



## Family medicine hospital care

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Recently, I have been troubled by comments and questions that have been shared with me about family medicine hospital care. Colleagues reveal that they find themselves functioning at a distance from the acute care system for multiple reasons—in some cases as a consequence of their own circumstances but also as a result of administrative decisions within their hospital system. I have also been challenged on more than one occasion with the following question: Can family physicians continue to provide care to patients in hospital while practising in the community?

What is more troubling is a comment from a hospital administrator that I learned about from a colleague. The administrator told my colleague that he was not having any “transient physicians admit patients to his hospital.” I was sad to hear this, as it did not fit with my understanding of how patients interact with the health care system. I would argue that, for most of our patients, any contact with the acute care setting is the transient component of their health care throughout their lives.

The hospital can be a complex and confusing place for patients and their families. As health care providers who have been trained in that environment and who interact with it regularly, we can lose sight of this. I was reminded of this when my mother told me about her friend who recently had a prolonged and complicated hospital stay. Among other concerns, I heard about changing staff members who never seemed to have time to answer questions, undergoing tests and not learning the results, and not knowing which of the doctors who came to see her were actually looking after her or when they would be back again. Although I offered my mother a system explanation for every one of these concerns, her response was, “Just because there is a reason doesn’t make my friend feel better or help her know what is happening.”

An important component of the health advocate role in family medicine is to help patients navigate our complex health system. My mother’s friend had many competent and capable people involved in her care, but no one who really knew her medical history or the healthy and independent person she had been a few short months before being hospitalized. What was missing was someone she knew and trusted to sit down and explain what was happening.

I have a number of family physician friends and colleagues who work as hospitalists across the country—some practise as members of a team while others act as the most responsible physicians. I have tremendous respect for the work that they do and the level of acuity and complexity of patients for whom they provide care. I am also glad they bring the principles of family medicine to the care of their patients. They are valuable teachers, demonstrating how the 4 principles can be integrated into a focused care event. I also know many family physicians across Canada who effectively and safely provide care to their own patients in hospital, sometimes as the only physician provider in the community or with the support of colleagues and consultants. It is not always the easiest or most convenient work, but many of these family physicians reveal that they find it to be a rewarding and important part of their practices.

In a literature search on urban family physician care in hospital I found few articles directly comparing community family practitioners with hospital-based family practitioners. In those that did, the researchers did not find substantive differences in length of stay, cost, or hospital readmission for similar patient groups. A search on patient experience when admitted by community family physicians turned up even fewer items. There appears to be considerable room for further study on family physicians who provide care in the community and in hospital—not just using the outcomes considered to date but also looking at the patient experience and safety.

I provide care to my patients when they need to be admitted to hospital and when their needs fall within my competence; or I visit them when they are admitted by other physicians. I am able to do this because I work with a team of physicians and other health care providers who share my belief about the importance of this continuity of care for our patients, and we support each other in providing this care. I hope that we can maintain this commitment and that the health system in which we practise will continue to see the value of the care we provide before, during, and after admission. I expect that the right answer to the original question depends on the community and the individual, but I hope there is always a place in hospitals for physicians who care for patients throughout their lives, without barriers to doing so, in a way that is safe and sustainable. 🌿