



Being grateful

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As I write this it is Thanksgiving. That seems right somehow, given all that we have to be thankful for over the holidays. I want to begin this term's President's Messages by focusing on the positive. As I reflect on this, I realize I have much to be grateful for. I have been a family physician for more than 20 years, and it has been a privileged life. I have been asked to talk to the Calgary Family Medicine Interest Group tonight about my life as a family physician. Good timing again.

I know that some of you across Canada are frustrated, overworked, even burned out. Some are cynical about health care, government, patient expectations, and hospitals. When I chose family medicine, I wasn't looking for a lifestyle. I was looking for a life. I wasn't looking for an easy ride—I love challenges and hard work. Sometimes the challenges are overwhelming, but despite the troubling times, it is an amazing ride. During my Presidency I want to celebrate the amazing growth in our discipline, the changes in how we deliver care, and our responsiveness to the demands of the system. I have gratitude for all of these and other professional blessings, and I hope you will join me in celebrating our many successes.

Choosing family medicine

What will I say to the medical students tonight? What would capture their passion and help them to see that this is an amazing choice in medicine? Perhaps the most amazing. I remember Brian Hennen helping me to understand that we specialize in the breadth of medicine, while our consultant colleagues specialize in the depth. Both equally important, both valued, and both needed. Ian McWhinney talked about the importance of being different¹; his description of the encounter between a family doctor and a patient as a meeting between 2 experts—one the medical expert, the other an expert on him or herself—has always helped me in my day-to-day work.

I can tell them that I have practised in small hospitals that still have doctors' lounges, where consultants and family physicians share coffee and conversation every day. Most of the beds in such hospitals are run by family doctors. The Moncton Hospital, where I started practice, has been rated as having among the best outcomes in the country.² I loved the variety there—inpatient work, palliative care, reproductive care for adolescents, emergency work, maternity care, deliveries—we did whatever was needed. I remember looking after a patient with HIV in my early days: learning to learn from the patient, starting new treatments, entering trials. There were no

infectious disease specialists in the entire province at that time. We physicians started journal clubs to learn from one another. I am thankful for the great times I have had learning from and with colleagues.

I can tell the students that academically it has also been an amazing ride. So much of what we do is invisible. I once heard family medicine described as the "modest" discipline, but we do so much clinically and in research and teaching. As part of my master's degree, I estimated that family physicians across the Maritimes contributed more than half a million dollars per year in unpaid volunteer work to the faculty of medicine. Family medicine research has informed how every medical student in Canada is trained (the patient-centred clinical method, for example). Family physician researchers have also done seminal work in patient safety. Working as an academic family physician has been a particular gift. So many family doctors across the country contribute to medical student and resident training. We also teach nurses, nurse practitioners, midwives, and pharmacy students. The list goes on. We are often doing double duty, but wasn't that one of the draws to this rich specialty?

Choosing gratitude

Researchers are now studying gratitude. There are measurable benefits to being thankful, to stepping back and recognizing or rediscovering awe in what we do and the value we bring. The College helps us define what family doctors do in this country, setting education standards for accreditation, setting and administering exams, acting as a voice to our many partners, and creating a gathering place for family physicians to work on a multitude of issues. Great work gets done every day. We meet, we work together, we respond, evolve, inspire, enhance, and advocate for family doctors across Canada. I am grateful for this above all. Family doctors do an amazing job of providing care, with proven effectiveness and at great savings to the system. This is a great time of year to remember that we make a difference. Wasn't that the reason we all started this journey? I bet that when I sit down with the medical students tonight they will be looking to find that place in medicine where they can make their difference.

We do have a great life as family doctors, and we are lucky to be a part of this essential element of health care in Canada. It is a good time of year to be thankful. 🍁

References

1. McWhinney IR. William Pickles Lecture 1996. The importance of being different. *Br J Gen Pract* 1996;46(408):433-6.
2. Canadian Institute for Health Information. *HSMR: a new approach for measuring hospital mortality trends in Canada*. Ottawa, ON: CIHI; 2007.

Cet article se trouve aussi en français à la page 1264.