the worst pain I ever had. What a nightmare! I’ve been very lucky. I’ve only had the one. I was suffering from it at the time I brought down the budget in 1979 and in the days following. It became active in January just as the campaign was supposed to start for the 1980 election. I had to go out to campaign with my budget and I was laid up for a couple of days in the hospital. The damn thing wasn’t coming, so I decided that I’d have to agree to let them go up after it, which didn’t sound too pleasant. I was as lucky as hell because I urinated about 15 minutes before I was to go down [for the surgery] and the bloody thing popped out and saved me!

During the Leadership Campaign in 1983 I suddenly experienced a severe attack of hemorrhoids. That was terrible; I couldn’t move. I had all these important meetings and I couldn’t even sit down. It was quite amusing really, but at the time I wasn’t amused. I had to undergo emergency surgery in Edmonton. The surgeon who fixed my hemorrhoids said it was a great chance to be close to the seat of power! It wasn’t a very powerful seat, but anyway.…

Q: You also mention in your autobiography that you like a glass of whisky and that you once smoked but later quit. Did you ever receive any help from your doctor with smoking, or advice about alcohol?

A: I didn’t get any particular help with quitting smoking. I smoked quite a bit. Obviously it was a stupid habit. Jane was after me. Then all the knowledge about the effects of tobacco started to be known, so I just quit. I wasn’t helped by a doctor. I didn’t have to be.

I probably drink a bit too much, but I’ve never had a problem with alcohol. It was a problem in my family, but I don’t think any doctors were in any particular way helpful. If you’re an alcoholic, it’s very difficult for a doctor to do anything about it. You’ve got to make up your mind yourself that you want to. In my young days, it doesn’t happen any more, it was the habit here in Newfoundland for people to go on “bats.” My father, for example, if he took a drink, you’d know that for the next couple of days he was going on a bat. He’d be gone for a week, drinking night and day. It was incredible. There were others the same. It was common here. It appeared to be a social custom in Newfoundland. Things have changed. I don’t think any doctor was able to help. The person involved had to realize that they were going to come to grief if they didn’t stop.

Q: You were once a provincial Health Minister. Were the important concerns then any different from today?

A: I was the Minister of Health in Newfoundland when Joey Smallwood was Premier. I was appointed in 1967, and my major job was to get the province ready to participate in the introduction of the new Medicare scheme. At that time, Medicare was to the financial benefit of Newfoundland because the formula worked [in our favour]. With so few doctors in Newfoundland, the federal government would be paying about 65% to 70% of the expenses. That’s since changed, of course. Due to the changing environment here, we have far more doctors now, though there are still shortages among specialists and in rural areas.

Q: What do you think of the state of Canada’s health care system today?

A: We’ve had Medicare now since 1968-1969, and I think it’s time for a sober and well-researched look at the health system to see how effective it is and where we need to make changes to improve the system and make it more efficient. In medicine, and in Canada’s health care system generally, I don’t think the problem is how many resources we put into the system, but whether those resources are being properly used or not. Far more emphasis should be placed on looking at the utility of what’s being spent rather than on the total amount we spend on health.

My concern is that I think our tax system is too high, too onerous, here in Canada. I don’t want to see more spent on health until I’m convinced that the huge amounts being spent now are being properly spent. I’m not prepared to see my taxes continue as high as they are or go up to allegedly
improve or provide more spending for the health area if the spending may not be needed.

I also think it’s time for more emphasis on keeping people well rather than treating them after they’ve become sick. We also need to bring home to Canadians the benefits of what they’re getting and what the costs of Medicare are. Our standard of health care in Canada is pretty good, I think. The Americans have a pretty good health care system, too, but the costs of it are horrifying.

There’s a lot of discussion and furor about the health of Canada’s health care system these days. A lot of this comes from those who have a direct vested interest in the health field. The agitation for more spending, in my mind, comes from the people who are working in the health system. The more billions you spend, the more there is for them.

This is not favoured and is supposedly tremendously reactionary, but I believe our system would function considerably better if everyone paid a small fee every time they had a blood test or x-ray. At the very least, people should be told what the cost of the procedure is. There’s overuse of the system because people consider it to be “free.”

This interview was conducted in 1999.

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