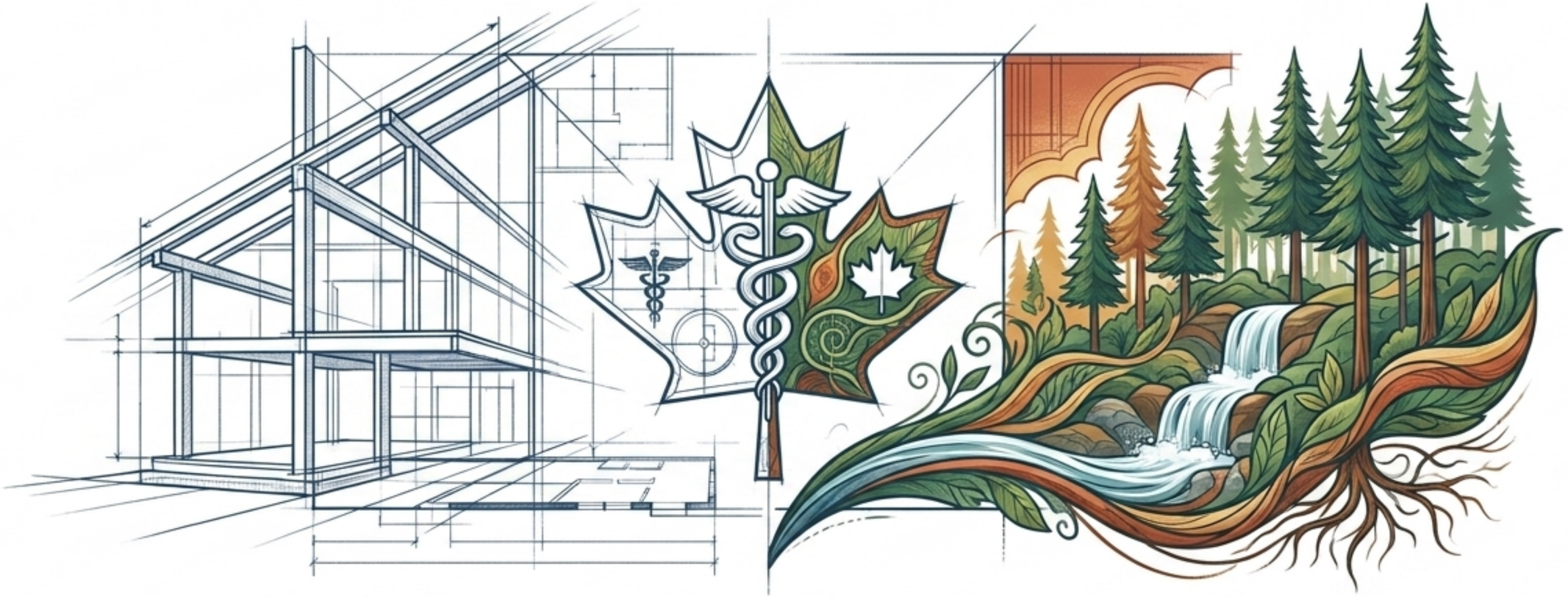


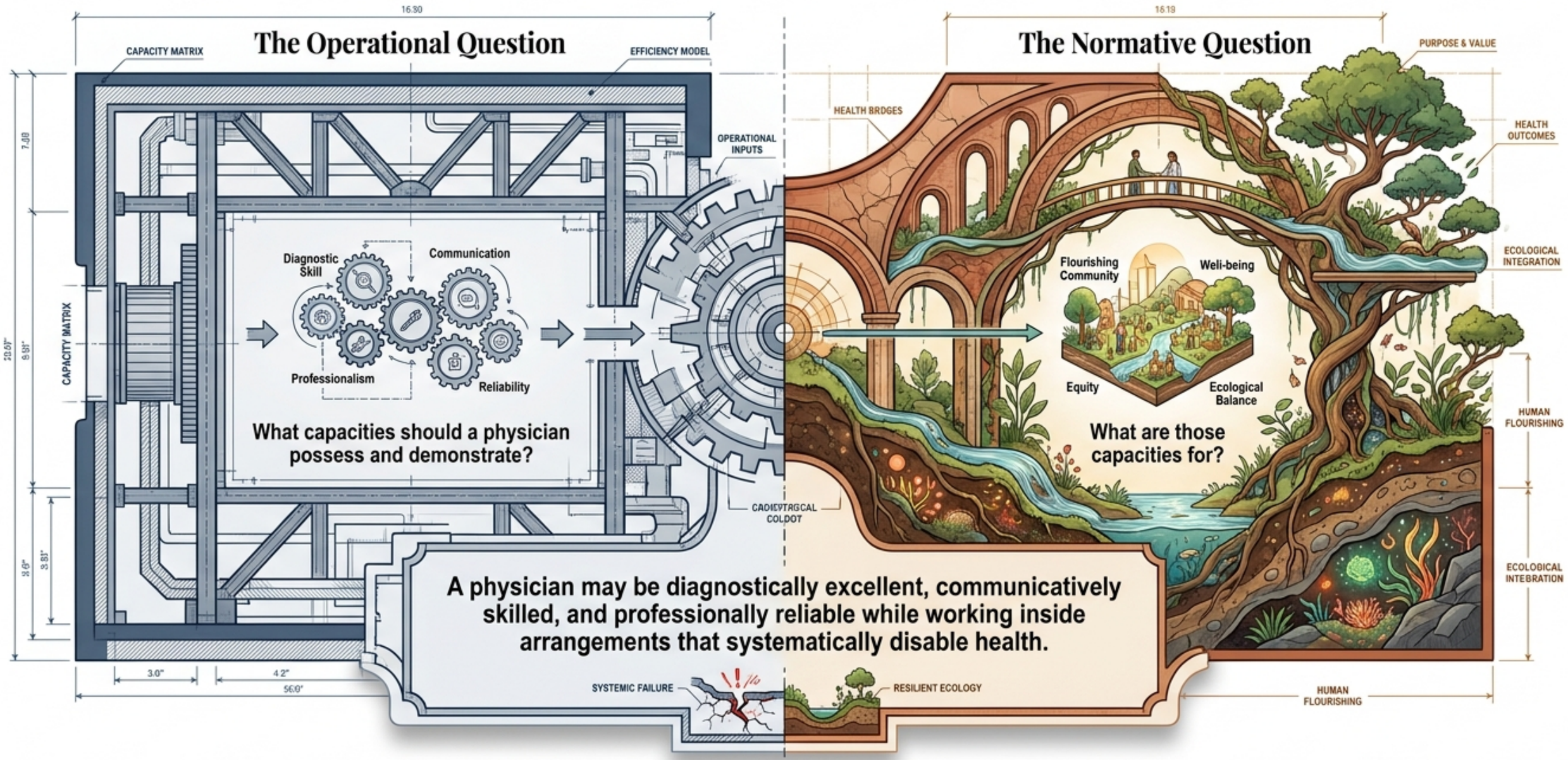
Life-Grounding CanMEDS

Reorienting Medical Competence within Canada's Unfinished Synthesis

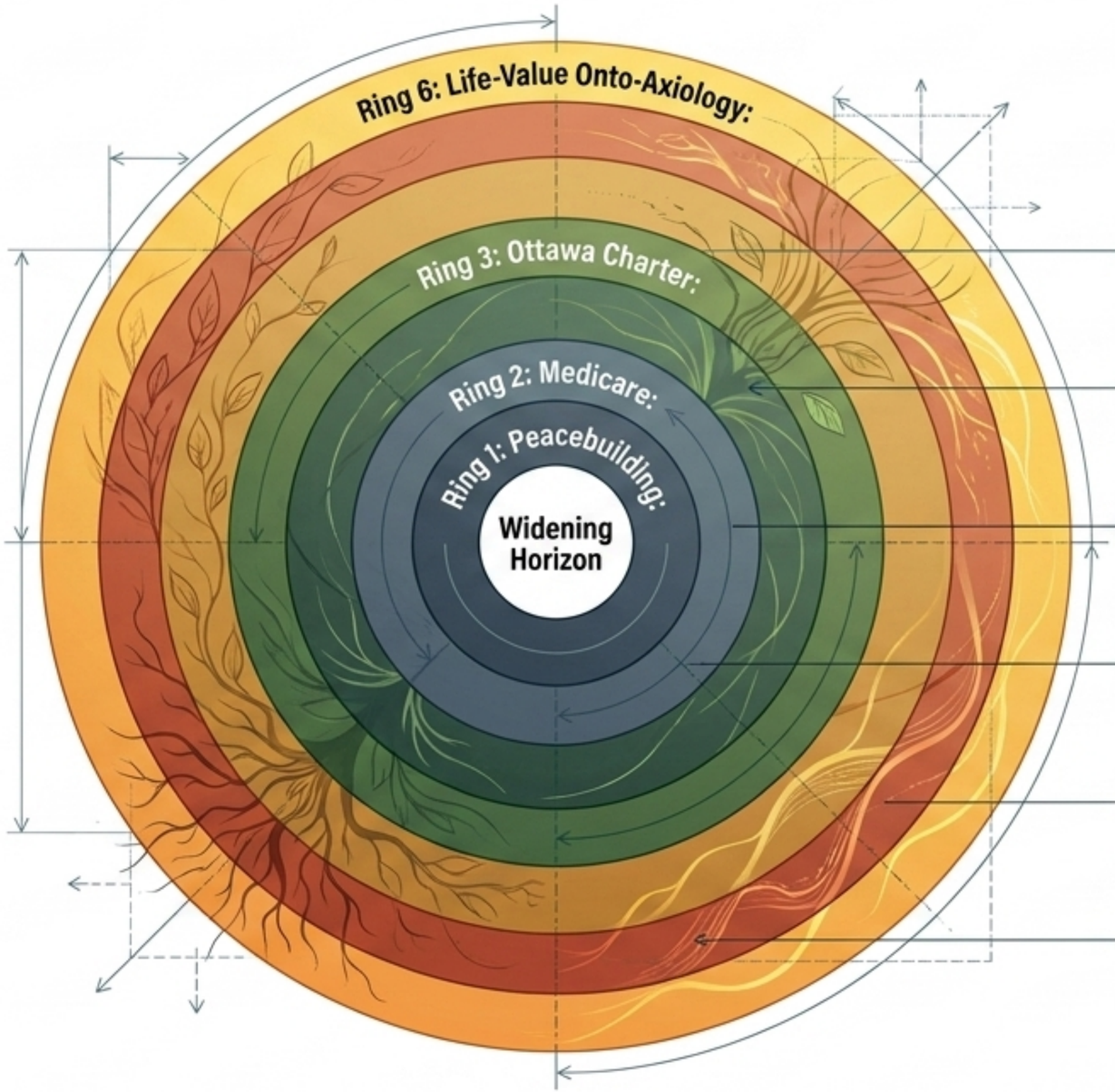
Dr. Bichara Sahely
Physician, systems thinker, and interdisciplinary scholar-practitioner

21 August 2026

Competency frameworks define what we do. They rarely define what we serve.



Canada’s ongoing enlargement of collective responsibility



Widening Horizon

Ring 1: Peacebuilding: Security moves from defeating enemies to conditions for positive peace

Ring 2: Medicare: Illness risk moves from private purchasing power to shared public responsibility

Ring 3: Ottawa Charter: Health moves beyond the clinic to structural and commercial conditions

Ring 4: Primary Health Care: Care moves to comprehensive, community-oriented networks

Ring 5: CanMEDS: Expertise widens to communication, leadership, and social purpose

