



Health advocate

What do we expect of family physicians?

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This month in *Canadian Family Physician*, Raza writes a very interesting reflection entitled "Advocating for the advocate" (page 1353), wherein he reminds us that, as family physicians, we are responsible for ensuring that health promotion is carried out among those around us.¹ The author cites examples of famous physicians, such as Rudolph Virchow in the 17th century and Paul Farmer and James Orbinski more recently, who have contributed in remarkable ways to the health and well-being of their populations. Although referring to these physicians is pertinent, it raises certain questions. Do we expect a physician engaged in advocating for health to have the influence of a Virchow, a Farmer, or an Orbinski? Must a doctor who promotes good health make such grand gestures?

The call for physicians to take on the role of health advocate did not come just yesterday. For the past 6 years, the Royal College of Physicians and Surgeons of Canada (RCPSC) have been speaking about it. In 2005, the CanMEDS project defined *health advocate* in the following way: "As promoters of health, physicians use their expertise and influence in a responsible fashion to foster the health and well-being of their patients, their communities, and their populations."² The College of Family Physicians of Canada's Triple C Curriculum,³ which has just been released, proposes an almost identical definition. By this we understand that all physicians, without regard to specialty, should pay attention to advocating for health.

Defining precisely what a health advocate is, however, is not so easy. As proof, the working group charged by the RCPSC in 2008 to conduct a literature review on this subject concluded: "This literature review found a paucity of information on how the Health Advocate role is being actualized as well as taught and evaluated in Canada."⁴ Moreover, demonstrating that advocating for health is effective is not always successful. In fact, Lewin and colleagues published a systematic review of the literature evaluating the interventions of health care professionals promoting a patient-centred approach in clinical consultations.⁵ The authors concluded, "There is limited and mixed evidence on the effects of such interventions on patient healthcare behaviours or health status."⁵

Being a health advocate appears to be as difficult to define and to teach as it is to prove beneficial. For

example, does counseling patients to stop smoking, to exercise, to eat nourishing food, to wear bicycle helmets, and to use condoms count as advocating for health? Assuredly it does, although such advice appears rather mundane, as such messages proliferate everywhere without the help of physicians. On the other hand, does being engaged in social causes, like a Stephen Lewis, fighter for the cause of AIDS in Africa (www.stephenlewisfoundation.org), or a Gilles Julien, founder of the movement around social pediatrics (www.fondationdrjulien.org), correspond to being a health advocate? Assuredly it does also. It is rare, however, for family physicians to succeed in attaining such heights.

For most of us, promoting health to our patients probably falls between these extremes. Essentially, physicians promoting health wish for their patients' well-being. They know them, they understand them, and you could almost say they "love" them. And that is why we often hear patients say of their family physicians, "My doctor is interested in me, is concerned about my health," and this is apart from any other professional skills their doctors have or do not have. To appreciate their patients, to help them, to counsel them, to support them, and to treat them with dignity and respect essentially corresponds to what doctors advocating for health should do.

In the end, it could be that this competency we call *health advocate*, that is required by the College of Family Physicians of Canada and the RCPSC, is nothing but a "pious wish," a role based on good common sense that is hard to define, to teach, and to measure—but really, can you imagine a family physician not promoting health? For surely a physician who did not promote good health among his or her patients would not be considered a "good family physician."

Competing interests
None declared

References

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Cet article se trouve aussi en français à la page 1240.