



Planting seeds

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A man has made at least a start on discovering the meaning of human life when he plants shade trees under which he knows full well he will never sit.

D. Elton Trueblood


Analogies involving family medicine are seemingly endless—every day, events occur in my life that bring to mind ways to frame how we think of our profession. Some of these comparisons are quite concrete, while others delve into the realm of the abstract. It is indeed unfortunate that my memory isn't what it used to be, as I admit that I can only remember a fraction of these clever thoughts and associations. Last week though, as I was sitting at the Annual General Meeting of the Nova Scotia College of Family Physicians, a particularly powerful idea struck me—and I managed to remember it until I could get a pen in my hand!

It occurred to me, as I was listening to resident and medical student presentations, which were quite energetic and inspirational, that family medicine and all of its component parts amounted to something akin to agriculture. We are indeed farmers, planting at times educational tidbits and at other times entire fields of thought in the minds of our students. We cultivate relationships with our patients and inseminate their thoughts with visions of good health and hope for better days to come. We toil on behalf of entire communities and populations, trying to help shape public policy that will enable our health care systems to address the issues most important to our patients.

The farming analogy, I believe, is a particularly strong one. It immediately brings to mind many

of the challenges faced by Canadian farmers, who have worked so hard for so long to provide us with sustenance; it also reminds us of the largely rural nature of our country and the fact that a substantial percentage of Canadians live in rural areas. And like farmers, we family doctors should rarely expect immediate results from our hard work. Indeed, it would be easy for me to think, as I step into my office each morning, that my work is futile—seeing what seems to be an endless list of patients with a multitude of chronic illnesses that never get better. I know intuitively, however, that what I do from day to day eventually bears fruit. Better diabetes control and improved lipid profiles, for instance, might delay the onset of heart disease in patients and thus prolong their lives 20 or 30 years down the road.

Similarly, efforts to improve health care system design also require time to bear fruit. One of the main challenges to health care in Canada is that we expect results far too soon when we introduce reform initiatives. We have to convince our policy makers that the changes made in the way we deliver care today will produce a bountiful crop for our country down the road—even though we will likely not be the ones to reap the wealth of the harvest. But with open minds and a lot of hard work, we should be able to ensure that future generations of Canadians will have access to the patient-centred health care they will need.

So, let's keep tilling, plowing, and rotating crops; let's not spread *too* much manure; and, above all, let's not sell the farm—the seeds are ready to be planted, and many people will be waiting for the harvest. 

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