



What was and will be

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Maybe it's just something that happens with age (or when you're having fun)—but each year sure seems to fly by more quickly than the one before. The College had a busy 2008, culminating in a successful Family Medicine Forum in Toronto, Ont, in November. Who would have thought a few years ago, when our annual assembly was drawing 500 delegates, that we would now be welcoming 2500?

Opening doors

We were proud that the opening session for Family Medicine Forum, featuring Margaret Trudeau, focused on one of the most pressing issues confronting our nation and its health professionals: the need for greatly improved access to services for those suffering from mental illnesses. Overcoming the stigma associated with their diagnoses is a major challenge for these patients and those who love and care for them. The past few years have seen Canada embrace wait-time strategies focused on 5 or 6 important areas of care. Sadly, one of the most important challenges—ensuring better access for those with mental problems—was not considered a wait-time priority. The National Physician Survey reinforced what all family physicians knew: getting timely appointments with psychiatrists and other mental health professionals is a substantial problem. Our hope is that the work now being done by Canada's Mental Health Commission, led by former-senator Michael Kirby, will open the door to better days ahead.

Some family doctors have tried to address the shortfall of physicians available to care for those with psychiatric problems by spending increased time attending to these patients—often as referrals from fellow family doctors. Some are involved in shared-care approaches, working together with consulting psychiatrists. Others are part of teams with clinical psychologists, social workers, occupational therapists, and other mental health workers. Surveys indicate that family physicians and patients would welcome well-trained clinical psychologists as part of our publicly funded system.

Family physicians who devote more of their practice time to providing mental health care remain an important part of family medicine and the delivery of family practice services in their communities. Our College plans to support them increasingly in days to come. They need us; we need them; and, most important, patients need them.

Focused on the future

Because of the shortage of doctors in many specialties, patients and health planners have recognized the skills of family physicians and turned to them to fill many gaps in our system. From maternity and pediatric care to palliative medicine and care of the elderly, from in-hospital care to defined anesthesia and surgical services in rural communities, we are short of Royal College specialists, and skilled family physicians are being asked to step in. Some do this as part of their broad-based practices. Others have assumed full-time roles in areas of defined need.

This trend is now understood to be part of our health care system in Canada. But how do we plan for the future? We do not want to develop this resource of family physicians with special interests by sacrificing traditional broad-scope family physicians who, according to public surveys, remain one of the most highly valued parts of our health care system—and who, as Starfield's research shows, are the main reason for better population health outcomes.¹

In 2008 the College Board approved a new focus within our organization, which over the next several years will enable us to address the educational and practice needs of family physicians with special interests or focused practices. We welcome the participation and leadership of those who are willing to commit themselves to working and teaching in strategic alliances with broad-scope family doctors to ensure a future with strengthened comprehensive continuing care offered by all of these physicians working together in family practices across Canada.

We look forward to family doctors with special interests becoming part of the effort needed to make this activity and the vision accompanying it a success.

To good health and happiness

Despite all that has been accomplished, there is much still to be done. I am privileged to be able to continue to work toward achieving the goals of Canadian family physicians alongside the skilled and dedicated staff of our national College and its Chapters. I am grateful for the opportunity to learn each day from our outstanding physician leaders and to have a network of friends and colleagues from all parts of this country who provide invaluable support.

From my family to yours, have a wonderful Christmas and holiday season. May 2009 be filled with good health and happiness as we move upward and onward together to make this a better world for the people of Canada. 🍁

Reference

1. Starfield B. The effectiveness of primary health care. In: Lakhani M, editor. *A celebration of general practice*. Abingdon, UK: Radcliffe Publishing; 2003. p. 19-36.

Cet article se trouve aussi en français à la page 1759.