Sustaining the 4 principles of family medicine in Canada

Walter Rosser, MD, CCFP, FCFP MRCGP(UK)

In the mid-20th century, concern over the declining role of the general practitioner as medical knowledge rapidly expanded and specialization flourished stimulated the Canadian Medical Association and some visionary general practitioners to found the College of Family Physicians of Canada (CFPC). Development of CFPC Certification in 1969 brought clarity to the role of family physician. During the 1980s and 1990s, an aging population and the evolution of 55 specialties and of the role of nurse practitioners as deliverers of primary health care made family physicians' role in the health care system less clear.

In the mid-1980s, the CFPC produced the 4 principles of family medicine to provide guidance and direction for practitioners, residency programs, and the CFPC when making educational policy decisions. Even with the 20th century's dramatic changes in health care, people still need a physician who will help them when they are sick or in pain and will assist them with any problem. This is particularly true for people with comorbidity who have been found to function best under the care of a single healer rather than multiple specialists.[1]

Throughout the past decade, evidence has accumulated demonstrating that a strong primary health care system is vital to improving the health of a country's population by reducing stroke mortality, reducing child mortality, and extending life.[2-4] First-contact access to appropriate primary care is important in minimizing costs and improving outcomes.[5-7]

People expect their personal physicians to be expert clinicians, scholars, scientists, appraisers of new medical knowledge, skilled interviewers, health advocates, adaptable learners, collaborators, stewards of precious resources, and healers.[8] All of these roles can be addressed with minor modifications to the 4 principles.[9]

Comparing Canada's 4 principles of family medicine to principles developed by 10 international organizations representing more than 30 countries shows that only 1 area is underemphasized in the Canadian principles. The important concept is adaptability and professionalism. This comparison suggests that the principles are sustainable with only minor modification.

Patient–physician relationships are central to the role of family physicians

Trust and respect are essential to sustain a partnership between physician and patient. The patient-physician relationship has the qualities of a covenant—physicians promise to be faithful in their commitment to patients' well-being, whether or not patients are able to follow through on their commitments. Family physicians historically have used repeated short interactions to build relationships with patients that promote the healing power of trust.

Family physicians are skilled clinicians

Family physicians are skilled at dealing with ambiguity and uncertainty in the care of patients with a full range of acute and chronic problems. Family physicians require competence in the patient-centred clinical method. Use of "watchful waiting" as a diagnostic strategy for undifferentiated problems allows 40% of new patient cases to resolve on their own without unnecessary investigations. This strategy differentiates the diagnostic approach of family physicians from that of other medical disciplines.

Family physicians are typically expert in dealing with the most common health problems in their communities and also with less common but life-threatening problems and other serious problems requiring treatment. The 35 most common problems in practice and the 40 important problems with serious but preventable outcomes represent nearly 70% of community need and define the core content of family practice. Despite the perception that family physicians must know everything in medicine, proficient family physicians know the limits of their knowledge and when to collaborate with others.

Use of evidence-based websites greatly enhances capacity to diagnose and manage rare conditions. Critically assessing and applying available evidence while taking into account patients' context and beliefs requires knowledge about information mastery—a structured, practical, efficient method of evaluating information and evidence.

Family physicians are a resource to a defined community

The role of family physicians in Canada is changing to embrace principles of population or public health. This role requires knowledge and skill in assessing effectiveness of care provided in a practice and the ability to measure patient safety. Skill in use of electronic medical records as tools to study the health outcomes

of populations will be required. Family physicians need to accept responsibility for wise stewardship of scarce resources while considering the needs of patients and the community. Family physicians need to have basic research skills to assess the effectiveness of their care.

Family physicians are adaptable professionals

Family physicians are strongly influenced by community attributes and values, and the content of their work is defined by changing needs and expectations. Each physician in a family health team or network has a unique scope of practice, predicated on individual interests; abilities; and experiences in education, practice, and personal life. Physicians' scopes of practice are also influenced by community needs, skills of colleagues, and policy issues. Each family physician's scope of practice is personal and dynamic, in constant interplay with patient and community demands. This dynamism requires skills in self-assessment, continuous learning and reflection, and adaptability. Family physicians also need to collaborate effectively with other health care providers to optimize care.

Sustainability

The 4 principles have provided excellent direction for Canadian family medicine over the past 20 years. These principles are quite remarkable in the way they include almost all the concepts highlighted by our international colleagues. I hope the suggested modification to the fourth principle will stimulate debate that will reinforce the sustainability of the principles for another 2 decades.

Dr Rosser *is a family physician and Chair of the Department of Family Medicine at Queen's University in Kingston, Ont.*

Correspondence to: **Dr Walter Rosser**, *Centre for Studies in Primary Care, Family Medicine Centre, Queen's University, PO Bag 8888, Kingston, ON K7L 5E9; telephone 613 549-4480, extension 3959; fax 613 544-9899; e-mail* **rosserw@post.queensu.ca**

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