

Practice fragment

I read Dr Gutkin's article with interest.¹ I graduated in 1963, and at that time we as family physicians understood that we were indeed generalists, looking after most routine problems and referring only when necessary. Before my retirement, I worked in a rural family practice that included emergency medicine, obstetrics, part-time anesthesia, and an office practice. I was part of a group that worked very well for almost 39 years. It seems that many family doctors now tend to fragment their practices. Why is that? They are all taught obstetrics and emergency medicine techniques, yet many of them opt not to offer these services. Is this not what we were trained for and are expected to do? Family physicians are more like specialists. I don't think malpractice rates are the problem; it appears to be more related to lifestyle. You can have the lifestyle as well

as provide various services if you offer each other support by taking turns with on-call duties for obstetrics and emergency medicine. Family physicians could even have night offices in their clinics, rather than refer everyone to emergency departments. They would have the comfort of having access to patients' charts and prior health records. I thought this was what family health teams were for; those in family health groups could also do the same.

Medicine is demanding but extremely rewarding work. It also requires some commitment to our patients in shift work. It can be done if we have the support of those practising around us as well as support from distant specialists. In other words, in rural communities working extra time even when one is not on call is a necessary part of our discipline. I suspect that the same applies to urban areas as well.

—Peter Dunlop MD FCFP
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1. **Clinical Review:** Complementary and alternative medicine approaches to blood pressure reduction. *An evidence-based review* (November 2008)
2. **Debates:** Do nurse practitioners pose a threat to family physicians? *Yes* (December 2008)
3. **Debates:** Do nurse practitioners pose a threat to family physicians? *No* (December 2008)
4. **Clinical Review:** Treatment and prevention of herpes labialis (December 2008)
5. **Dermacase** (December 2008)

Reference

1. Gutkin C. What was and will be. *Can Fam Physician* 2008;54:1760 (Eng), 1759 (Fr).

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