



# Residents' Page

## Who are we?

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Our discipline is in crisis. We are overworked and attracting the fewest undergraduate medical students in more than a decade. Our numbers are diminishing, and more of us will be retiring. Some of us are giving up various services to make our practices and lives sustainable. Worst of all, patients are having trouble getting what the Canada Health Act promised them: access to health care.<sup>1-3</sup>

The birth of the discipline of family medicine was originally fueled by public and professional recognition that society needed physicians with the knowledge and skills to care for the whole person, not a particular organ system or group of illnesses.<sup>4,5</sup> Nonetheless, the scope of family practice was modeled on that of general practice and has become obscured because increasing numbers of family physicians and general practitioners are limiting their practices to specific patient populations or services.

The public needs to know how we commit ourselves to health care needs. We play so many different roles (emergency room physicians, hospitalists, psychotherapists, assistant clinicians, etc) that it is sometimes difficult for patients to comprehend just how family doctors attend to their care. It is also important for governments to understand our collective role clearly for funding and remuneration purposes. We also need to make it simple for medical students to understand what it means to be a family doctor and what will be expected of them if they choose to become one. A unified discipline with a clear personality and satisfied practitioners is much more attractive than one composed of overworked, dissatisfied, and poorly remunerated physicians.

The following briefly describes the key issues around our identity and my personal feelings and attitudes toward them.

## What defines a family doctor?

The American Academy of Family Physicians defines family physicians as those who are “educated and trained in family practice [and] possess unique attitudes, skills, and knowledge which qualify them to provide continuing and comprehensive medical care, health maintenance, and preventive services. ...”<sup>6</sup> Based on this definition, the only requirement to become a family physician is adequate training. Thus, GPs who provide this type of patient care will not qualify as family doctors. It is also unclear whether physicians who are trained in family practice, but no longer provide the types of patient care defined above, are family physicians.

A look at the theoretical foundations of our discipline will clarify these two issues. Family medicine is built on the unique worldview that patient care focuses on people, not just diseases. From this distinctive outlook, key characteristics, knowledge, and skills necessary for family practice are derived. Family physicians are practitioners of family medicine, and thus are defined, aside from having knowledge and skills to incorporate the unique worldview into medical practice, by the type of care they provide: comprehensive and continuing care. Ian McWhinney supports this definition of family doctors in *A Textbook of Family Medicine*, “if an internist is providing primary, comprehensive, and continuing care to adult families, with the same epistemological base as a family physician, then he is, to all intents and purposes, a family physician.”<sup>4</sup>

Consequently, anyone who does not practise family medicine cannot be called a family doctor. This principle, again, is explicitly expressed by Ian McWhinney when he refers to family physicians who have restricted their practices to specialized areas of medicine, “It is important that we do not describe these doctors as family physicians; ... by restricting

their practices, [they] had ceased to do family practice.<sup>77</sup> It is logical to conclude that physicians do not need to be specifically trained in family medicine to be family physicians. This is because knowledge and skills in family medicine can be acquired outside formal training programs. Hence, any physician, specialist or not, can be a family physician.

Although physicians must practise family medicine to be family doctors, they do not cease to be members of the discipline of family medicine because they stopped providing comprehensive and continuity of care. This is because family medicine is an academic discipline and a member is anyone who engages in any activity that promotes the growth and development of the discipline. Thus, physicians trained in family medicine who have restricted practices, although no longer family physicians, still belong to the discipline of family medicine.

### Are family physicians specialists?

The answer to this question can be summarized in the following definition:

A family physician is the physician generalist who takes professional responsibility for the comprehensive care of unselected patients with undifferentiated problems, committed to the person regardless of age, gender, illness, organ system affected, or methods used.<sup>8</sup>

Although the American Academy of Family Physicians refers to family physicians as specialists<sup>6</sup> and family medicine is viewed as a specialty in the United States, we cannot be specialists because "it is our patients, and not medical content, that define our knowledge, skills, and practice."<sup>4</sup> Further, "Family physicians do not treat diagnoses, disorders, or diseases. [We] take care of people."<sup>8</sup>

### Family physicians have a crucial role

The services that family medicine provides prove that family physicians are crucial in the delivery of health care. In 2000, 24% of all patient visits in the United States were to family physicians.<sup>9</sup> If all family physicians withdrew services in the United

States, 58% of counties would lack primary care health professionals.<sup>10</sup> The picture is similar, but even more compelling, in Canada, where up to 90% of all health care needs of Canadians are provided by family doctors.

The high quality of care and cost effectiveness provided by family physicians also argue for their irreplaceable role in any health care system under budgetary stress. Most (89.4%) Canadian residents surveyed reported good or excellent health care from their family doctors in 2001.<sup>3</sup> Studies in cost effectiveness of care report that family physicians see patients with the broadest array of health problems and do so with the lowest per-episode cost.<sup>11-13</sup> This is especially important as our population ages and health care costs skyrocket, as chronic diseases and comorbidity increase dramatically. In the United States, patients with serious chronic illnesses who had a usual care provider reported that their family physicians provided more than 50% to 60% of their care.<sup>14</sup> A recent study<sup>15</sup> also illustrated that family physicians provided most care for the many comorbidities of patients with chronic illnesses.

Finally, and most importantly, the number of primary care physicians is directly proportional to the health outcomes of a population,<sup>16-18</sup> and family physicians are a fundamental and irreplaceable component of primary care in the United States and Canada. ❁

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