Physicians at the bedside

Family Physicians Caring for Hospital Inpatients

College of Family Physicians of Canada

pinion surveys continue to show that Canadians hold family physicians (FPs) in high regard for the care they provide. A Decima poll in 2003 revealed that, when considering all aspects of their health care, 66% of Canadians said their family doctors were the most important people to them and their families. And of those who spent a night or more in hospital in the previous 3 years and whose family doctors took care of them, 93% reported the quality of care as good to excellent.

In the same poll, 81% of Canadians said that, if admitted to hospital, they wanted their own FPs participating in their care. In the unfamiliar environment of a hospital, complex care options abound. Patients want their own FPs to help them make decisions and, when necessary, to advocate on their behalf.

The College of Family Physicians of Canada's (CFPC's) discussion paper, Family Physicians Caring for Hospital Inpatients, was written for all those interested in assessing the value and importance of family doctors. In preparation, the CFPC commissioned a study on the status of FPs providing inpatient care. Literature searches and interviews were conducted across the country. The purpose was to find out why FPs were withdrawing from inpatient care and what could be done to support them.

Family Physicians Caring for Hospital Inpatients points out that one of the best examples of the value of FPs is their involvement in the continuity and coordination of their patients' care, made more effective when care in the office is combined with hospital care. Other values for FPs' patients are improved access to specialty care and avoidance of unnecessary investigations. Family physicians recognize benefits in their own professional satisfaction, skills, and knowledge. Hospital authorities benefit through better use of resources, easier access to FPs, and happier patients.

So why do many FPs wonder whether they can continue to provide inpatient care? Family physicians face numerous challenges in our hospital system, not the least of which is insufficient remuneration for inpatient care. Family practice training met the professional needs of surveyed physicians who provided inpatient care. But FPs also seek the professional support that comes with respect and recognition from their specialty colleagues. When work pressures are greatest, the combination of good patient care, collegial relations, and financial recognition produces the greatest professional satisfaction.

Should community practice FPs continue to be involved in hospital care or should this be the work of full-time physicians in hospitals? In interviews, there was nearly unanimous agreement that family practice should include inpatient hospital care. While pressures on hospitals have precipitated models that employ hospitalists, when necessary, the ideal model integrates hospitalists and FPs into multidisciplinary care teams that support patient care.

Solutions to the identified challenges must start by addressing the overriding problem of inadequate physician supply, which greatly affects the practice patterns of both FPs and specialists. Recommendations in Family Physicians Caring for Hospital Inpatients range from allowing hospitalized patients to have their own FPs participate in their care whenever possible to hospitals communicating effectively with FPs. The paper also recommends:

- hospital privileges that support FPs,
- appropriate remuneration for hospital care by FPs,
- exposure of all medical students and residents to family practice role models in hospital training,
- stronger links between hospitalists and FPs, and
- more research into inpatient care by FPs.

Family physicians should be encouraged and supported in their endeavours to make inpatient hospital care an important part of their practices. Patients gain great value from having their family doctors at their bedsides.

For the full text of the CFPC's report, visit the website (www.cfpc.ca).