



Since I've been a patient

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have a plumbing problem. Can you help me?"

"I do showers. That's a toilet problem."

"But you're a plumber, aren't you?"

"I am. But I *only* do showers. You need a toilet guy."

"Can you refer me to a toilet guy?"

"No. Go to your general plumber for a referral."

Some time later, at the GP's:

"Can *you* send me to a toilet guy?"

"Yes. It'll probably be about 3 months."

"Wait a minute—you're a plumber ... could *you* fix it?"

"Well, yes, I could. I know exactly how to fix it. But I'm not allowed to. Only toilet guys are allowed to order the parts we would need. Besides, I don't really *want* to. It's a big job and I have people all over me, clamouring for me to fix their plumbing problems. It's really better for everybody if you wait to see the toilet guy."

As absurd as it sounds, this is pretty much what it's like to navigate our health system. I have a friend who had a lipoma on his neck. His family doctor examined it, correctly told him it was benign, and said that my friend could have it removed if it bothered him. My friend found that the lipoma was constantly rubbed by his shirt collar and at least once it got irritated and infected. My friend was referred to a plastic surgeon and seen in 3 months. That guy booked him into a lumps-and-bumps clinic, and a further 16 weeks later my friend got the lipoma removed. If he had seen me, the conversation would have been: "Have you got 5 minutes? I think I have some lidocaine and sutures around here somewhere ..." *Seven months? For a lipoma?*

I was a full-scope generalist before I grew a brain tumour. I worked the emergency department, delivered babies, and did palliative care and home visits. I had started losing my balance playing hockey during medical school, then developed diplopia and brutal headaches. After the first surgery I rehabbed for about 6 months but returned to clerkship and finished my training. I missed the residency match and had to beg my way into a "crummy" family medicine program. I found out I loved it. All through medical school we had been taught by specialists. Our anatomy professor had told us to study hard so we wouldn't end up as "junk GPs." I had friends who had ranked their top picks in the match and then put in family medicine just in case they didn't get what they wanted. Family medicine was what failures ended up doing, we'd been told. During residency, I learned different. The people teaching me were the best doctors I had ever seen. I learned what medicine was supposed to be.

I finished my residency and moved my family to a town of 900 people. I worked in a community of 4 doctors sharing on-call responsibilities. Day after day (and night after night) I learned more about what it meant to be a doctor. Where

we were, we were "it." I learned confidence and loved every second of it. I worked with our health region (I once lobbied the premier for a 25-hour day) and taught students and residents. Before my second surgery, we had recruited 2 more into our practice group.

A lot of people don't trust doctors. After my tumour recurred 4 years ago and we resected it again, I ended up disabled and in an assisted-living facility. Most of the people here are just old—too old and weak to manage on their own but not sick enough to be in a nursing home. Others are just chronically ill; I know a young guy struggling with bipolar disorder, and another guy with end-stage liver disease awaiting transplant surgery. Everyone here has stories of seemingly uncaring doctors and problems that nobody wants to help them with. Every one of them feels like a hot potato: "Here, you take him. I don't have time." One guy asked me if drug companies paid me for every prescription I wrote for their product or if they just sent me a regular cheque. The fact is, the perception of "junk GPs" persists.

I have never met a doctor who did not want to help. I've never met one who sees someone with a problem and says "Unless I can make some money off of that, I'm not touching it—I guess I'll refer it." It's a ridiculous characterization, but *that's* what sick people think happens. And it's *our* fault.

Our system needs very strong primary care practitioners (family doctors, pediatricians, general internists, psychiatrists) managing things like arthritis and depression and doing simple procedures like biopsies and lipoma removals instead of referring. We should try to direct our best, most confident students into primary care, but we do not.

How do we fix this situation? First, be proud to be a generalist. You're a plumber who knows how to fix anything. If someone needs help on an airplane, they don't want the pediatric neurosurgeon who trained in the Academic Centre of Excellence. They want *you*. Second, *act* like you're proud of it. Stop referring for stuff you have the skills to do. Teach. Model what a doctor is supposed to do. Manage the things that you're trained to manage.

My face is paralyzed. The left side of my body doesn't function because of a preoperative stroke. I used to run in the sand; now I can't stand without assistance. That stuff I can live with. That's just a part of having an illness. What bothers me is people vilifying and disrespecting a profession that I love. "Family doctors are a bunch of money-grubbing pill-pushers who refer everything." People actually see family doctors as a hurdle they have to get over to get care. "No they're not!" I feel like screaming. Then I look around. *Oh my God. Yes they are.* But they shouldn't be. Please don't be. 🍁

Dr Langer is a disabled physician living in Edmonton, Alta.

Competing interests
None declared