

Aren't we all family physicians?

Imust respond to the letter by Dr Alan Katz¹ and his effusive support of Dr Ian McWhinney² who, in his editorial, posited that those who have restricted their practices in some way should no longer call themselves family physicians.

I believe that the attitudes expressed by the writers are both divisive and, in a way, elitist. I speak as a relatively recent family practice graduate who, for now at least, chooses to practise emergency medicine. I am proud to have a CCFP after my name, and my family practice training has been invaluable in dealing with the range of people and problems I see every day. Emergency medicine is not all life and death accompanied by invasive procedures. For many people, we are their only, not to mention most accessible, source of primary care, 24 hours a day, 7 days a week. That is not ideal, but it is a fact.

In my training, I never met a family physician who did not restrict his or her practice to some degree, whether dictated by time, interests, personality, aptitude, or money. Despite the ivory tower notions of academic physicians, in the vast scope of 21st-century medicine, those who try to do it all often

become the clichéd "jack of all trades, master of none." I also found it curious that neither writer cited family doctors who have given up hospital privileges. Do they really believe doctors should still be able to call themselves family

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physicians if they will not look after their patients when they actually become ill? What about family physicians who are only academicians?

Medicine, and family practice in particular, is going through difficult times: primary care reform, physician and nursing shortages, issues of remuneration, regional disparities (we all read the Medical Post). I understand the theoretical basis for Dr McWhinney's comments, but I believe that sort of attitude is going to further alienate, rather than unite, those of us who practise a range of good clinical medicine under the mantle of family practitioner. Rather than bemoan the changing practice patterns of family physicians,3 embrace the diversity and the possibilities that are available to those of us who have trained as family practitioners. The definition of family medicine should in fact be broadened and include all the subdisciplines in which CFPC graduates make valuable contributions.

> —Tim McDowell, MD, CCFP Winnipeg, Man by e-mail

References

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