



## Extending our reach

Rob Boulay MD CCFP

*What do we live for if it is not to make life less difficult for each other.*

George Eliot

I had an “aha!” moment the other day—one of many I’ve experienced while I’ve had the privilege of being President of the College of Family Physicians of Canada. This one was rather bittersweet; it wasn’t one that made me leap for joy or that gave me renewed enthusiasm for my daily work. No, on this occasion the sobering reality that befell me occurred during a dinner with colleagues, at which time one of them repeated a statement that I’ve heard several times before. He stated that health care—ie, what we do every working day of our lives—accounts for only about 25% or 30% of an individual’s wellness, the remainder being predicated on socioeconomic status, geography, and genetic predisposition. You can choose for yourself whether or not you believe this statement—I’d remind you, though, that while everyone is entitled to their own opinion, they are not entitled to their own facts. After all, despite spending greater amounts on health care every year, are we really getting the kinds of results and outcomes we’d like to have?

### The bright side

If I weren’t so darned optimistic, this fact might have depressed me. Implicit in this statement is the assumption that even if I do everything perfectly as it pertains to caring for my patients I still have no effect on three-quarters of their health. Some might believe that we are very limited in our ability to influence health outcomes; I believe, however, that this in fact presents us with a wonderful opportunity to have an effect on what has always seemed to us to be the less “medical” bits of the lives of our patients. I would even go so far as to say that it is in our job description, as family doctors, to do this with more emphasis and zeal than we’ve ever done

before. Think of our 4 principles of family medicine<sup>1</sup>—they are as relevant now as they ever were, and they clearly define our role as medical experts and resources to our communities. It is clearly our mission, then, to advocate for our patients who are living in substandard housing, who don’t have adequate drug coverage, and who can’t afford to buy food for their families. A recent conversation I had with a young single mom in my practice highlighted this issue for me—despite working 2 jobs, the difficult choice she had to make on a daily basis was whether to buy food for her children or medication for her diabetes. I don’t have to tell you which one she chose, nor do I have to explain the effect this decision will have on her health.

### Tapping in

If we want to be truly patient-centred, we have to be able to get to the core of what our patients are experiencing, and this means walking alongside them as *real* partners in their care as they try to live in an increasingly complex and expensive world. We have to remember that health care doesn’t just start at the sliding double doors of our health care facilities and offices, but extends into the living rooms, the schoolyards, and the workplaces of our patients and communities. We are, without a doubt, medical experts; however, the people we care for are experts on themselves, on their own lives. We need to tap into their expertise so that we can extend our reach and have more of an effect on their health. This combined approach—family doctors truly partnering with the people they care for and advocating for better supports and programs for them—is one that would be very difficult for policy makers to dismiss, and one that would have a considerable effect on the outcomes we all so desperately want to improve. 🍁

### Reference

1. College of Family Physicians of Canada. *Four principles of family medicine*. Mississauga, ON: College of Family Physicians of Canada; 2006. Available from: [www.cfpc.ca/Principles](http://www.cfpc.ca/Principles). Accessed 2011 May 31.

— \* \* \* —

Cet article se trouve aussi en français à la page 854.