



The quiet revolutionary

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We need more Ian McWhinneys to develop what he called the synthesis between science, technology, and art in medicine, not just family medicine but all of medicine.¹

This year marks the 60th anniversary of the College of Family Physicians of Canada, a milestone in the history of family medicine in Canada. When Dr Ian McWhinney died at age 85 in September 2012, several articles were published summarizing his work and his contributions to family medicine, and lamenting the death of this remarkable man.¹⁻³ To begin the celebration of the College's anniversary, *Canadian Family Physician* has chosen not just to celebrate but also to reflect more deeply upon the many contributions Dr Ian McWhinney made to family medicine. To that end, the editors of *Canadian Family Physician* invited some thoughtful family medicine teachers, researchers, and leaders from across the country to revisit Dr McWhinney's published contributions to family medicine and to reflect on where our discipline stands in relation to his revolutionary ideas today.

We live in an increasingly specialized, global society run by managerial elites.⁴ Generalists are a dying breed and family medicine is one of the last professional realms in which a generalist perspective not only remains strong, but also is essential for us to be effective healers and advocates for our patients and our communities. Handford and Hennen share 10 reflections from themselves and others on Ian McWhinney, generalism, and why maintaining the generalist perspective and clinical skill set is crucial for family medicine today (page 20).⁵

Ian McWhinney was a pioneer in family medicine education. Whitehead and Weston (who worked closely with Dr McWhinney at the University of Western Ontario throughout their careers) have written a compelling meditation on the importance of continuity in the training of young family physicians, using language as simple and beautiful as Dr McWhinney himself used in much of his writing (page 11).⁶

In the latter part of his career, Ian McWhinney powerfully argued for a renewed commitment to

family medicine research grounded in clinical discovery. In their contribution to this issue of the journal, Pimlott and Upshur make the case that although Ian McWhinney was right to claim that clinical observation and discovery should be at the heart of family medicine research, his plea has been largely ignored. They put forth some practical suggestions on how we can restore clinical discovery to its rightful place in family medicine (page 14).⁷

Perhaps the hardest task of all fell upon the shoulders of Martin and colleagues. Ian McWhinney did not leave a written legacy of his ideas about how an effective and sustainable health care system might work. It is certain that a health care system designed by Ian McWhinney would eschew a "top down" approach, given that he believed in the strength, adaptability, and sustainability of forms that evolve organically. Martin and her colleagues provide a vision of a future health care system that effectively incorporates some of Ian McWhinney's most important ideas and principles (page 17).⁸

Generalism, continuity of care, discovery grounded in clinical practice and observation, and a health care system that focuses on long-term relationships with individuals and communities—these are the enduring themes that emerge from this series of reflections on Ian McWhinney's work. They are as relevant for the future of family medicine, the strength of our health care system, and the health of Canadians as ever. 🍁

References

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