

Don Patten MD CCFP(LM) FCFP

In medical school at the University of Western Ontario, Dr Patten was angered by the following advice given casually to medical students: Only those too stupid to be specialists become GPs. Dr Patten has watched the progressive diminishment of some roles in family medicine as he practised for over 44 years, continuing to practise 1 day a week. He was part of the first cohort (of one!) of family medicine residents at the University of Ottawa in 1966. He was also part of the first group of 13 doctors who wrote the CFPC Certification exam in 1969. Almost immediately he became involved in committee work, becoming the Chief of General Practice at the Ottawa Civic Hospital for over 10 years; he spent 1 year as the Chief of Staff at the Ottawa Civic; and he spent 7 years as the Director of the Family Medicine Centre, a teaching unit at the Ottawa Civic and University of Ottawa.

When he first began working at the Civic, family doctors were responsible for obstetric care, house calls, emergency department coverage, and outpatient work in addition to regular office work. Over the years, the entity known as “the hospital” (administrators, specialist colleagues, allied health professionals, nursing staff) usurped the role of family medicine: time in the cast room was allocated wholesale to orthopedics; requests in the case room came earlier and earlier for obstetric intervention despite normal progress of delivery; changes to ED physician payment meant that family doctors could no longer see their own patients in the ED because of resultant clawbacks in ED doc group billings. Family practice beds were continually cut until they were to disappear altogether, forcing academic family physicians to make the elementary argument that a residency program requires beds in order to train physicians. (The beds stayed, but orphan patients now are routed there.)

As a member of various hospital committees, Dr Patten witnessed the hospital administration sometimes conduct business as if the community family doctor were not part of the circle of care of the patient. Issues like the importance of timely dissemination of patient discharge summaries needed to be brought to their attention.

In addition, Dr Patten tried to institute some generalist-perspective policies while serving on committees: the provision of flu shots for admitted patients, for example, and also the development of a new ward for chronic care patients awaiting transfer to long-term care institutions (as opposed to the usual practice of random marooning on medical floors). While these changes were being made, a part of the hospital that was set aside as a place where physicians met informally to consult with one another was shuttered in response to a union complaint that the doctors had special treatment.

Yet Dr Patten practised against these erosions and continues to practise at the age of 73, saying to residents assigned to work with him: “Hopefully you’ll still feel as good about family medicine as I do, 47 years from now.” In the end, patients and teaching have sustained him. 🍁

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Additional photos and the French translation of the story appear on page 1296.
D'autres photos et la traduction en français du récit se trouvent à la page 1296.

Inside half-cover (IHC)