



Practice Tips

Coping with family medicine put-downs

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Family physicians often feel devalued in our complex and “specialized” world. Specialization and subspecialization are highly valued; generalism is discounted. Family doctors are not alone in feeling disparaged; other generalists, such as general internists, general pediatricians, and general surgeons, sometimes feel this way too. Our colleagues in the traditional specialties also experience put-downs. Surgeons can be stereotyped as unthinking cutters; psychiatrists are “crazy” doctors; anesthesiologists are just “gas passers”; and obstetricians are not “real” surgeons.

Family physicians can have an important role in opposing this unhealthy competitiveness and systemic denigration of other physicians. Similar forces are at work in nursing, pharmacy, and social work. Family physicians can lead with an attitude that all disciplines in medicine have a valued role and all health care providers are welcome partners in caring for patients and their families.

The disparagement of family medicine is often endemic in teaching hospitals; medical students, family medicine residents, and attending family physicians experience it regularly. Disparagement is often combined with contempt for care provided in nonteaching hospitals or rural settings. Some university departments of family medicine have begun reviewing all undergraduate case-based learning to ensure comments that deride community-based care or family medicine are removed.

In crafting responses to put-downs, we should acknowledge the issue but challenge the

stereotyping or injustice and promote dialogue. Here are some simple but effective ways of coping with put-downs. They have worked for me, for family medicine residents, and for medical students interested in family medicine.

Oh not again! The GP really messed up on this case! What was he or she thinking?

Suggested responses

- Yes, mistakes happen. How do you handle errors when you or your colleagues make them?
- Did you have a chance to talk to the doctor to hear both sides of the story?
- Yes, errors occur. Do you think family physicians make more mistakes than other doctors?

What? You're going to be a family doctor? What a waste of talent!

Suggested responses

- Well, I am glad you think that I am talented, but what do you see as the down side of family medicine?
- That's interesting! Tell me what you think health care would be like without family doctors.

General practitioners don't know what they are doing

Suggested responses

- Yes, I suppose there are situations when most doctors don't know what to do. How do you cope with not knowing what to do?

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- If this is a medical error, what are our ethical obligations? What are our responsibilities to the public and to the College of Physicians and Surgeons?

Explaining what we do

Unfortunately, in our culture, who you are is often defined by what you do. Our traditional specialist colleagues have an easier time explaining who they are because what they do is better understood and valued by society. The general public are more likely to understand what an emergency physician, a pediatric neurologist, or a cardiologist does than what a general surgeon or a family physician does. Even car mechanics are no longer mechanics; they are muffler specialists, brake specialists, or transmission specialists.

When family physicians are asked what kind of doctors they are, they are more likely to respond apologetically that they are “just GPs.” This is like women who have chosen to take on home and family full-time labeling themselves as “just housewives.” How can family physicians describe what they do and what is special about it? Here are some possibilities.

- I am a specialist in the skin and its contents—a family physician.
- I am a specialist in health care integration—a family physician.
- I am a whole person specialist—a family doctor.

Surveys of the general public show that Canadians value family doctors, and most Canadians want to have a personal family physician. As the pre-eminent expert generalists, we are undervalued by some of our colleagues. Family physicians are the “stem cell” of the medical system. We have an ability to differentiate ourselves to provide a vast array of skills depending on the needs of the populations we serve. This can be particularly true in medical schools and in teaching hospitals where the denigration of generalism, particularly family medicine, can affect medical students’ views of careers in family medicine.¹ We have an opportunity to speak positively about ourselves, but let us take care to avoid the trap of putting down our traditional specialist colleagues. 

Reference

1. Campos-Outcalt D, Senf J, Kutob R. Comments heard by US medical students about family practice. *Fam Med* 2003;35(8):573-8.

We encourage readers to share some of their practice experience: the neat little tricks that solve difficult clinical situations. Tips can be mailed to Dr Tony Reid, Scientific Editor, *Canadian Family Physician*, 2630 Skymark Ave, Mississauga, ON L4W 5A4; by fax (905) 629-0893; or by e-mail tony@cfpc.ca.

