



Ways of knowing

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*The days are short,
The sun a spark
Hung thin between
The dark and dark.*

John Updike,
"January"¹

The autumn and winter months are always a busy time for family physicians, none more so than this past month as the second wave of H1N1 influenza began. Even when my practice is at its busiest, one of the pleasures of family medicine for me is spending time getting to know my patients and listening to their stories. One of my greatest sources of distress is the pressure of time when my clinic is too busy and the certain knowledge that I will have difficulty listening attentively to those very stories.

The January issue of *Canadian Family Physician* is all about knowing our patients, our practices, and through them, ourselves. It is well known that physicians are not the earliest adopters of technology in their practices.² In their thoughtful commentary, Martin Dawes and David Chan (page 15) make a strong case that the adoption and effective use of the electronic medical record (EMR) by family physicians will make us better physicians, mostly because the EMR will allow us to know who our patients are, what conditions afflict them, and how we are doing in providing them with medical care.³ Accompanying their commentary are 2 research articles. The first of these studies (page 40) compares urban, academic family physicians' experiences implementing EMRs with the experiences of community-based physicians.⁴ The results of this qualitative study with key informants suggest that strong physician professional networks, proper training, and in-house technical support are key elements in the successful uptake of EMRs. The second of these studies (www.cfp.ca), a survey conducted in a family medicine clinic, reveals that concerns about the negative effects of EMRs on visits with patients might not only be misplaced, but that physicians' use of EMRs might actually have a positive effect on patients' overall satisfaction.⁵

Cet article se trouve aussi en français à la page 14.

There are many ways of knowing our practices and our patients. Being able to collect, analyze, and respond to the type of data that EMRs provide is a critical way of knowing. Equally important, and perhaps just as neglected, is fully listening to patients' stories of their illness experiences and the effects those experiences have on their lives. In this issue we are pleased to be able to publish the winning stories for the 2009 AMS-Mimi Divinsky Awards for History and Narrative in Family Medicine, along with a deeply thoughtful, reflective commentary (page 51) on these stories by Arthur Frank from the University of Calgary in Alberta.⁶ I was fortunate to attend the presentation of these awards at Family Medicine Forum in Calgary. The stories by the 3 winners, Drs Shane Neilson (page 55), Andrew Lodge (page 56), and Christine Motheron (www.cfp.ca), are respectful, unsentimental, moving, and beautifully written.⁷⁻⁹ The commentary by Dr Frank, originally presented at the awards ceremony and reproduced in print here, provides a crucial, articulate, and broader context for these doctors' stories that I hope you will find thought-provoking. To paraphrase Dr Frank, these are modest stories that both ill people and their doctors can appreciate, and in that modesty lies a practice of medicine to be hoped for. ❁

Competing interests

None declared

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