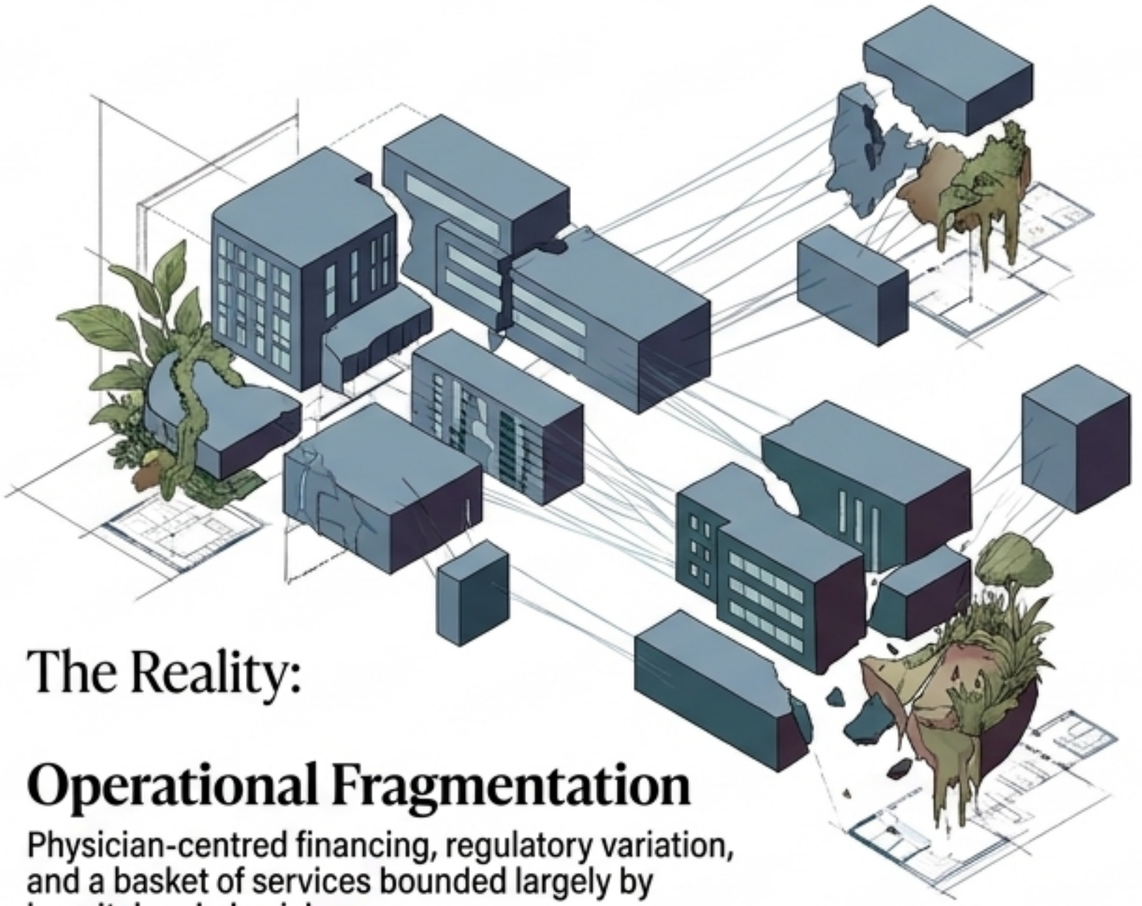
Ring 6: Life-Value Onto-Axiology: Evaluation moves to the enabling of universal life-needs

The implementation gap: whole-of-society vision meets first-contact reality

The Vision:

The Civil Commons

Universal, interdisciplinary, preventive, and linked to everyday living conditions.



The Reality:

Operational Fragmentation

Physician-centred financing, regulatory variation, and a basket of services bounded largely by hospital and physician care.

1

5.7M adults & 765K children

report having no regular health-care provider (CIHI, 2025).

2

Only 27%

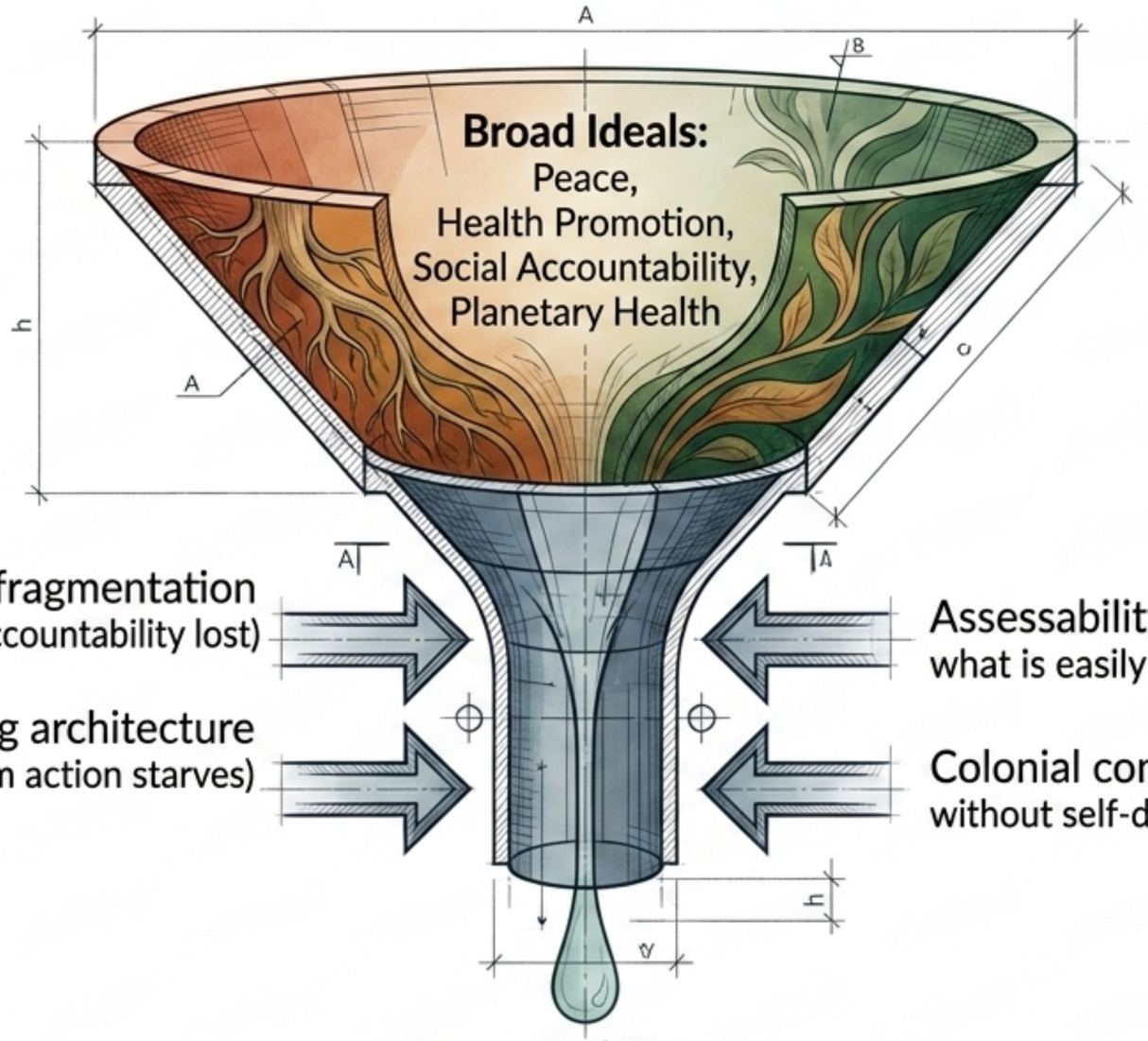
of adults with a provider obtain same- or next-day access for non-urgent needs.

3

Approx. 15%

of emergency visits are for conditions potentially manageable in primary care.

