

INTERVIEW: Dr. Richard Heinzl

At the Forefront of Global Healthcare

Interview with **Dr. Richard Heinzl**
MD, MPH, MSc, FACPM, LLD

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Bachelor of Health Sciences (Honours) Program Class of 2015



Dr. Richard Heinzl is a McMaster Medical School alumni. He also studied at Harvard and Oxford University, where he received Master degrees in Public Health and Science, respectively. Dr. Heinzl was connected to McMaster University prior to becoming a student himself as his father, Rudy Heinzl, was the Dean of Student Affairs for 11 years. Dr. Heinzl founded the Canadian chapter of Médecins Sans Frontières only a year after graduating from Medical School. When he is not abroad practicing medicine or performing research, Dr. Heinzl often returns to McMaster to share his immense knowledge and life experiences. His most recent presentation at McMaster on October 19th was organized by the Medical School community. During this presentation, Dr. Heinzl shared key aspects of a health plan he is constructing for the Kalinago people of Dominica.

Q Dr. Heinzl, during your presentation at McMaster University on October 19th, you mentioned the importance of the people of Dominica, the Kalinagos or Caribs, in having ownership over the research you and your team are conducting to improve their healthcare. Could you tell us more about the importance of ownership of the research by the locals?

It might seem obvious that research about the health of a certain population should naturally be owned or at least co-owned by them. After all, the research is conducted with them, about them and ultimately for them. Unfortunately, many times research is conducted on a population with promises to bring the results back to them, only to find that the results never return. They remain in a university or organization or journal and are never shared. This happened in the past with the Kalinago people, so they were naturally wary of outsiders coming in with research plans and good intentions.

Q Once the ownership of the Kalinagos was established, what kind of relationship did that create between your team and the locals?

They became very enthusiastic and fully endorsed the research. In fact, they took the lead on the project and this made all the difference. The Chief and other leaders went on the radio and television and explained to the people why such basic health research is important. This allowed the teams of surveyors (who were Kalinago citizens) and us to be welcomed by respondents. It made the data gathering much more thorough and robust, and therefore more valuable. What's more, once trust was established, we all could relax and we had fun.

Q What are some of the unexpected results you are finding from your research in Dominica?

We were able to gain an overall sense of the health of the Kalinago people. Even though this is a very poor society, (Chief Joseph calls it "the Third World of the Third World"), certain indicators point to what is actually a very positive health status both physically and emotionally. Generally Dominicans eat fresh fruits and vegetables and fish, and they are quite active (having to walk steep hills), so they are fit. We saw very little obesity and almost no smoking. It has been reported that there are more centenarians in Dominica per capita than anywhere else. I don't know if it's true but that would be a positive and unexpected finding.

Q In your presentation, you also spoke about the importance of cell phones as a form of liberation technology. How have you witnessed health care change as a result of the advent of such communication technologies and resources such as the internet?

I like that phrase "liberation technology." When I was in the field with Médecins Sans Frontières in the 80s and 90s, we could only carry with us a couple of very heavy textbooks, such as Harrison's Principles of Internal Medicine, which didn't have all the answers. Sometimes there were patients in front of us and we didn't know what was wrong or what to do and there was no way to ask for help. In those moments we dreamed up the Internet and cell phones. We saw them as godsend. We know that if people have access to information they will be empowered and in so doing, new ways of understanding and improving their health will be unleashed. Kofi Annan, the former secretary General of the UN used to say the Internet is the great hope for the world's poor. And C. Everett Koop, the former Surgeon General of the US, used to say Information is the best medicine. I would agree.

Coming back to Dominica. Even though it is a poor society, 70% of the people have cell phones. That's striking. That fact alone tells you something about their inherent value. In rural Africa cell phones show up in places previously disconnected from the world. When I was in Cambodia in the early 90s it used to take a two day drive in a Toyota Land Cruiser to obtain clinical information from a tertiary healthcare centre. It now takes seconds. Cell phones can be used to email a photo of a rash, give crucial updates to patients taking HIV medicines and allow pregnant mothers to join a forum about birth complications.

