



There is no place like home

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Most patients tell me that they want to be home when they are sick, frail, or dying and want to be cared for by competent professionals while surrounded by friends and family. As we know, in many parts of the country this is easier said than done. Many patients are challenged by not having consistent, reliable, professional care at home and might live in environments that require the installation of assistive devices or renovations to allow them to be safely at home. In addition, families are often unable to provide the physical and financial support they did more commonly in previous generations to achieve this goal.

The need for improved home care has long been a focus of CFPC advocacy, featuring prominently in our releases *The Role of the Federal Government in Health Care*¹ and the follow-up *From Red to Green*.²

The CFPC has partnered with the Canadian Home Care Association and the Canadian Nurses Association to develop a project called Better Home Care: A National Action Plan. The ultimate goal of this project is to make recommendations to facilitate home care for Canadians by making it more available and accessible, empowering formal and informal care providers, achieving better health outcomes, and improving patients' experiences. To accomplish this, consultations have taken place in Halifax, NS; Ottawa, Ont; Whitehorse, YT; and Calgary, Alta, over the past spring and summer. These consultations have involved various health care stakeholders, including family physicians, leveraging their home care experience to create these recommendations. The results of these consultations, in addition to the findings of an open survey, will be incorporated into the action plan, which will be provided to the federal government to inform how they use the \$3 billion they committed to home care support.

Home care is important for family physicians, as many of them provide this care. Learning about the provision of home care is part of family medicine residency training programs. The home environment is considered a clinical context for learning in the *Red Book* standards for family medicine residency programs,³ especially with regard to care of the elderly, care of patients with disabilities, and palliative care. Certainly, a coordinated evidence-informed strategy for home care can assist

family physicians in learning about, advocating for, and providing home care and ensure that new physicians continue to practise in this care environment. In the 2015 Family Medicine Longitudinal Survey T2 (exit) results, which were collected from graduates of 15 family medicine residency programs across the country, 37.8% of respondents indicated that they were "somewhat likely" or "highly likely" to include the home as one of their practice settings in the future.⁴ I think this number needs to be higher. In addition, family doctors with enhanced skills or focused practices in palliative care and care of the elderly are particularly interested in this action plan, as the population they serve has substantial needs in this area. We need to advocate for an environment that can make home visits "highly likely" for family doctors and for other health care professionals who work with them.

Reflecting on my own experiences providing care for patients in their homes, I realize that these visits offer some of the most rewarding aspects of practice. Many family physicians have written about house call experiences, from touching and often funny stories to scientifically rigorous studies outlining the benefits of this type of care. The importance of this context of care was perhaps best encapsulated by Dr Ian McWhinney, who eloquently said,

We define family medicine in terms of relationships, and continuity of the patient-doctor relationship is one of our core values. How can we justify breaking our long-term relationships with patients whenever, in sickness or old age, they become housebound?⁵

I certainly hope this expression of commitment can continue to be upheld through a strong endorsement of and action on Better Home Care: A National Action Plan. 🍁

References

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4. College of Family Physicians of Canada. *Family Medicine Longitudinal Survey: T2 (exit) 2015 results. Aggregate findings across 15 family medicine residency programs*. Mississauga, ON: College of Family Physicians of Canada; 2015.
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