The mechanism of failure: Operational Contraction



Jurisdictional fragmentation
(responsibility distributed, accountability lost)

Downstream financing architecture
(upstream action starves)

Assessability bias (we manage only what is easily counted)

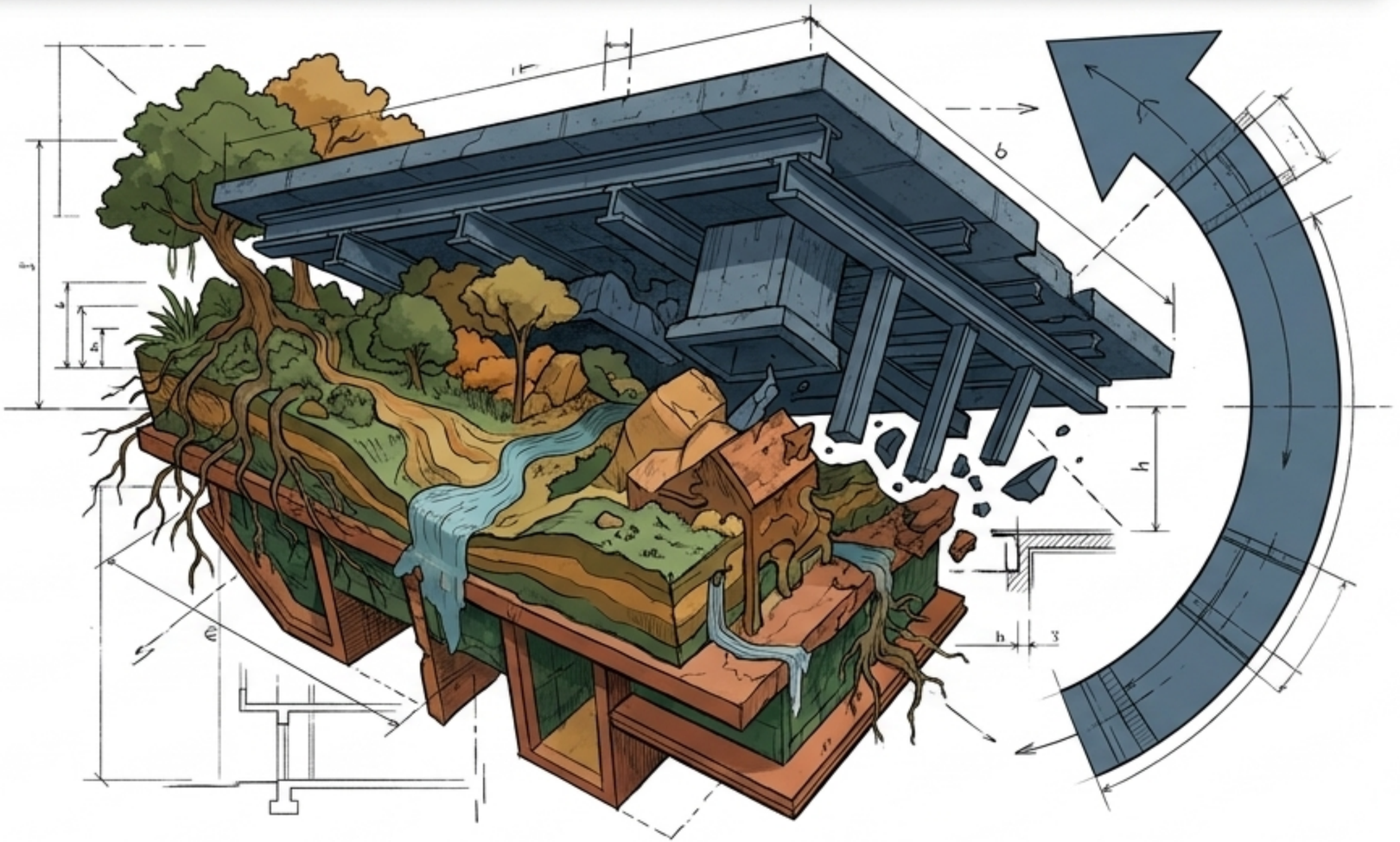
Colonial contradiction (integration without self-determination)

Contracted Output:
Episodic transactions, burnout, displaced ecological and structural harms.

Under sustained pressure, contraction produces Institutional Inversion

The Great Inversion:

The Great Inversion occurs when institutions created to protect life begin treating their own reproduction, throughput, and fiscal targets as ends.



The Resulting Displacements:

- **People** become **throughput units** or **risk scores.**
- **Communities** become **delivery sites.**
- **Ecosystems** become **externalities.**
- **Professional judgment becomes an instrument of organizational flow.**

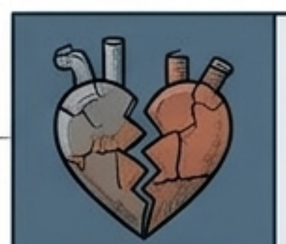
The diagnostic matrix: Distinguishing false integration from Life-Ground reality

False Integration (Standard Metrics)

Pacification
Managed disorder while deprivation persists.

Coercion
Uniformity and compliance.

Brokerage
Referring individuals around unchanged barriers.



Betrayal
Surviving by normalizing unsafe work or moral injury.

Life-Ground Reality

Peace
Direct and structural violence decline; conditions of dignified coexistence improve.

Coherence
Plural knowledge, dissent, and local authority can alter decisions.

