

## Rebuttal: Is family medicine a specialty?

### YES

**Tom Bailey MD CCFP FCFP**

As was learned in other countries, the debate surrounding family medicine as a specialty is not one of generalism versus specialization.

In many ways, Dr Hennen has reinforced the point that family medicine merits being recognized in the same manner as other medical specialties. He quotes Morrell in describing family physicians' breadth of knowledge, reminds us of McWhinney's and Stewart's patient-centred method, and speaks of the importance of generalism to our branch of medicine. But many other specialties today also require considerable breadth of knowledge, employ clinical methods, and are increasingly embracing generalism. Rather than relegating family medicine to the sidelines as just another player in this expanding generalist sphere, there is opportunity today to propel our discipline to the forefront, where it can lead all others as the specialty with the greatest expertise in generalism.

Defining a specialty by its limitations is not a valid way to differentiate family medicine from other disciplines. The reality is that many other specialties today see themselves as very broad in scope of knowledge and skills required. At the same time many family physicians are responding to community and patient needs by limiting their own practices—yet still providing comprehensive family medicine services as part of networks or teams with other family doctors. All who practise according to the 4 principles of family medicine can legitimately be part of our specialty.

Acknowledging the discipline of family medicine as a specialty in Canada will not change what happens on the front line of health care delivery. Family doctors will remain "first-contact physicians" and will still provide most of the care for most of the people across Canada. What will change is how the discipline and its physicians are viewed and respected.

In his essay "Family Medicine's Identity: Being Generalists in a Specialist Culture?"<sup>1</sup> Howard F. Stein emphasizes that, unlike the situation that prevailed when family medicine first came to be, specialization

### NO

**Brian Hennen MD MA CCFP FCFP**

I address Tom Bailey's 4 key points: that family medicine has long been recognized as a specialty in many countries; that family medicine has a defined body of knowledge; that generalism is not owned by family medicine; and that acknowledging family medicine as a specialty will enhance the image of our discipline in Canada.

Elsewhere, family medicine's recognition as a specialty has not had impressive results. Since it was declared a board specialty in the United States, the proportion of US residents in family medicine has diminished. In the United Kingdom, the incomes of GPs are competitive with those of hospital-based consultants and the government recognizes the importance of general practitioners; the sustained strength of UK general practice can be attributed more to these 2 factors than to a claim of specialty status.

I agree that family medicine has a defined body of knowledge.

To say that generalism is not owned by family medicine is a concession we must qualify carefully. Agreed, the Royal College of Physicians and Surgeons of Canada should modify its balance of subspecialties with stronger programs in its general specialties. But none of these practitioners will open their practices to all problems, all ages, and both sexes. Only family medicine offers such unlimited access and hence lays legitimate claim to comprehensive medical generalism.

Calling family medicine a specialty without addressing the real causes of its poor image will not make a difference. The real causes are non-competitive incomes (a problem that will be rectified only when our provincial organizations meet their commitments to us in negotiating fee schedules); the fact that colleagues, residents, students, health administrators, and even some of our own accept put-downs of family practice without challenge; and provincial government department silos (especially in health care and post-secondary education) that fail to collaborate and adequately support the important academic work of teaching and research that is fundamental to achieving high-quality practice.

These rebuttals are responses from the authors who were asked to discuss "Is family medicine a specialty?" in the Debates section of the February issue (*Can Fam Physician* 2007;53:221-3 [Eng], 225-7 [Fr]). In these rebuttals, the authors refute their opponents' arguments.

YES

today is simply part of our cultural ethos. One can be both a generalist and a specialist.

Family medicine—the bedrock of generalism—should be recognized in Canada as the specialty it is. 🍁

**Dr Bailey** is President of the College of Family Physicians of Canada.

**Reference**

1. Stein HF. Family medicine's identity: being generalists in a specialist culture? *Ann Fam Med* 2006;4(5):455-9.

NO

This debate *is* about generalism and specialization, and it *is* about sacrificing the essential generalist function. Because the public recognizes our value and because research shows that countries with stronger primary care have better health outcomes,<sup>1</sup> we must proceed as the central generalists in medical system strategic planning and must deal more directly with the real causes of our sagging polls in those several constituencies that notably do not include Canada's general public. 🍁

**Dr Hennen** is a former (1989-1990) President of the College of Family Physicians of Canada, former (1999-2004) Dean of Medicine at the University of Manitoba, and Professor in the Department of Family Medicine at Dalhousie University in Halifax, NS.

**Reference**

1. Starfield B. Is primary care essential? *Lancet* 1994;344:1129-33.

