

## Rick Neuls MD CCFP

*Dr Neuls assumed an established practice straight out of residency, and has been there to this day, coming to realize that medical training provides no business experience or management techniques. He soon realized things could be done better, so he talked to other doctors about how they ran their practices, and he learned traditional flawed solutions: limit patients to one problem per visit, erect barriers between the physician and the patient. His resultant questions: isn't running a practice better all about improving access? When do patients know if their one problem is the most important problem they should be mentioning? He looked to other business models and decided to reduce his wait times by making the most out of each visit in terms of chronic care management, screening, prescription renewals, and eliminating needless follow-up. This principle of balancing supply and demand applies to what he tells his medical students and residents: We're conditioned in medical school not to say no. We take on this extra call; we take on this extra responsibility; we take on this extra patient. When someone asks me if I will take on an extra patient, I think of it this way: I may be saying yes to that one patient, but I'll be saying no to my other 1500 patients.*

*Saying the right thing. Saying things that, inevitably, are doomed to not work. The patient came in, hulking, angry, frustrated; he sat down and started making threats about everyone he could think of, violent fantasies, and Dr Neuls looked at the door, remembering the patient should never be between it and him, but it was too late for that; so Dr Neuls listened to him, for that is what every patient wants, in the end; and gradually the volume went down, the agitation decreased, the door stayed where it was, and the patient and doctor stayed where they were. A plan was made, and the patient was closely followed up, given help, with phone calls and referrals and frequent office visits, and things seemed to be getting better, with an eventual return to work; but one day the patient's wife made an appointment and informed Dr Neuls that her husband had committed suicide; and rather than ask how Dr Neuls had failed her husband, suggest that the doctor was responsible for this death, she thanked him for his help and provided him with a photograph her husband had taken some time ago, a time-lapse photograph of Edmonton at night. Red lights, streaks. It was a picture he had long wanted to give to the doctor but hadn't done so. The picture sits on Dr Neuls' desk. 🌿*

**Cover photo:** Curtis Comeau, Edmonton, Alta

**Story:** Shane Neilson MD CCFP, Erin, Ont

Additional photos and the French translation of the story appear on page 734.  
D'autres photos et la traduction en français du récit se trouvent à la page 734.

**THE COVER PROJECT** *Canadian Family Physician* has embarked on a project to assemble the portrait of family medicine in Canada. Each cover of the journal will feature a family physician chosen at random from our membership list, along with a short essay—a brief glimpse of the person and the practice. Over time, the randomness will become representative and the differences, taken together, will define what it is that all family physicians have in common.

*Inside half-cover (IHC)*