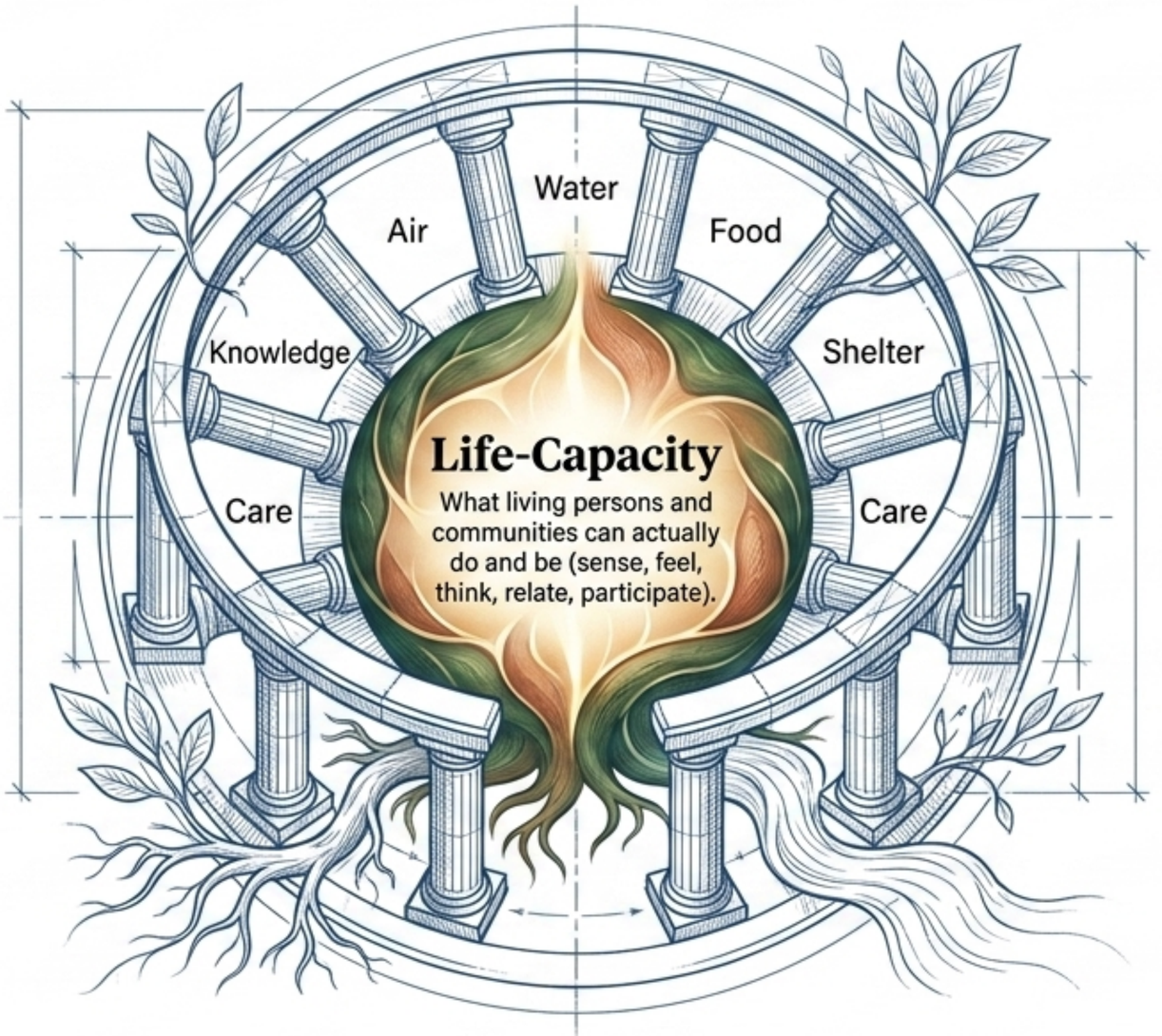
Advocacy
Recurring barriers are documented, escalated, and structurally reduced.

Adaptation
Adaptation preserves wider conditions of life, not just organizational fitness.

The Missing Grammar: Life-Value and the Civil Commons

Life-Ground

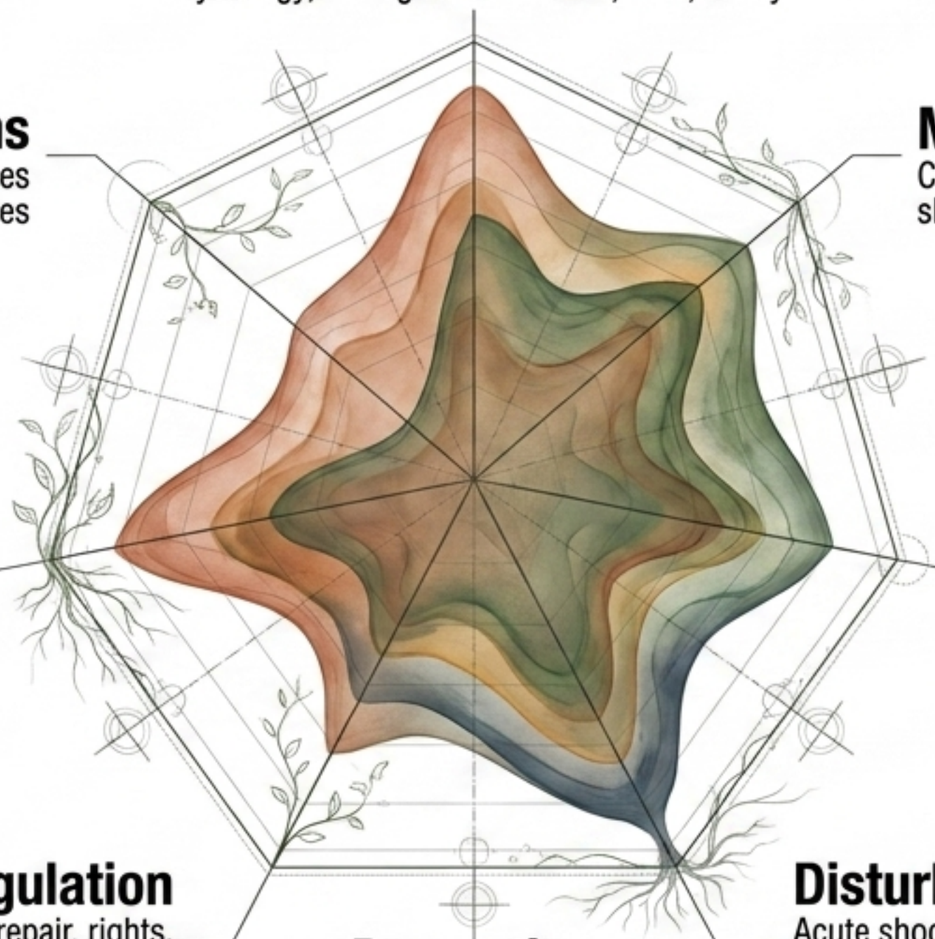
The universal material, ecological, relational, and cultural conditions required for life to continue and develop.



Civil Commons

Cooperative, socially organized constructs that secure universal access to life goods according to need (e.g., Medicare, public health, ecological regulation).

