

# Residents' page

Jason Chang, MD

## On the forum and the future

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**Y**ou may not have known that the second annual national Family Medicine Forum took place last October. After its inauguration in 2000 in our capital city of Ottawa, Ont, last year it was held along the picturesque bay in Vancouver, BC. What was the Forum about, and why should I care?

The 2001 Forum was hosted by and held in conjunction with the British Columbia College of Family Physicians' Annual Scientific Assembly (ASA) and the CFPC's Section of Teachers' and Section of Researchers' annual workshops. Each province's Chapter of the College of Family Physicians of Canada (CFPC) hosts its own annual gathering, which typically spans a few days and generally consists of daily keynote speakers, various lectures and workshops, and numerous posters and booths in an auditorium. I was impressed by the event, and after missing my own province's (Alberta) ASA last year, with the aid of some local funding, I'm planning on attending this year's, in Banff February 27 to March 2.

Keynote speakers at the Forum included the Honourable Roy Romanow, who presented points from the Commission on the Future of Health Care in Canada (also known as the Romanow Commission). As the CFPC is clearly the largest body of doctors in Canada, in his presentation he acknowledged the importance of our involvement in this process, using the databases resulting from the Janus Project. In case you didn't quite know what it was, the Janus Project with its all-important survey component (you might have filled out a parallel resident survey) attempts to describe current and changing practice patterns among Canadian family

physicians. The question period was just beginning to escalate when time was cut short.

One of the honoured guests in attendance was the current President of the American Academy of Family Physicians, and former naval officer, Dr Warren Jones. He spoke about his burden as a family doctor to support families directly and indirectly affected by the tragedy of September 11, 2001—which might not mean as much in Hinton, Alta, as it does in New York, NY, and Chicago, Ill, or even in Toronto, Ont, and Montreal, Que—and he also bared his soul in his personal “brush with death” when he slept in and delayed his leisure-time visit to the Pentagon to greet some old colleagues on that same day. He received a standing ovation at the end of his speech.

During the session on Travel Medicine, by Dr Dominique Tessier, I realized how important pre-travel evaluation could be, especially for “snowbirds.” Altitude fitness is something to consider, as some people need supplemental oxygen on airplanes. Finding out where, why, and what of patients' travel can provide helpful information, so that you can offer them appropriate preventive strategies.

Dr R. Baker, in a session on Addiction Medicine, began with a brief overview of pertinent neurobiology and then concentrated on practical points in assessing and managing patients with these issues. Actually raising the issue of any kind of substance addiction was important, as well as being nonjudgmental, because evidence shows that the more patients like and trust

their doctors, the better they adhere to a program. The ski and snowboard injuries session was canceled (which disappointed more than me

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alone), but later I picked up some ankle- and foot-taping techniques in another Sports Medicine session.

Dozens of booths were set up in the auditorium, the same room where the food was served (which kept hungry residents buzzing nearby). Being the responsible and inquisitive young physician I am, at one of the booths I picked up an information video on sildenafil (Viagra), and at another a couple of life-sized foam eyeballs distributed by the makers of a treatment for allergic conjunctivitis, for demonstration purposes, of course. I also dropped by several regional health district booths, from as far away as southwest Ontario to the interior of British Columbia, providing information about their region and full-time or locum tenens positions that could be available in the coming months.

One of the neat things about the Forum was meeting residents from other provinces, like old medical school classmates (from Manitoba). Along with the academic benefits of the meeting, we made time to hike up the Grouse Mountain Grind, as well as engage in some extracurricular nighttime activities. Montreal is next year's host, and I anticipate it will be a lovely occasion. After residency, time and money constraints will only escalate, but my experience in Vancouver offers good potential reasons (including the as-yet foreign MAINPRO-C credits) to continue attending these meetings.

The day after the conference officially ended, *Canadian Family Physician's* Editorial Advisory Board (EAB) meeting was held. The EAB is a core group who brainstorm and criticize ideas, then influence the journal you now read. (Members' names and locations can be found at the end of the Table of Contents). I attended as your representative from the CFPC Section of Residents.

While marketing news and the financial outlook of *Canadian Family Physician* are both integral and somewhat interesting, I've chosen to share with you some points from the "vision paper," as it was a major topic during the Forum and during the EAB meeting. The document was developed by the EAB and editorial staff over the past year and a half to chart *Canadian Family Physician's* past and current achievements and to navigate its future.

The journal began 48 years ago as the *Bulletin of the College of General Practice of Canada*. Now, quoting from the vision paper (available at [www.cfpc.ca](http://www.cfpc.ca)):

*Canadian Family Physician* is the only peer-reviewed family medicine journal in Canada that publishes original

research and CME in English and French. Fully listed in *Index Medicus* since January 1993, *Canadian Family Physician* is one of only 11 family medicine journals in the world cited among the 3000 publications accepted by the National Library of Medicine. In turn, *Canadian Family Physician* supports emerging family medicine journals in Argentina, Bosnia, China, Lithuania, and Poland by contractually allowing them to translate and reproduce published articles in their entirety, citing the journal as the original source, at no cost.

Some of the EAB's concerns include facing the fearful reality of primary care reform and renewal: governments want to balance budgets while physicians want evidence that proposed changes will not compromise patient care. Also, as residents' now and soon-to-be independent doctors' (yikes!) demographic statistics show (ie, in surveys like Janus), our generation increasingly wants more of a life outside of medicine. The percentage of female family physicians is gradually increasing, and our geriatric population will swell markedly in the next few decades. Plans are under way for the CFPC to facilitate more efficient access to medical information. As you know, much of the journal can be viewed on-line at [www.cfpc.ca](http://www.cfpc.ca), which has recently been renovated; click under the Communications subheading.

Every family physician and general practitioner licensed in Canada receives *Canadian Family Physician* free of charge. It is, thus, perhaps the backbone of family medicine learning and relevant information provided in Canada. Such journals as the *Journal of the American Medical Association (JAMA)* and the *British Medical Journal (BMJ)* will always be pillars of medical science. There are also what are coined "throwaway" journals like *Parkhurst Exchange* and *Patient Care*, which offer subway-ride medical reading. Like chips and pop, they're good once in a while but readers probably can't sustain growth on them. *Canadian Family Physician* is the primary vehicle for family medicine news in Canada, and it provides a good balance of quick learning in the Clinical Challenge section and of more substantial resources in the Critical Appraisal and CME sections—not to mention this sexy corner of the journal. (As for immediate monetary value? Locum tenens and nationwide positions are listed in the blue pages of each issue of the journal.) ♦

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