



## We're all in this together

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*What I do, you cannot do; but what you do, I cannot do. The needs are great, and none of us, including me, ever do great things. But we can all do small things, with great love, and together we can do something wonderful.*

Mother Theresa

Early in my career, I once participated in one of those stereotypical team-building exercises. I was reluctant to participate, as the exercise took place several hours before clinic in the morning—and I had plenty of other more worthwhile things to do, or so I thought. I didn't need to learn about team building.

We were divided into small multidisciplinary groups: nurses, doctors, receptionists, office assistants. I was the only physician in my group. Each group was assigned a paper-based task: filling out some kind of questionnaire. As my eye ran down the sheet of questions, I groaned inwardly. What a waste of time. I began mentally filling out the questionnaire, but quickly ran into some serious snags. Meanwhile, the rest of my group merrily proceeded to work on the various problems. To my utter astonishment, others in the group were able to easily supply the answers that I lacked. With teamwork, we completed the form in record time.

I am ashamed to admit that this was a revelation for me. In school, if I had a choice, I worked alone on projects. I generally chose to do things myself, because that way I knew they were done properly and at the right time. I somehow had missed the practical application of “Many hands make light work” and “The whole is greater than the sum of its parts” and other aphorisms. There was no *High School Musical* when I was in school to hammer home the importance of working together.

### Many hands

It's been many years since I learned the important lesson of teamwork. Over time, I have found that applying it has reaped great benefits both personally and professionally. And now, collaboration forms the foundation of many current and proposed health care reforms.

In this issue, the theme of collaboration runs through many of the articles. Upshur and Tracy emphasize the importance of working in interprofessional teams in caring for patients with complex, chronic problems (page 1655). The Canadian Hypertension Education Program discussion paper encourages collaborative care by physicians, nurses, and pharmacists in tackling the burden of hypertension in Canada (page 1659). The authors


acknowledge that there are overlapping roles between the 3 health professional groups, but propose that there are skill sets that are unique or most appropriately aligned with each group.

### Too many cooks

Working together, however, can bring challenges. Health professionals might perceive that their turf is being impinged on. In the debate this month, Bourgeois-Law and Laguë argue about whether nurse practitioners pose a threat to family physicians (page 1668 and 1669); and Pottie et al found in their study of physicians' perspectives during the integration of pharmacists into family practices that the physicians had initially been quite concerned about medical-legal implications and the effect on the patient-physician relationship (page 1714).

It is also important to evaluate whether or not these collaborative models work. Aphorisms such as “Too many cooks spoil the broth” have not been passed down from generation to generation without some justification. Marshall and colleagues describe an innovative shared-care model for palliative care in southern Ontario (page 1703). Evaluation of the program showed that patient goals were met and health care providers involved in the program were satisfied. Pottie et al found that many of the physicians' initial concerns about collaborative care had been alleviated 12 months after the pharmacists had been integrated into the practices. More research is needed to determine the effectiveness of collaborative models.

### Doing great things together

I have had the privilege to collaborate with a great team at *Canadian Family Physician*, but also to collaborate with you—readers, authors, and reviewers—over the past 2 and a half years. This is my last editorial for *Canadian Family Physician*, as I am leaving to take on other challenges elsewhere. But I like to think that together we have been able to do something wonderful: to produce a high-quality Canadian family medicine journal for family physicians by family physicians. 

**Competing interests**  
None declared



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