Across the globe

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Canadian Family Physician focuses on a special theme in this issue: poverty and human development. This month, we share this theme with more than 200 journals around the world.

Two College members have seen our world as a spinning blue, green, and white orb. As astronauts, Dr Robert Thirsk and Dr Dave Williams have experienced this particular view of our home planet. Although that type of worldview is not possible for most of us, a global perspective is one which Canadian family physicians have had and have acted on for many years. In this column I want to tell you about some contributions our members have made to global development.

Globally and locally

Canadian family physicians are part of a global work force. As physicians, we can apply our skills wherever there is human suffering. At least a quarter of Canada’s physicians are international medical graduates; the proportion is about the same in the United Kingdom, Australia, and the United States. Physicians who have been educated in other countries bring perspectives from their countries of origin or of training to Canada when they choose to work here.

When I was a medical student, I traveled and volunteered in Nigeria in order to explore where I could make the best use of my own talents. I learned about what we now label the determinants of health. I remember realizing that an engineer who knew how to drain a swamp that bred malaria-transmitting mosquitoes would do more to reduce the burden of illness than I could, with my ability to treat only one patient at a time.

The root causes of ill health that I saw in Africa reminded me of the burden of disease borne by First Nations people in Canada, particularly those I had seen on reserve. Our First Nations people have disease indicators that sadly rival many in the Third World. For me, part of having a global perspective involved working more locally as a front-line physician in my own country, especially in remote and rural settings. As family physicians who are educated to be flexible generalists, we are able to bring a holistic approach to the health of communities and individuals; our range of interventions include the domains of public health, prevention, cure, rehabilitation, and palliation.

Members’ contributions

Canadian family doctors’ skills are useful here and abroad. Let me tell you about Dr George Burgess, a member of our College at 86 years of age. Dr Burgess and his wife, Phyllis, worked in Angola for 23 years, until forced by civil war to return to Canada in 1977. I worked with the Burgesses in Baie Verte, Nfld, and I can remember Dr Burgess achieving his Certification in Family Medicine on a practice-eligible basis while he was in his 60s. Dr Burgess voluntarily retired at the age of 80, having spent the 3 years before retirement doing emergency room coverage in Ontario hospitals that were short-staffed. Dr Burgess and his son, Dr Ken Burgess, continue to try to improve medical conditions in Angola through the Angola Rotary project; one of their current aims is to improve accessibility to HIV testing in that country.

The world needs family doctors

This summer in Singapore, the World Organization of Family Doctors made several statements about the importance of family medicine. It declared that every medical school in the world should have an academic department of family medicine or general practice, or an equivalent academic focus. The organization also stated that every medical student in the world should experience family medicine or general practice as early as possible and as often as possible in their training. Most important, the World Organization of Family Doctors called for every family in the world to have a family physician. We Canadian family physicians are working hard to make that goal a reality, both for our patients here in Canada, and around the world.

Family doctors' skills are useful here and abroad

The College, our chapters, and university departments have also been contributing to global development in many bilateral institutional collaborations. For instance, immediately post-conflict in 1995 in Bosnia, Dr Geoff Hodgetts began a program to establish family medicine in that country. Funded by the Canadian International Development Agency and now the World Bank, this program has established 20 family medicine teaching centres, educating 2380 physicians and nurses in family medicine. In addition, a family medicine certification examination has been developed (13 cycles of examinations had been held as of May 2007), and 350 certified specialists in family medicine have been the product of this work. The College has established a committee, the International Health Committee, to foster this and other contributions from Canada.