



Mentors

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It is a rare opportunity to be entrusted with a leadership role in any organization, but the privilege of representing the College of Family Physicians of Canada is especially meaningful to me. Opportunities such as this often cause us to reflect on the road we have taken to arrive at this place and on the relationships that have guided us and nurtured us along the way.

Professionally, I have been blessed with some excellent teachers, mentors, and role models. As a medical student in Edmonton, Alta, one of my most memorable learning moments occurred during internal medicine rounds at the Royal Alexandra Hospital with Dr Alan Gilbert, a family doctor turned internist with the soul of a poet. About 6 of us very “green” students entered the room of his patient, whom I will call Dorothy. Dr Gilbert patiently listened while the student who had admitted Dorothy explained, in painstaking detail, Dorothy’s entrance complaint, past medical history, review of systems, physical findings, and laboratory results. He then proceeded to ask us questions: “What had our classmate missed? What other information did we need to know before we could effectively treat Dorothy?” All of us thought that our fellow student had hit all of the salient points and were stymied. Dr Gilbert led us along further: “What you haven’t told us,” he clarified, “is obvious simply by looking at the patient and her surroundings.” We started looking for physical signs we might have missed: Did she have clubbing? Did she have a Dupuytren contracture? Was there anything unusual about her appearance that should have made us think of an autoimmune disease?

While my classmates and I were poring over the possible physical signs that we had missed, Dr Gilbert was sitting in a chair next to Dorothy, holding her hand. Dorothy had a bemused smile on her face—it was clear she had seen this skit before and was enjoying herself. Finally, after watching us come up with all sorts of oddball conclusions, he reminded us to look around the room and see that Dorothy was lying in bed with a colourful afghan draped over her, with a non-hospital-issued pillow under her head. She had several flower arrangements on her night table; there were crayon drawings taped to the walls above her head, a box of chocolates and pictures of her family next to her, and several books on her table. The point that Dr Gilbert was trying to make, and what we had failed to comprehend, was that Dorothy was the matriarch of a loving family who cared for her. She had hobbies, interests, and grandchildren. Underneath the medical diagnoses, which we were struggling to


get exactly right, was a person—a person to be valued, respected, and understood. And unless we were able to get that part right, we might be competent physicians but would never really be good doctors. We would miss out on the essence of what makes medicine a rewarding career.

Ties that bind

Several years following my residency, I joined George Renouf, my former preceptor, in his practice when he left the teaching unit. My involvement with the College began because of tragic circumstances: George and his son were killed in a motor vehicle accident. He had been the Membership Chair of the Manitoba Chapter, and I assumed that role in his stead and took over the care of many of his patients. It helped me to feel that in a small way I was honouring him for all he had taught me. It was a difficult time for everyone—the strength of the patient-doctor relationship was vividly demonstrated by the reactions and sense of loss verbalized by George’s patients after his death. I am indebted to George for the lessons he taught me in life, and in his untimely death, about the power of that relationship.

As the daughter of a family doctor, I often accompanied my father on housecalls, waiting in the car until he was done. I heard him describe with intense pleasure the satisfaction he felt after delivering a baby. At the time of his death, I read many letters from his patients and colleagues who reflected on the strength of their relationships with him and the difference he had made in their lives and the lives of their families.

The wonder of family medicine is that it allows us to practise the core values of medical humanism—sanctity of human life, respect for human dignity and diversity, and appreciation for the complexity of the seemingly simple act of living a life. We all know that in family medicine context is everything. The melding of science and humanism, the acknowledgment that our humanity is inextricably linked to the humanity of our patients, and, as my former teachers, Alan Gilbert, George Renouf, and Mitchell Finkelstein taught me, the privilege of entering into a unique relationship with patients are what give our professional lives their greatest satisfaction.

Many of us have the pleasure of having medical students doing clinical rotations in our offices. Remember the impact that one single memorable teaching moment can have. Often, it’s not the medical knowledge you possess that strikes the deepest chord, but the interaction between you and your patient. With this in mind, each of us has the capacity to be a meaningful mentor. 

Cet article se trouve aussi en français à la page 222.