The only constant

Reflections on change

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Other things may change us, but we start and end with family.

Anthony Brandt

As a family physician working and living in a small town in New Brunswick, I have seen my fair share of change over the past 20 years. I suspect that many of my colleagues across this great nation of ours have had similar experiences. From individual hospitals to small regions to large mega-regions, we have certainly seen an administrative evolution unfold. We have also experienced an unprecedented explosion in medical technology, diagnostic tools, and treatments, all believed to be beneficial to our patients. With all of these transformations, it is not surprising that many family doctors have felt marginalized and overwhelmed; they have been given the impression that family medicine is somewhat less important than it used to be in the grand scheme of Canadian health care delivery. I have the distinct impression, however, that the exact opposite is the case—family medicine, and the type and quality of services that family physicians provide, has never been more vital to the health of Canadians and to the sustainability of our health care system.

Continuous benefit

We know full well from excellent primary care research that an increased number of primary care physicians has a positive association with better health outcomes in populations. Conversely, poorer health outcomes are seen when the supply of primary care physicians is diminished.1 Barbara Starfield and her colleagues at the John Hopkins Primary Care Policy Center have outlined the concepts inherent in well-functioning primary care systems, which include first-contact care, person-focused care over time, comprehensiveness, and coordination, as well as the 3 related aspects of community orientation, family centeredness, and cultural competence—characteristics that are also enshrined in our own College’s 4 principles of family medicine.2 We also know that care delivered by family doctors actually reduces the cost to the health care system. A study published in 2009 by Hollander et al found that “the more higher-care-needs [diabetes mellitus and congestive heart failure] patients were attached to a primary care practice, the lower the costs were for the overall health care system (for the total of medical services, hospital services and drugs) …. These findings support the general literature on the benefits of primary care and continuity of care.”3

Continuing journey

At the end of the day, after all the myriad changes, I marvel at how (at least in my life) one thing remains constant—I turn the knob of an examination room door, enter an anxiety-laden room, and say “Hello, my name is Dr Boulay. How are you today?” I then embark on another journey with another human being, a journey on which I do my best to help that person navigate an increasingly complex world and get to where he or she needs to go.

Despite all the change, Canadians realize the difference that family doctors make in their lives. Policy makers are also coming to the conclusion that investing in primary care, in the services provided by family doctors in every corner of our country, will actually help them stretch their embattled health care budgets further, all the while assuring our patients of the best health care outcomes we can offer them.

At the end of the day, we really have to help everyone focus on keeping our patients at the centre of all that we do—and at the forefront when decisions are made about health human resources and allocation of health care dollars.

References