Assessing system viability requires dynamic grammar, not static output metrics



Constraint
Physiology, ecological thresholds, time, safety

Margin
Clinical reserve, workforce slack, fiscal room, biodiversity

State
Present pattern of functioning and distribution, not just average output

Disturbance
Acute shocks, chronic pressures, distributed harms

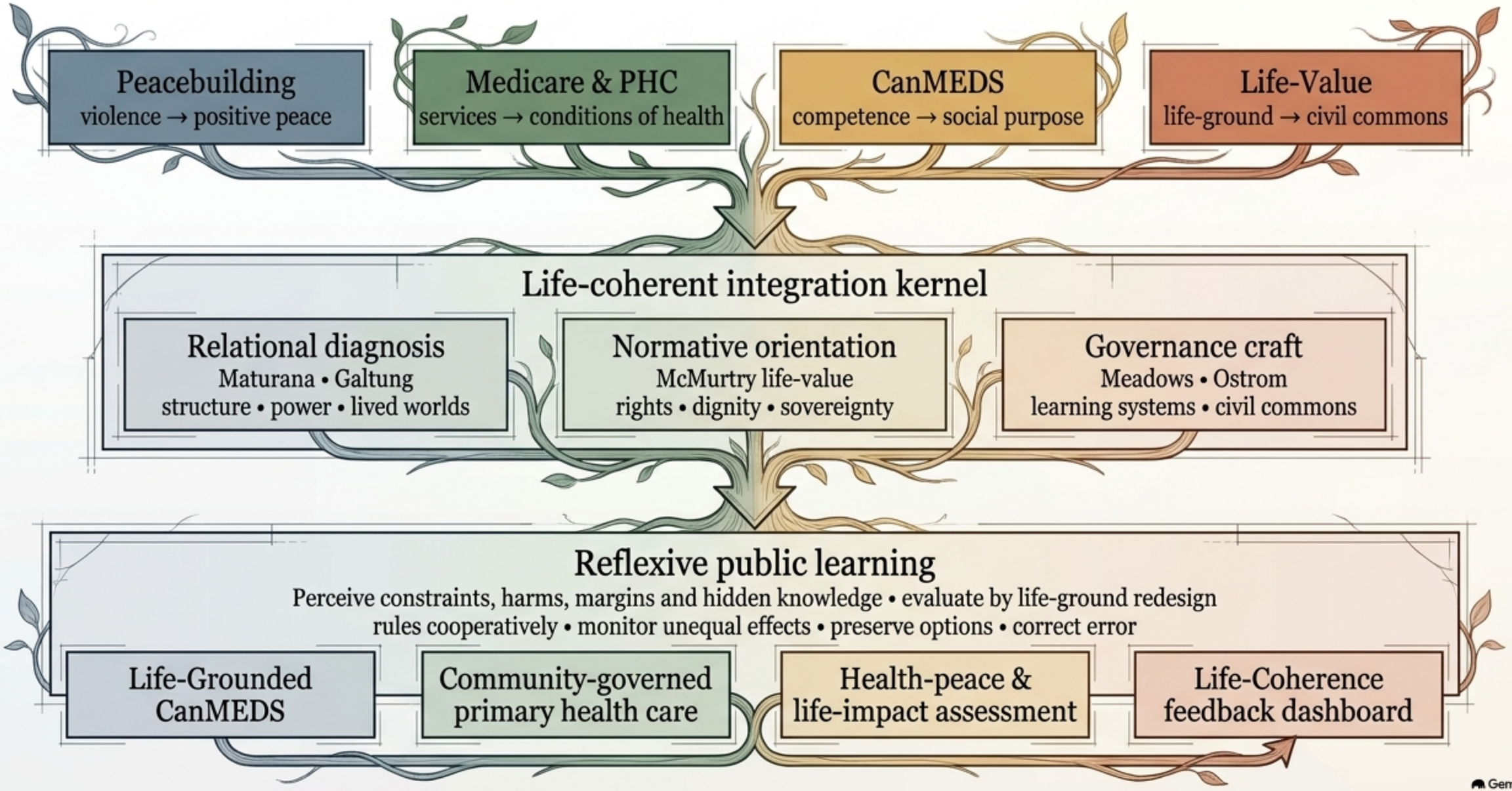
Perception
What signals are detected, whose knowledge counts, what is invisible

Regulation
Feedback, repair, rights, community authority

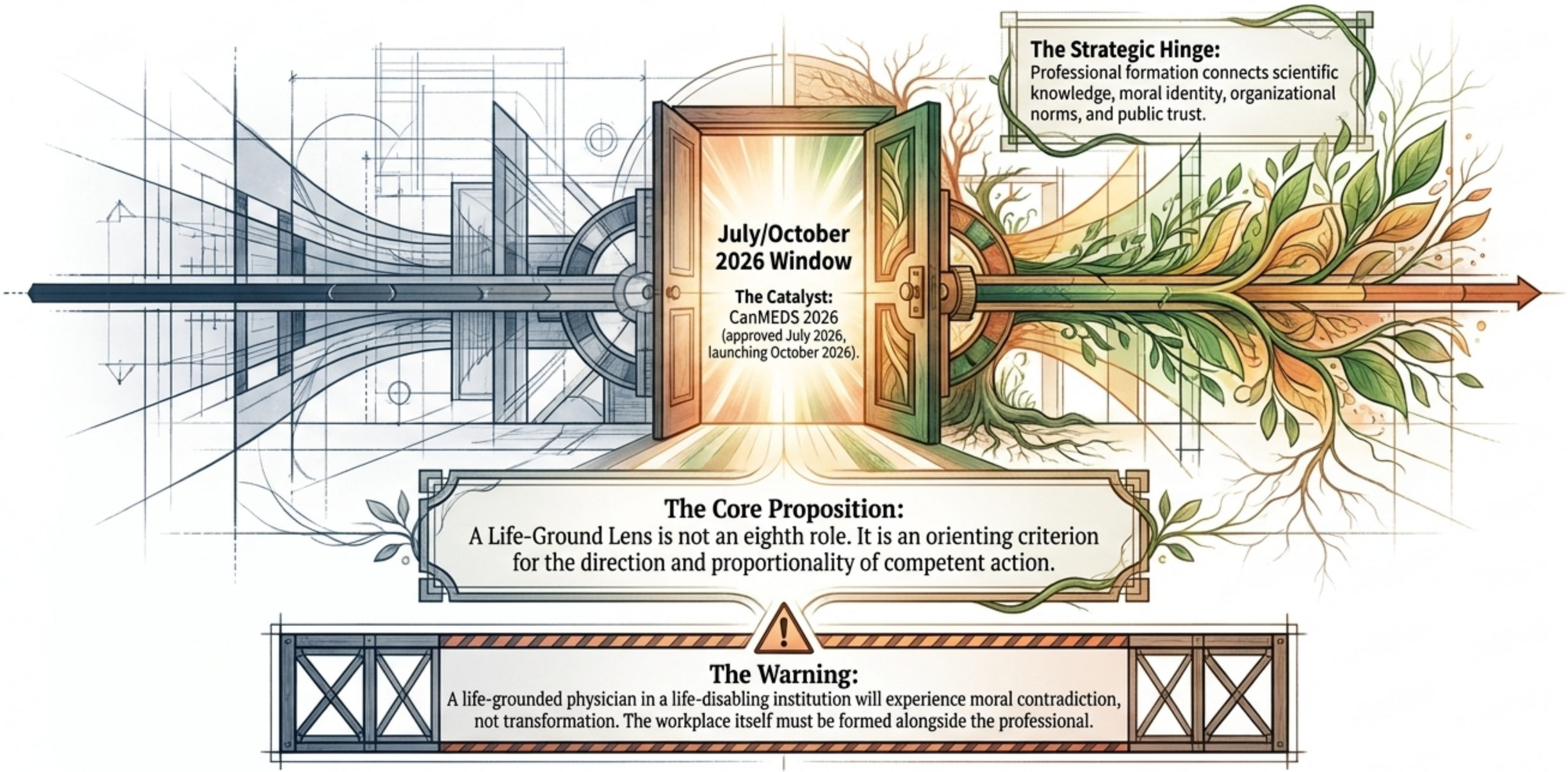
Regulation
Feedback, repair, rights, community authority

