The ideal family physician

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Dr Victor Johnston is known as the founding father of the College of General Practitioners of Canada, which is now the College of Family Physicians of Canada, and became its first Executive Director in 1954. Dr Johnston has been a hero and role model for me, and interestingly our lives have had many parallels.

Dr Johnston was a country boy who grew up in Lucknow, Huron County, in southwestern Ontario and practised there as a rural GP for 30 years. I, as well, was a country boy who grew up on a farm in the Bruce Peninsula, only about an hour away from there; then I practised as a rural family physician for 25 years in Goderich, which is 30 minutes from where Dr Johnston lived and practised. The connection runs even deeper. My wife, Leslie Rourke, was turned on to rural family practice when she was a medical student on a rural family medicine rotation in Dr Johnston's practice with his last partner, Dr Mel Corrin.

Dr Corrin had this to say about Dr Johnston: "Because of his long association with the district, because of his compassion and curiosity and interest in people, he was indeed able to provide 'continuing and comprehensive care within the family and community setting'—a job description for the ideal general physician."[1] As you set forth to practise family medicine, I believe this still provides the job description for the ideal family physician. From Dr Johnston's experience and my experience, I will try to connect some fundamental themes into positive challenges for you as you enter your family practice careers.

Responding to patient needs

Let me start with a story from a few years ago. It was my 50th birthday. The grand surprise party had already happened on the weekend. I arrived at the office at 9 in the morning, and a few minutes later, Annette, the receptionist, came to me and said, "The police are here and want to take you to ABC Lodge" (a local retirement home).

"You're kidding?"

"No! It is about your patient Mr A. He has gone berserk!"

I came out from my office and, indeed, there were the police, waiting for me. (I still thought that this was a birthday prank, complete with the local police in on it.)

"Here is his chart. You might need it." As it turned out, it was no joke.

Mr A. was an 80-year-old widower who lived in the retirement home and had a remote history of some psychological problems decades previously. He was a big man—6 feet tall and 200 pounds—and was now in full-blown mania, ready to fight anyone who came near him. The police were called; however, they quickly realized that this was not a place for pepper spray or handcuffs ... but for the family doctor!

So there I was. As Mr A. and I knew each other well, it was relatively easy to calm him down and gently persuade him to come with me to the hospital psychiatric unit for help.

Adaptation is the juice of family medicine

Deeper connections

Dr Victor Johnston stated, "I became convinced that the medical profession would be saved not by its organizations but by the sum total of the common sense and humanity of its individual practising members."[2] "General practitioners ... are the doctors closest to [the] people. They heal more of the broken-hearted, repair more of the injured and deprived, and live with the poor and dying who are without influence and hope."[1,2] As family physicians, you are ideally positioned in the health care system to understand patients and their family and community context, and to provide for them a deep connection, compassion, and care.

I have found housecalls to be invaluable for gathering a deeper understanding of and connection to patients, especially in the care of the frail elderly, disabled, and palliative care patients; housecalls can contribute so much to their continuing comprehensive care.

For a moment, picture Mr B., who was brought to my office by his daughter while she was home visiting him for a few days. Mr B. was a proud but failing elderly gentleman who was dressed up for the doctor in a somewhat old suit. When I (along with a medical student) did a home visit with Mr B., he was living in a tiny trailer with no running water or indoor toilet

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facilities; he used an outhouse in even the worst of winter storms. Now think of the much more complex and useful picture I had of this patient because I did a housecall.

Palliative care provides another vital need for housecalls. I remember so vividly Mrs C., a farmwife. I had hurried to the hospital for the birth of her fourth child and then she almost died from a severe postpartum hemorrhage. That was a stressful and lonely night. I remembered a quote from Dr Johnston's book, *Before the Age of Miracles*: "No one can do better as there is no one else here."[2]

It was soon after the birth of her fifth child that we found the breast lump that would turn out to be an aggressive and unstoppable cancer. However, with the support of her husband and palliative home-care team, including myself, she was able to spend her final months at home with her young children. This brings us to a famous aphorism: "To cure sometimes, to relieve often, to comfort always—this is our work."[3] The original phrasing is "Guérir quelquefois, soulager souvent, consoler toujours," and apparently dates back to the 15th century.[4]

I hope you will do housecalls (but not too often by police escort!); in fact, I hope you choose to do what best needs to be done for your practice population and recognize that some things (like housecalls) are never as financially rewarding as they should be, but will be paid over and over again in the rich experience and joy that is family practice.

In your hands

I will take this theme of responding to patient needs a bit further with another quote from Dr Johnston: "Adaptation is the juice of family medicine—the GP adapts to the needs of people or closes up shop."[1,2] Those of you who will practise in rural areas will be called upon to provide many services that are done by specialists in cities, as there will never be enough specialists in rural areas to care for patients' needs so close to home. In large cities, the family doctor's role is equally vital; with many specialists, fragmentation of care and system complexity are great problems for patients. There is no one but the family doctor who is as ideally positioned to keep it all together.

The greater the range and deeper the level of services that family doctors provide for their patients, both individually and in family practice teams, the better. By doing this, family physicians will be deeply valued by patients, colleagues, and society at large, and the role of the family physician will be secure.

I am going to pose 5 challenges to you as new family doctors:

1. Provide the best, broadest, and deepest care possible for your patients, by yourself and with your group of colleagues.
2. Make housecalls, particularly to your frail elderly, disabled, and palliative care patients.
3. Every day, ask yourself a patient-related question that requires you to search for the answer.
4. Become a leader in your community. As family physicians, you will be privileged to get to know so much about people and their needs, the community, and humankind.
5. Treasure your stories. They are the rich tapestry of family practice woven from your experiences, your deepest emotions, your challenges, and your joy and laughter.

As new family physicians, you will improve the lives of so many through your family practices and collective good work. The future of family medicine is in your good heads, your skilled hands, and your compassionate hearts.

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