

### Subspecialties in family medicine: a question of values

Dr Shadd's argument in favour of palliative care as a subspecialty<sup>1</sup> hinges on a tautology: that any area of medicine is either a specialty or subspecialty or not. His argument can be reduced to the following statements:

- Family medicine is a specialty (as declared by the College of Family Physicians of Canada in 2007).
- All specialties contain subspecialties.
- Family medicine, therefore, has subspecialties.
- *Subspecialty* has a clear definition (according the Royal College of Physicians and Surgeons of Canada).
- Palliative care fits the definition of a subspecialty.
- Palliative care, therefore, is a subspecialty.

However, this is not really a debate about whether or not palliative care fits into a Royal College definition, especially because this definition has not been adopted by family physicians or integrated into family medicine training or organizational structures.

Should palliative care be a specialty? This is a normative question. It is a question of values, a question of how things ought to be. It is not a positive question, a falsifiable question, or an issue of definitions and categorization. Dr Shadd's positivist answer to a normative question assigns palliative care to the set of subspecialties, but offers no cogent argument for or against the question at debate. Just because the College of Family Physicians of Canada has asserted that family medicine is a specialty—just because family doctors can now hold contradictory titles like “generalist specialist”—does not de facto lead to the conclusion that family medicine must have subspecialties. If we are to properly address the pressures to introduce family medicine subspecialties, family physicians will have to identify and articulate the meaning and value of generalist practice. We will have to engage with other normative questions: Should family medicine have subspecialties? What would we call these doctors—subspecialist-generalist-specialists? What would family medicine subspecialties mean for the spirit and affirmative practice of generalism? What motivates our discipline to engage in the fracturing of medicine and the denaturing of health care into ever smaller pieces?

Is any of this a good thing?

—Aaron M. Orkin MD  
Thunder Bay, Ont  
by *Rapid Responses*

#### Reference

1. Shadd J. Should palliative care be a specialty? Yes. *Can Fam Physician* 2008;54:840,842 (Eng); 844,846 (Fr).

#### Response

Dr Orkin's critique of my argument is quite right—I provided a positivist answer to a normative question.

My only defense is that the original question that I was asked to address was “Is palliative care a specialty?” Only after my submission was the question changed to “Should...?”

The editors were right to change the wording. “Should” is the question with which we need to grapple. My answer is still yes, although my argument is different. Our ultimate goal must be to improve the care of people with palliative needs. In the long run, this involves not only knowledge translation (ie, helping all providers to employ best practices) but knowledge generation (so that best practices 50 years from now are better than best practices today). In every field of medicine, knowledge generation comes primarily from those engaged in the field full-time. Therefore, part of a broad strategy to improve palliative care would be to encourage physicians to engage in palliative medicine full-time and to enhance the knowledge and skills of this cadre of physicians. It isn't about the title. It is about raising the bar.

What happens if we don't? One of 2 things: either the bar will not be raised (which will be a disappointment for every Canadian at risk of dying) or it will be raised by someone else within the Royal College alone (which will be a disappointment to those who see family medicine as the beating heart of palliative care). Should palliative medicine be a specialty? Yes, because the bar needs to be raised. And we need to take a leading role in raising it.

—Joshua D. Shadd MD CCFP  
Kingston, Ont  
by *Rapid Responses*

### Regarding palliative care

As a third-year medical student and future family physician with a focused area of practice in sports medicine, I have to say that extra training in family-related fields is clearly a must these days. There are 3 facets of focused areas of practice that particularly interest students:

- 1) Many medical students who plan to do family medicine would like to do extra training.
- 2) A focused area of practice in family medicine equals better quality in that specific area of family medicine.
- 3) The family practitioner group model of practice is growing all across Canada. New medical students are learning the importance of having an area of focused practice and what it can do to increase the general knowledge of a multidisciplinary group of physicians and other health care workers.

Having members with focused areas of practice allows the health care group to have a consulting service by the most knowledgeable physician in that area, who then furthers opportunities for group learning by discussing the cases at team meetings.