Options
Meaningful future choices preserved for affected communities

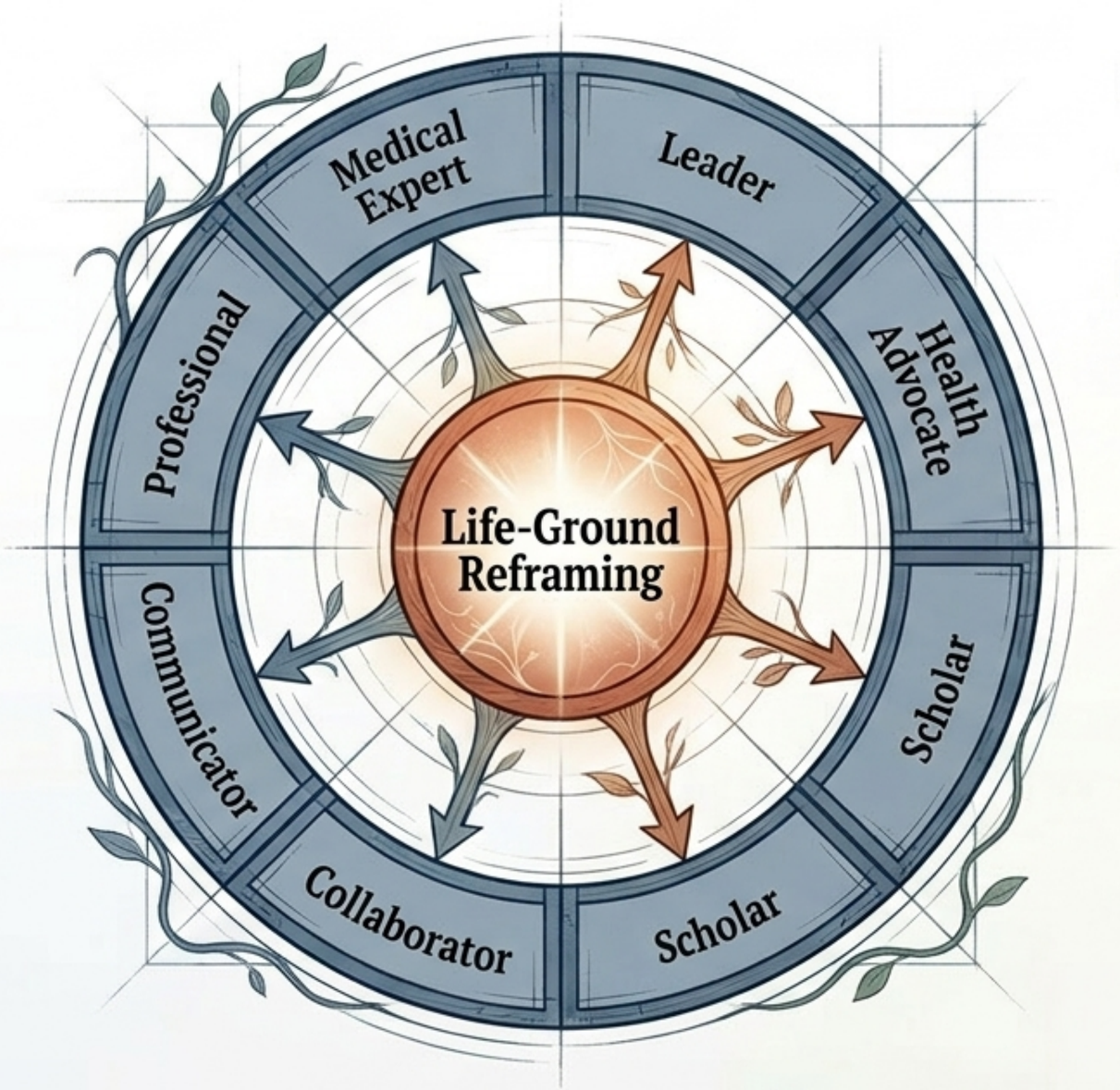
Canada's Life-Ground Synthesis: From inherited traditions to reflexive public learning



2026 is an institutional opening for professional formation



Applying the Life-Ground Lens across the CanMEDS roles



Medical Expert

From: Biomedical isolation

→

To: Integrating structural/ iatrogenic mechanisms around restoration of life-capacity.

Leader

From: Managing throughput

→

To: Stewarding resources by life-need, equity, workforce margins, and future options.

Health Advocate

From: Referring around barriers

→

To: Documenting patterns and escalating recurring failures through legitimate channels.

