Editorial

Reflecting on Dr Ian McWhinney



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The importance of being different is that we can lead the way. Ian R. McWhinney

am of an age now that the first section of the newspaper I turn to in the morning is the obituaries. On October 1, I read with great sadness of the death of Ian McWhinney on September 28. I only met Dr McWhinney twice, although his writing has been a touchstone for me in my career as a family doctor. The first time I met him was about a decade ago when he gave a talk to a group of colleagues in Toronto, Ont. The second time was a brief encounter at Family Medicine Forum. I did not know him well, but through his work and his writing, I believed I did.

We could assess his contribution in many ways—by talking about his many honours and awards, his qualities as a physician, or his seminal A Textbook of Family Medicine.1 As a journal editor I am interested in his contributions to medical journals. Over his career, Dr McWhinney published about 110 articles that have been indexed in PubMed or PubMed Central. One way of looking at his remarkable career is by examining where and what he published.

Of those 110 articles, 70 were published in family medicine journals. (I was very pleased to discover that 33 of those articles were in Canadian Family Physician.) Only 12 of his articles were published in what today are among the journals with the highest impact factors: 6 in The Lancet, 5 in the BMJ, and 1 in the New England Journal of Medicine. Nine of those were his observational studies published in the 1960s. Only 28 of his articles were original research, and he was first author on only 6 of them (37 and 15, respectively, if we include his clinical observational studies). Dr McWhinney's productivity measured by today's standards would be considered low. In his "peak" decade, the 1970s, he averaged 3.1 publications per year; in his "trough" decade, the 1960s, he published an average of 1.7. Overall, he published about 2 articles a year for remarkable consistency.

If we are not to judge Dr McWhinney by his "output," what about the quality of the work and the things he wrote about? His first indexed article was published in the early 1960s, before he moved to Canada and to the University of Western Ontario in London to found a new department of family medicine at around age 40. While still in England and working as a general practitioner he published several clinical observational studies on the early signs of illness, which became the subject and title of his first book.² There is a signed and dedicated copy of The Early Signs of Illness

in the library of the College of Family Physicians of Canada. It is a classic work that has value today and should be a must-read for family medicine residents.

In the 1980s Dr McWhinney and colleagues published a series of research articles on the patient-centred clinical method,³⁻⁵ which was ultimately shown to improve patient health, well-being, and perceptions of care.6 These are seminal works in the family medicine literature. During that same period Dr McWhinney and Dr Martin Bass published a series of research articles on a range of clinical topics from the role of family physicians caring for dying patients to the effects of population mobility on continuity of care in family practice, issues that are still important today.

In the last decade of his life, Dr McWhinney left family medicine a series of thought-provoking articles asking why we are doing so little clinical research.7-9 In a way, it was a return to his origins as an inquisitive young family physician-researcher asking about the early signs of illness and how we could recognize them. Of all his published work, it is the deeply thoughtful, reflective articles such as these that I think have had, and could continue to have, the greatest effect. My favourite was "The Importance of Being Different."10 The philosophical framework outlined in this wonderful article provides inspiration and a lens through which I view all my work as a family physician—as a clinician, a teacher, a researcher, or even a journal editor.

Four days after Dr McWhinney's death I was in my clinic supervising 2 bright, enthusiastic family medicine residents and a clinical clerk interested in becoming a family physician. At the end of a clinic I like to spend some time reviewing a topic with them in greater detail. That day I just asked, "What can you tell me about the work of Dr Ian McWhinney?" His name was unknown to them. Whether this is true of most family physicians in training I cannot say, but we owe it to family medicine and to Dr McWhinney to keep his enormous contributions alive. He was our Osler.

For my next teaching clinic: Family medicine differs from specialist medicine in 4 ways. Discuss.

Competing interests None declared

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