



Winds of change

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The climate of our culture is changing ... small things grow great and what was great grows small, while species disappear and are replaced.

Randall Jarrell¹

We live in a world of constant change. Those who adapt physically, emotionally, economically, intellectually, morally, and politically will be tomorrow's examples of Darwin's survival of the fittest. As family physicians, will we be replaced and find ourselves someday remembered alongside the dodo, the woolly mammoth, and the giant ground sloth? Or will we recognize the changes we must make in order to avoid extinction?

Most agree that this question does not merit serious consideration. While there are concerns about the future, family doctors are not about to disappear. Recently, however, despite our family doctor shortages and overwhelming evidence that access to personal family physicians is the most important factor in determining better population health outcomes,² some national newspaper editorials have advocated that we do not need more physicians and that family doctors could be replaced by other health professionals as first-line caregivers. An editorial in *Canadian Family Physician* pondered the extinction of family physicians.³ South American family medicine leader, Dr Julio Ceitlin, responded to this editorial: "The world, society, even the weather have changed the last decades and the human, romantic and quixotic family doctor of the seventies cannot survive with the same professional role."⁴

Recently, Brook and Young emphasized the need for US primary care physicians to redefine their responsibilities and make themselves indispensable to health system planners and funders focused on the success of health reform.⁵ They suggested family doctors should play the lead role in preventing hospitalizations, eliminating unnecessary surgeries and diagnostic tests, and helping individuals die with less pain and at less financial expense. They recommend that more physicians should be providing more medical procedures in their offices or medical homes, along with delivering broad-based continuing care for most of the population, particularly those with chronic disease. They see the need to close the income gap between primary care physicians and other specialists as a priority to address family medicine recruitment and retention challenges, but believe that if primary care physicians prove they can reduce system costs and improve outcomes—especially related to chronic disease management—increased payment and a more secure future will follow.

In Canada, despite a more established role for family doctors and an understanding of the value of each person having a family physician, there are signs that the winds are changing—and we should heed Brook and Young. We too should reexamine the roles of family physicians and define new or expanded responsibilities for our specialty.

In addition to strengthening our commitment to comprehensive continuing care and the doctor-patient relationship, Canada's family physicians should assume ownership of a menu of more complex medical care areas essential to patients and our system. We must ensure that family medicine residents have gained the experience during their training then demonstrated competencies in all the core areas essential to family practice. Family physicians should be seen as skilled medical doctors providing their patients with timely appointments for a broad spectrum of their medical care needs. Patient care responsibilities might best be shared among groups of family doctors in each practice, acting as the personal physicians for their own patients but working together with colleagues who offer care in areas of special interest or added skill. Each family practice group should ensure the provision of prenatal care and deliveries, and actively participate in hospital care for admitted and emergency patients of the practice. A full spectrum of primary care services should be provided for patients of the practice by teams of health professionals (family doctors, nurses, pharmacists, etc) located on site or within the community. Family doctors in each community should be visible as leaders in illness and injury prevention, in health promotion, and in addressing community and population health challenges. There is need for enhanced and clearly defined roles for family physicians as part of our national and local public health systems.

Canada and the world need to know that family doctors are ready to assume the lead responsibility for some of the medical care priorities of today's and tomorrow's populations—led by preventive care and chronic disease management. We must be ready to preserve and sustain the best parts of our history while also embracing change. We must catch the wind.

"The future's in the air. I can feel it everywhere. Blowing with the wind of change."⁶

References

1. Jarrell R. *A sad heart at the supermarket. Essays and fables*. New York, NY: Atheneum; 1962.
2. Starfield B, Shi LY, Macinko J. Contribution of primary care to health systems and health. *Millbank Q* 2005;83(3):457-502.
3. Ladouceur R. Are family physicians on the road to extinction? [Editorial] *Can Fam Physician* 2008 Mar 12. Epub. Available from: www.cfp.ca/cgi/data/54/3/333/DC1/1. Accessed 2010 Jul 6.
4. Gutkin C. On the road to distinction. *Can Fam Physician* 2008;54:952 (Eng), 951 (Fr).
5. Brook RH, Young RT. The primary care physician and health care reform. *JAMA* 2010;303(15):1535-6.
6. Meine K; The Scorpions. Wind of change. From: *Crazy World*. Mercury Records; 1991.

Cet article se trouve aussi en français à la page 835.