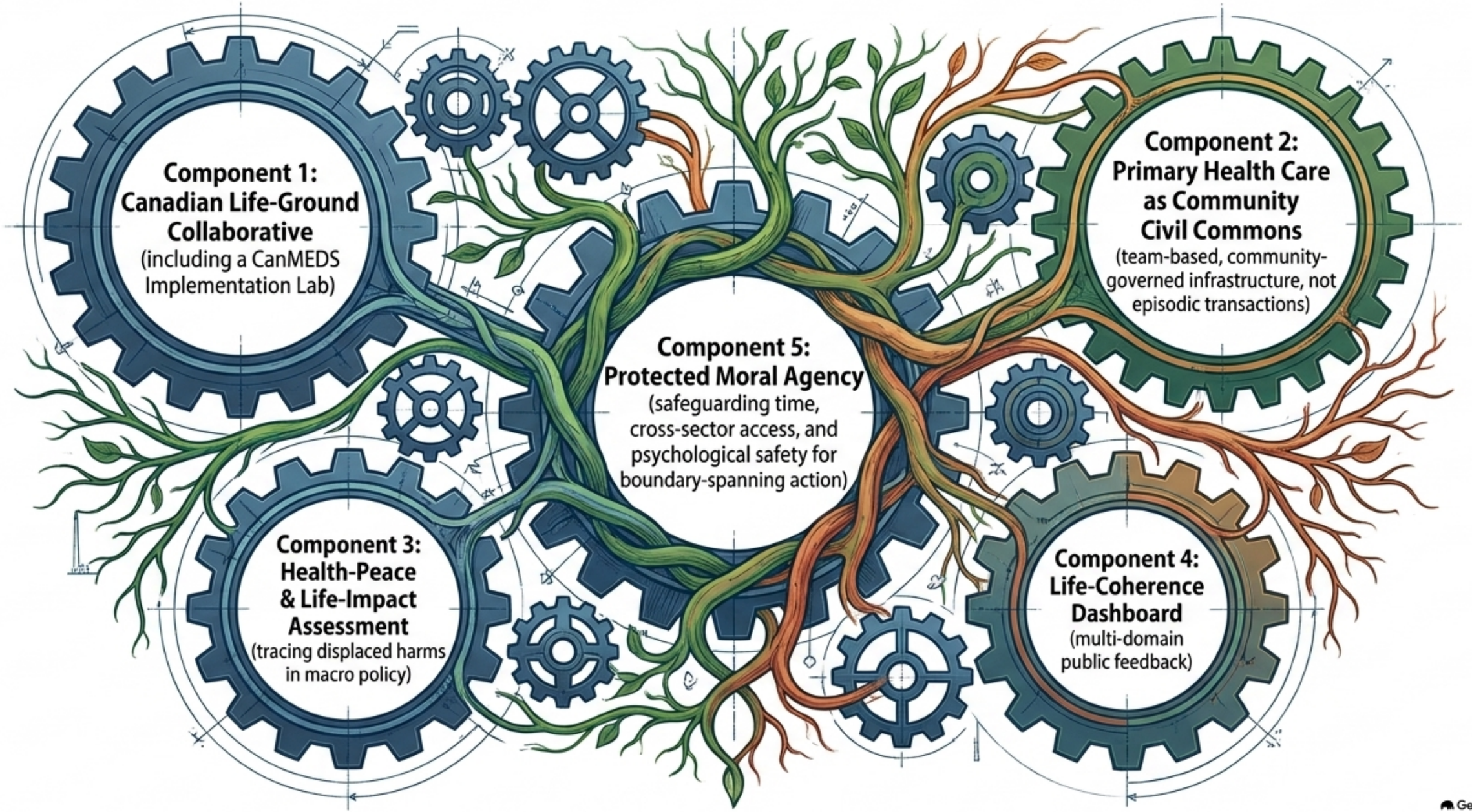
Scholar

From: Publishing in silos

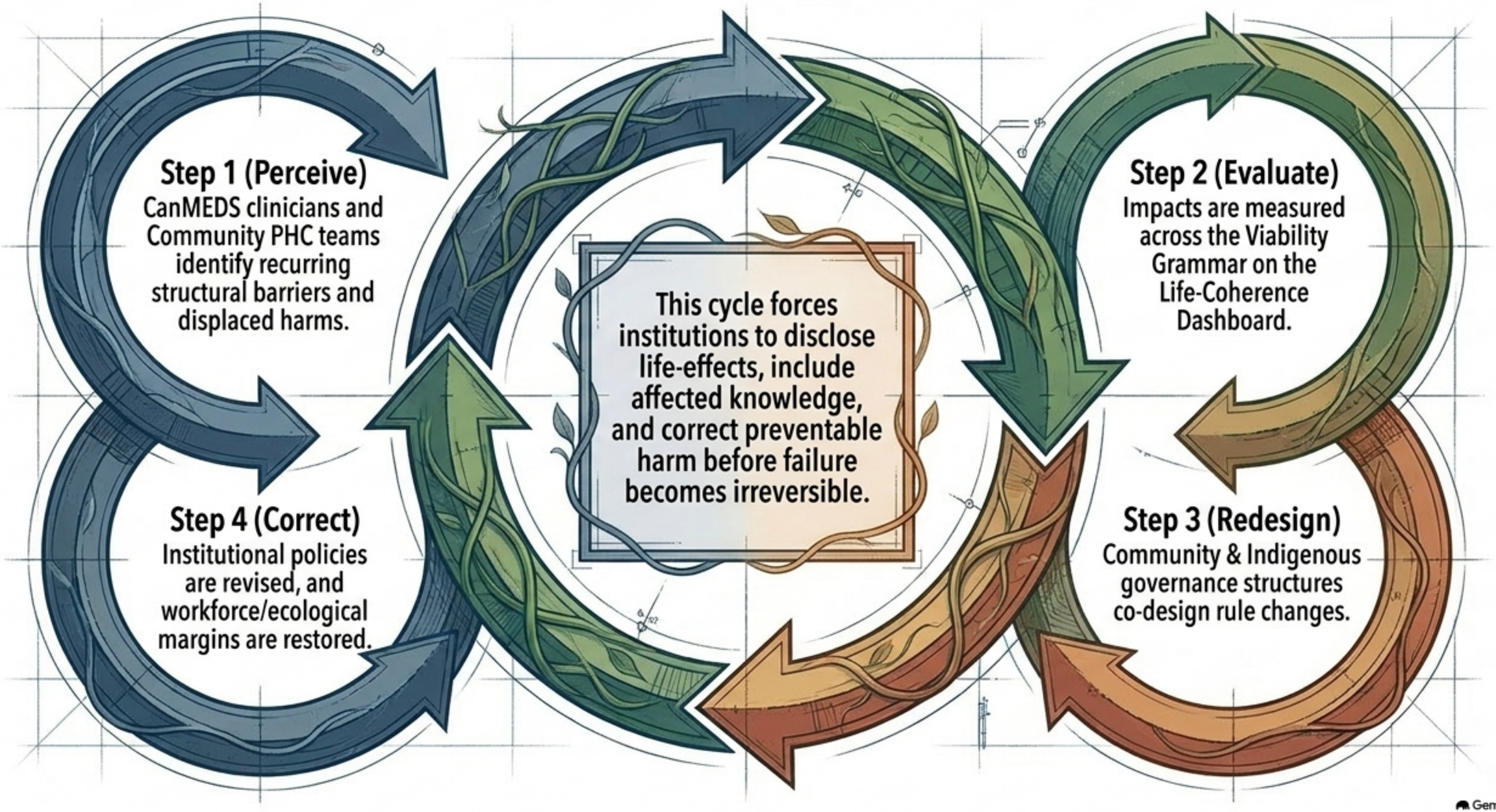
→

To: Joining rigorous evidence appraisal to plural knowledge and reflexive public learning with affected communities.

An operational architecture for public learning



Institutionalizing error correction: The Reflexive Learning Loop



The Life-Coherent Institution

A life-coherent institution is not one that claims perfect harmony. It is one that can perceive when its own rules disable life, hear those who bear the harm, and change course.

It requires four joined capacities:

1. A defensible direction (Without this = drift)

2. The power to act
(Without this = unfunded aspiration)

3. Plural perception
(Without this = blindness)

4. Rules for correction
(Without this = coercion)

Integration requires cooperation, restitution, and jurisdictional respect—not extraction.