QOne of your many projects, MediSpecialist.com, aims to allow doctors to consult online, furthering the concept of a borderless world of healthcare. Could you please give our readers some further insight into this project?

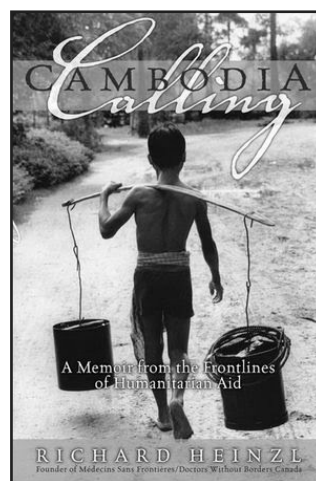
MediSpecialist was a dot com era start up. The four principals of the company were myself, Dr. Stuart Smith, a former McMaster psychiatry professor and leader of the Liberal party in Ontario, Dr. Phil Gold, the co-discoverer of the carcinoembryonic antigen, and Ron Cape, widely regarded as one of the fathers of the biotechnology industry. So it was mind-blowing company. While everyone was figuring out how to use the Web to download music and do their banking, I had an idea to collect hundreds of outstanding medical specialists online, give them a capability to do medical opinions digitally and put that in the hands of patients and their physicians. It meant someone with a rare leukemia in rural Saskatchewan could obtain advice from a world leader in, say, Oxford, UK. While MediSpecialist is no longer operational in its original form, the discoveries we made have been emulated by others and are in use by several corporations I work with today.

QYour work has taken you to many different countries around the world where humanitarian crisis is prevalent. What were some of the dominant barriers you encountered while working in such countries?

Violence. Underdevelopment. Ignorance. Politics. Corruption. Unwelcoming geography. Military intimidation. Prejudice of all types. Inequality. Lack of freedoms. All of which are the ingredients of poverty.

QIs returning after a mission abroad as challenging as it is to leave?

It was in the beginning. I remember coming home the first time and realizing I hadn't read a newspaper in six months because the stories they were covering were so different from what I thought was important. Someone would say "Tell me all about your trip" and after a minute they would be looking out the window and before long they would change the subject and we'd be on about hockey or the stock market. The far away world is hard for people to grasp. For myself now, I've been away so many times, it's more like I hold both world's in my head simultaneously. That makes coming and going easier.



*Cambodia Calling:
A Memoir from the Frontlines of
Humanitarian Aid*

QIn your novel, *Cambodia Calling*, you recount an extraordinary year you spent as an MSF field staff in Cambodia. If your readers were to take away one message from the novel, what would you like it to be?

Thank you for calling it a novel. It was written as such, although it's all true. Others have called it a creative narrative, or coming of age story, or even a journey of discovery. The message might be that travel is a gift. That we owe it to ourselves to travel—to immerse ourselves in something completely different (not necessarily a war zone, but something unknown, perhaps uncomfortable and yet remarkable). By doing so we will be challenged to understand other peoples and we will come to know the world and ourselves in a new light.

QIn what direction do you think the future of global health care is headed?

I gave a talk at McMaster once about 15 years ago entitled, "Electrons are Faster than 4x4s." This was back in the days when people still thought cell phones were only for CEOs and diplomats so the talk was met with some mild deprecation and perplexion. There is a brilliant MIT futurist named Ray Kurzweil. When you apply his thinking to humanitarian work overseas in remote, ultra-poor communities, astonishing new possibilities emerge. For example it's been suggested one day we will be able to download a cure for AIDS. And some believe that artificial intelligence will soon outstrip the existing diagnostic capabilities of my medical colleagues. (I believe both). Kurzweil's concept of double exponential change means that not only will technology drive tremendous innovation, but also it will do so at such a mind-boggling rate that it will be almost impossible to see it happening before us and very difficult to predict what will be. Liberation technology indeed.