



President's Message

College • Collège

Continuity of community

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One of the 4 principles of family medicine declares that family medicine is a community-based discipline. But what exactly is a community?

The origin of the word is probably a combination of the Latin "*cum*," meaning "together, among each other," and "*munus*" meaning "gift." So the word literally means to "give among each other."

Of course, there are many definitions of community. I can identify 3 that are particularly meaningful:

- a group of people living in a particular local area;
- a group of people having ethnic, cultural, or religious characteristics in common; and
- the body of people in a learned occupation.

So we have shared location, culture, and organization.

Having a sense of community will involve a sharing of oneself, a balance between self-interest and the shared interest of the group. Communities are molded by the ability of individuals to actively seek that balance. Be it beliefs, resources, needs, risks, or anything else—something will be shared.

Communities are not simply the sum of the individuals that comprise them. Communities are dynamic. Individuals in communities are interdependent. Communities have the potential to be very powerful.

While a community might be linked to a particular location and time, it is linked at a deeper level to the personal histories of individual members and to the shared history of the community itself. Within geographic communities there are myriad cultural communities that might, in turn, link broadly with other communities. These cross-links are nearly boundless.

The "body of people in a learned occupation" is a specific example of such complex cross-links. This College joins family doctors from coast to coast to coast—and also to the world beyond through partnerships with the World Organization of Family Doctors—while, as family doctors, we are also linked to the populations of our own geographic or cultural communities.

Principles of community

Let me quote part of the family medicine principle that deals with community: "Family practice is based in the community and is significantly influenced by community factors." "As a member of the community, the family physician is able to respond to peoples' changing needs, to adapt quickly to changing circumstances, and to mobilize appropriate resources to address patient needs." And finally: "Family physicians see themselves as part of a community network of health care providers

and are skilled at collaborating as team members or team leaders."

Family physicians are not separate from their communities—they are full members and integral parts of the communities they serve. What about the relationships between the other 3 principles of family medicine and community?

The family physician is a skilled clinician. One of the skills is the ability to "integrate a sensitive, skillful and appropriate search for disease." This requires knowledge of particular diseases found in the community, and demographics, geography, and climate help us to define this skill.

The family physician is a resource to a defined practice population. This requires that the physician's practice be viewed as a "population at risk." Whatever that practice looks like—whether it be a subset of the whole population, such as intravenous drug users or those suffering from mental illness, or an entire rural community, or a cross-section of an average-risk suburban population—it is still a defined community. The principle describes a responsibility to advocate for population health and to accept a role in the allocation of resources by considering the needs of the individual, but also those of the community as a whole.

The patient-physician relationship is central to the role of the family physician. This appears to be simply about a single relationship—the patient and the physician. But culture plays a seminal role in defining the values of both, and culture flows from the values and the history of the community. Physicians and patients might well be grounded in different geographic or cultural communities. But the space between physician and patient is filled with community.

Changing world

This has profound implications for family physicians. As family doctors we each know our communities from the inside. We understand the *continuity* of community. We have a role in helping to define what is needed and to shape the future.

During the course of my year as President, I look forward to visiting family doctors in communities across this great country. I want to develop the theme of community as it applies to the organization of medicine, the places we practise, and the people we serve—our patients. I hope to help illuminate how we "give among each other"—how communities help make us family physicians.

