



Be mine

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It's February, a month for declaring love—the perfect month to declare, “I love family medicine.” I suppose that is not so shocking coming from the President of the College of Family Physicians of Canada. Perhaps the challenge for the month is not so much in the declaration but in the bigger issue of how we as a profession present ourselves—to the public, to our members, to other medical organizations, to one another, and especially to learners. Do we reflect a passionate, positive view of our chosen field, or are we still wallowing in negativity around all the problems in family medicine and primary care?

What's not to love?

I spoke with a group of medical students recently, and one of the questions that popped up was “What don't you like about family medicine?” It was an easier question to answer than I imagined—the missed family gatherings because someone was ill on the floor; pitching a tent in the dark at the start of a vacation because I ended up in labour and delivery until a late hour; the treadmill speed on some days and the heart sink after looking at the schedule on others; having to diagnose the mother of a friend with multiple myeloma; having to watch a young man my own age die of AIDS; the “McDonald's medicine” couple who come in the office to “order up” whatever they want (and they want it this minute); the negative media; the negative comments from specialist colleagues or, even worse, the negative comments from colleagues; the pager on, 24 hours a day, 7 days a week for 20 years. Anything sound familiar? And yet, I rarely ever think of these things. One of the things I love about family medicine is the variety—and that includes all of the above experiences.

We know from reports like the 2008 Commonwealth Fund International Health Policy Survey¹ that we have a long way to go for primary care in Canada to compare more favourably with that of other countries. We should not, however, lose sight of what is working here or stop trying to make improvements. The College lobbies for changes in the Canadian health care system that address many of the areas that continue to need attention. This includes producing reports such as “Patient-Centred Primary Care in Canada: Bring it on Home”² or “The Wait Starts Here,”³ which were launched at the end of 2009. Both are available at www.cfpc.ca. The College also provides resources to family physicians in practice, such as the Primary Care Toolkit, available at <http://toolkit.cfpc.ca>.

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What's to love?

Medical students across the country are applying to family medicine in record numbers to a multitude of programs. January and February are Canadian Residency Matching Service (CaRMS) interview months and a very busy time for family medicine programs across the country, each reviewing hundreds of applications. There might be 17 medical schools in Canada, but each offers a variety of family medicine residency sites—urban, rural, or remote. Medical students, who have done rotations with family doctors all over the country, are asked, “Why family medicine?” They describe the variety of work; the first contacts; the flexibility, autonomy, and relationships; the locations; the continuity; the team environment; the challenges; the emphasis on prevention and health promotion; the opportunities; the connection with communities; the lifestyle; the patient mix; cradle-to-grave care; office practice, hospital work, housecalls, emergency work, and maternity care; and so much more. When you conduct CaRMS interviews, you come out feeling so great about family medicine and so excited about the kind of future the next generation of family doctors will create. It puts some of the awe back in what we do and reminds us how lucky we are to be doing it!

We still have work to do. Yes, there are problems, but primary care reform has made a difference. Many of us have supports and resources in family medicine that didn't exist even 10 years ago. We must continue to address what still needs improvement, such as information technology resources for primary care. We can do that and still sing the praises of this privileged and challenging discipline. We do ourselves no favours by focusing on the negative. This time of year—the CaRMS season—should be a reminder to focus on the positive, and February is a good month to share how we feel about what we do.

Several years ago, when I was the Undergraduate Director at Dalhousie University in Halifax, NS, we sent every medical student a copy of *Canadian Family Physician* and a Valentine's Day card: “We Love Family Medicine.” We were so excited about the idea and had such a good laugh doing it, because we did love family medicine and couldn't wait to share it! Who could you send your family medicine valentine to this month? Share the love. ❁

References

1. The Commonwealth Fund. *2008 Commonwealth Fund International Health Policy Survey of Sicker Adults*. New York, NY: The Commonwealth Fund; 2008.
2. College of Family Physicians of Canada. *Patient-centred primary care in Canada: bring it on home*. Mississauga, ON: College of Family Physicians of Canada; 2009.
3. Primary Care Wait Time Partnership. *The wait starts here*. Mississauga, ON: College of Family Physicians of Canada, Canadian Medical Association; 2009.