A perfect family medicine storm

Garey Mazowita MD CCFP FCFP

Research has, historically and arguably, been an "issue" for family medicine. Although the preponderance of Canadian clinical activity occurs in the family medicine primary care world, most published medical research continues to arise from non-family physicians, most often involving highly selected populations. But there is a "perfect research storm" brewing in family medicine.

While we have many members who are interested in and knowledgeable about research, we seem to struggle to grow beyond a smallish member cohort that is simultaneously passionate about and involved in research and successful with publication. Although residents are expected to acquire research skills and acumen, it is fair to say that many of them remain ambivalent.

Dollars to support and, perhaps more important, time to do research are particular challenges for family medicine. Research has certainly been a challenge for me. I spent a number of years as a full-time university-teaching family physician, and my research involvement was, to my mind, marginal. Research "precipitants" for me tended for the most part to come from 2 sources: resident research projects, which provided viable and convenient opportunities, or requests for collaboration from "outside" researchers, who wanted a family physician voice on a project or access to patients. Such requests would trigger my involvement largely because "someone else" was doing the bulk of the work, and my clinical work would be minimally affected. I justified my relative disengagement by rationalizing that research was at the bottom of the list of competing demands—particularly clinical ones. I certainly did not avoid it out of lack of interest or for any shortage of potential research questions generated from clinical work.

The "research imperative" for family doctors has fundamentally changed and this might forecast a new era of family physician participation. Several forces now at play serve to create the perfect storm to augment interest in, and now even inviting of research. Electronic medical records and communities of practice make for unprecedented research opportunities in terms of clinical questions—and answer them through research.

The "storm" is here, and how we choose to navigate it is in our hands. Let’s call for "all hands on deck!"

There are "big, bold" research ventures out there, waiting to be defined, that we as a discipline could undertake to truly raise our research profile. For example, why not collaborate with all residents within a distributed training program to gauge interest in collectively asking a "system" question across that program? There are undoubtedly many ideas that simply need wider conversations and a bit of support to kick-start them to action.

The "storm" is here, and how we choose to navigate it is in our hands. Let’s call for "all hands on deck!"