



The sun behind the clouds

Exploring relationships at the heart of family medicine

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The past few years have been uniquely challenging for all family physicians, including those in their first 5 years of practice. The contentious discussions around primary care reform and the structure of family medicine models have been stressful for new graduates to navigate as they embark on their careers. Factor in the demands of a pandemic in an already strained health care system, and the recipe spells burnout for many providers. As I reflect on my experiences in my first 5 years of family practice, it brings me solace to write about those whom I learn the most from: my patients.

On a Monday morning I sat down with Mr P., an 80-year-old man with multiple medical comorbidities. He shared with me his personal challenges as the caregiver of his wife, who was experiencing dementia. He was afraid of catching COVID-19; compounded by staffing shortages in home care services, his limited supports had dwindled. He carried a greater burden of responsibility in caring for his loved one at home. He felt lonely and he shared with me his insights on how in-person meetings with his health care providers and his social network fostered a genuine sense of human connection that he perceived could not be replicated by virtual means.

As I listened to his stories, I admired his commitment to and love for his wife, and his patience in the face of adversity. As we reviewed his health concerns, he mentioned that his specialist's office had asked if he would like them to send me a copy of his reports. His answer was, "Of course. You take care of one part of my health, but she takes care of the whole." His statement made me pause. I reflected on this unique aspect of the discipline of family medicine that I did not fully appreciate until I had the privilege of longitudinally following my patients during my first few years of practice. Patients like Mr P. truly valued the continuity-of-care aspect of family medicine. We both recognized the importance of a whole-person approach to his health care and the essential role that an enduring and trusting relationship with his family doctor played.

Later that day, I spent almost an hour completing a referral for a subspecialized psychiatry program for one of my patients. Miss J. was a young woman in her 20s who struggled with multiple mental health conditions. One of the early lessons I learned in my career is that family medicine involves a substantial amount of paperwork, and this administrative burden is largely unpaid. I wondered if the system for referrals could become more efficient for all parties. I also feared that after all this work, my referral would be rejected owing to long wait times.

Sadly, I am well aware that access to mental health treatments, never robust, has suffered during the pandemic. Over the past couple of years, I saw how Miss J.'s mental health affected her daily activities of living. I also saw how the recurrent school closures negatively impacted her conditions as she juggled home schooling her young children with her work duties. Despite her struggles, she remained steadfast in her desire to improve and actively seek out mental health programs. As I reviewed her chart, I learned a lot about resilience from this young woman, and I wondered if I could be as resilient as my patient.

Dr Ian McWhinney described family medicine as a discipline that defines itself in terms of relationships.¹ Continuity, he said, is fundamental to our discipline, as we carry the overall direct or coordinating responsibility for the different medical needs of our patients. It is important to address the health care system inefficiencies that make it difficult for family doctors to deliver on this heavy responsibility. Keeping relationships at the heart of family medicine and at the forefront of my mind kept me grounded as I tried to cope with the frustrating experience of building a practice in the middle of a pandemic.

During my family medicine residency, my colleagues and I published an article in *Canadian Family Physician* about our experience in developing a peer-support writing group.² The study showed that the narrative medicine exercise promoted self-reflection and facilitated professional development. Despite the challenges of my first 5 years of family practice, I learned many salient and rewarding life lessons from the stories of patients like Mr P. and Miss J. Reflecting on my patients' stories expanded my worldview and enriched my personal and professional life. If the pandemic taught us anything, it is to appreciate relationships and the genuine sense of human connection that we had perhaps previously taken for granted. 🌿

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Competing interests
None declared

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Can Fam Physician 2022;68:388. DOI: 10.46747/cfp.6805388

La traduction en français de cet article se trouve à <https://www.cfp.ca> dans la table des matières du numéro de mai 2022 à la page e178.