



For family physicians at the heart of interprofessionalism

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The whole is greater than the sum of its parts
Aristotle

Ever since health care reform,¹ important efforts have been made in Canada to modify primary care practice from a system based on care provided by independent and autonomous family physicians to one based on care provided by multidisciplinary organizations offering global and community-wide care for defined populations. On the heels of this appeared various care-giving organizations, such as Community Health Centres, Family Health Groups, Family Health Teams, Community Health Networks, and Health Service Organizations. In Quebec, similar organizations saw the light of day; after the Centres locaux de santé communautaire came the Groupes de médecine familiale, and more recently, the Cliniques réseaux intégrés. All these entities are accredited to offer a multidisciplinary approach.

In the same spirit in 2005, the Royal College of Physicians and Surgeons of Canada (RCPSC) established that physicians (we should remember here that family physicians are also specialists, even if they do not belong to the RCPSC) should master various skills, termed *transversal skills*, among them that of collaborator.² Such physicians should be capable of working effectively on health care teams to provide optimal care to patients by participating effectively in and devoting themselves to the activities of interprofessional health care teams and by collaborating with other health care professionals to avoid interprofessional conflicts by negotiating and resolving them. For its part, the College of Family Physicians of Canada established a long time ago that collaborating as an effective member of a multidisciplinary team is an integral part of being a competent clinician.

It's the same today. So, even if some physicians still work alone, there are few who are actually in an ivory tower. Our patients are likely to be evaluated and treated by other professionals, so inevitably we all work more or less interprofessionally.

Now, even if working in a team might not always be completely comfortable, no one would deny the advantages of collaborating with professionals who have expertise and skills beyond all those a family physician can

possibly master. On the other hand, working on interprofessional teams is often a source of frustration for family physicians, particularly when their role is minimized and their contribution unacknowledged. Nothing is more frustrating than being confined to doing tasks for which we have no information and do not understand the reason.

But the situation becomes unacceptable when other professionals try to take over the fields of expertise and skills traditionally held by physicians, such as the right to prescribe. This is the subject of the debate between O'Connor and Desroches (pages 1176, 1177). If sharing care appears reasonable for limited therapeutic areas, such as smoking cessation or emergency contraception, or even collaborative follow-up of anticoagulation therapy according to an accepted protocol, it becomes completely wacky if it is generalized to all treatments. If all the professionals associated with provision of care had unlimited rights to prescribe, it would be a veritable Tower of Babel. Already it is difficult when our patients return totally confused from their visits to emergency or their time in hospital, and we are asked to follow up—even though no one ever deigns to advise us of changes, or hardly ever—and have to guess what-the-little-blue-pill-that-they-have-been-prescribed-is. I can hardly imagine the chaos if all and sundry can prescribe and change each other's prescriptions. It's a good bet that, at the end of the line, patients will pay the price and suffer the consequences.

It is important to remind ourselves that family physicians, with their continuity of care and comprehensive approach, are at the heart of interprofessionalism. Among all professions, rare are those for which everyone, regardless of their state of health, inquires so regularly with the words, "Do you have a family doctor?" Such a widespread preoccupation certainly testifies to the role and respect that should be accorded to family physicians. And for those who are still in doubt, I advise you to find yourself a family physician ... while you still can (but that is another story!).



Competing interests
None declared

References

1. Commission on the Future of Health Care in Canada. *Building on values: the future of health care in Canada. Final report*. Ottawa, ON: Commission on the Future of Health Care in Canada; 2002. Available from: www.cbc.ca/health-care/final_report.pdf. Accessed 2009 Nov 2.
2. Frank JR, editor. *The CanMEDS 2005 physician competency framework*. Ottawa, ON: Royal College of Physicians and Surgeons of Canada; 2005.

Cet article se trouve aussi en français à la page 1171.