

Becoming a general practitioner

Where's the joy in that?

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Two recent articles^{1,2} draw attention to a growing disaffection with general medicine during medical training. This sea change is widespread. A series of recent publications has pointed out the same tendency in Canada, in the Anglo-Saxon world, and in many different countries in the European community. The causes of this progressive attrition and the ways in which people have tried to reverse it to varying degrees of success have been sufficiently reported and are not discussed here. Is this slow erosion unstoppable? We don't think so, having long shared the fears, hopes, and passions of a good number of medical students and tried out with them an innovative way of teaching primary care medicine. This, then, is our modest contribution that we hope will bring a calming touch to a debate that badly needs one.

Long-standing misconception

You reap what you sow. General medicine has been the fall guy of medical studies for a very long time thanks to specialized training that divides the body up into systems and calls triumphantly on medical technology. The sometimes ironic and often condescending remarks and opinions of specialist teachers have led all their listeners into total ignorance of the existence, content, and specialized nature of general medicine, which has become a fall-back choice with no special attributes or particular use. The semantics that associate the term "specialist" with notions of competence, efficacy, and performance have hardly improved the image of general practitioners who find themselves driven to the point where they must paradoxically recognize themselves as specialists in general medicine. Salmon, I baptize you rabbit! Even though it's easy to change words and titles, establishing a function requires something more profound than spinning.

A student cannot reasonably choose a career about which he or she knows nothing. Some faculties, like ours, have deliberately chosen to introduce the teaching of general medicine broadly into the medical curriculum from the earliest years. We congratulate ourselves, even though the difficulties of orienting students toward general medicine have not been solved quite so neatly. Taken concurrently with specialized system-based training, courses in the theory and practice of general medicine remain a risky pedagogic proposition. The idea of undifferentiated complaints, diagnostic doubt, complex

patients, and following long courses of incurable chronic illnesses is unattractive to young students whose ideal remains the cure and reconstruction of sick organisms, the royal road proposed to them by high-tech, reconstructive medicine. A realistic presentation of the daily life of a general practitioner, on the contrary, frequently reveals an absence of diagnostic certainty or a series of intricate diagnoses that are difficult to prioritize—a prospect that holds little allure for a young spirit set on the idea of exact science and efficiency.

Finally, but not as an afterthought, young doctors in training have a vision of their professional flowering and privileged personal status and of having a meaningful family life along with the opportunity of enjoying lots of leisure activities and modifying their professional lives to suit their whims. Such a vast program, although probably not possible, is strongly adhered to by students in the lecture hall. The career path of a doctor, overworked in every way and sacrificing his or her personal and family life for the profession, hardly seems attractive to many students.

To be a good doctor, you must first be well in mind and body, as a candidate said judiciously at the end of an examination, and her opinion appears to be shared by many others. Michel Serres said the same thing when he recalled that, "The two sides of your brain that grow in parallel every day sum up, to me, human behaviour at its most intelligent: one side relies on science; the other plunges into life. One mouth calls a patient a diabetic, the other calls him by his first name. In this constant 2-sided approach lies the historic secret of medicine."³ And it is toward this end that every student should be instructed.

Education off the beaten track

With encouragement from the educational authorities, our team of teachers of general medicine embarked on an in-depth restructuring of our program 5 years ago. The reform was characterized by a widespread immersion in courses on general medicine in the early years of training and also by a fundamentally different approach to teaching primary care medicine. Progressive abandonment of lectures in large auditoriums in favour of interactive learning in small groups, widespread involvement of students in planning course content, systematic discovery on-site of the everyday realities of general medicine, and personal encounters with patients from diverse


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regions of the country, with extensive use of audio and video to objectify and organize extramural experiences progressively enlivened our courses in general medicine and the image of general practice. The activities of general practitioners were not studied in the lecture hall; they were discovered in the course of encounters with doctors in practice and discussed during seminars run by the students. Small-group discussions of diagnostic possibilities and therapeutic issues that arose during visits with patients in their homes refined students' clinical conduct considerably (until then, students had had only theoretical ideas about sick people). Debates in class set off by short clips from videos shot in the field encouraged students to reflect profoundly on the complexity of diagnostic doubt.

And the joy in all that? The doctors encountered in the field by the student teams modeled not only professional competence but also the joy of a life in general practice. In allowing future doctors to project themselves into the daily lives of older doctors, who like them had professional, personal, and familial commitments, and in allowing them to work part-time as part of a team, we offered them attractive role models whom they might like to emulate. Visiting patients at home also allowed them to discover the great value of primary care practice in the patients' own environment, a notion that a great number of students had never considered.

Without trying to predict the future, we would say that our new way of doing things in association with a series of positive events (assistance in getting the program started, improvements in social status, adaptation of the fundamental notion of continuity of care) and measures (substantial revision of honorariums) has allowed us for

the moment to stop the hemorrhaging and to exceed the quotas we are allotted annually, giving us the advantage of choosing the best students. Even better, the number of young doctors in training who are making general practice their first choice has continued to increase in the last 3 or 4 years, and the quality of the curriculum and the candidates we have in the program now make our specialist colleagues jealous.

Without being smug in such a precarious environment, we cannot help but think that things are simply coming back into balance. 

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