

Why are new graduates restricting or focusing their practices? Outside of those working in only emergency medicine (which has been an issue for at least 20 years), there can only be 2 broad categories of reasons: remuneration and satisfaction.

Remuneration, under which I would include the economics of covering inpatients and housecalls, is largely beyond the control of the College. This is to be negotiated between the government and the medical associations (or, increasingly, imposed by provincial ministries).

If new doctors are dissatisfied, it is vital for the College of Family Physicians of Canada to determine the main reasons why, and it needs to be done soon.

Is it the increasing burden on family physicians to care for patients with mental illness, pain, and addictions? That can be addressed in residency and continuing medical education.

Is it the increasing burden on family physicians to play quarterback for patients with multiple chronic illnesses? That can also be addressed in residency, and with expanded support for primary care–driven guidelines (such as the excellent new guidelines for lipid management²).

However, if new doctors are more globally dissatisfied with primary care, the discipline has a serious problem on its hands and by extension so do the medical education and health human resource–planning systems. If everyone operates under the broad assumption that most family doctors practise family medicine, but new family doctors do not want the job, what will primary care look like in 10 years? Will a full-service family practice be a quaint, romantic ideal for all but the most isolated and devoted practitioners? If that is the case, should the College continue to promote a vision of family medicine that is out of step with huge swaths of its work force? Or should the College take the lead and reinvent the profession, taking a hard look at every now–sacred cow?

Unfortunately, the consequence of inaction is having family medicine defined by specialist whims and government mandates.

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Competing interests

None declared

References

1. Ladouceur R. Where is family medicine heading? *Can Fam Physician* 2015;61:1029 (Eng), 1030 (Fr).
2. Allan GM, Lindblad AJ, Comeau A, Coppola J, Hudson B, Mannarino M, et al. Simplified lipid guidelines. Prevention and management of cardiovascular disease in primary care. *Can Fam Physician* 2015;61:857-67 (Eng), e439-50 (Fr).

Responsibility and professionalism in family medicine

What has happened to responsibility and professionalism in family medicine? I am grateful to Dr Ladouceur for bringing up this question in his December editorial, “Where is family medicine heading?”¹

It is a question I have been asking for 26 years. In 1989, the town of Woodstock, Ont, (an ideal location for traditional GPs and FPs) was struggling to recruit traditional GPs and FPs. A survey of family medicine residents in Ontario at that time indicated that only 50% intended to be traditional GPs and FPs (telephone communication in 1990 with Dr Jacqueline McClaran, family medicine instructor at McGill University, and Dr Walter Rossiter, Chair of Family Medicine at Queen’s University).

To support Dr Ladouceur’s concerns, in the past 7 years the Woodstock hospital granted privileges to 24 emergency medicine GPs and FPs and to 18 hospitalist GPs and FPs, but to no traditional GPs or FPs. During those 7 years, 2 busy traditional GPs and FPs retired, leaving 4700 orphan patients. Fifteen years ago with Dr Bruce Halliday (Past President of the College of Family Physicians of Canada), I listened to Dr Ian McWhinney (the father of family medicine in Canada) share his concerns about the fragmentation of family medicine (office discussion in 2000).

Are we witnessing an erosion of responsibility and professionalism in family medicine?

In the December 2015 issue of the *CMAJ*, Dr Cindy Forbes (President of the Canadian Medical Association) announced that the Canadian Medical Association will have a new strategic plan to focus on “hugely important issues next year such as professionalism.”² The 1966 medical school graduates of Western University in London, Ont, will celebrate the 50th anniversary of their graduation in 2016 by instituting an annual medical student prize for professionalism.

Family physicians need to recognize the obvious: that medical schools exist to meet the primary care health care needs of Canadians and not just the lifestyle goals of GPs and FPs.

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Competing interests

None declared

References

1. Ladouceur R. Where is family medicine heading? *Can Fam Physician* 2015;61:1029 (Eng), 1030 (Fr).
2. Forbes C. A challenging year of action. *CMAJ* 2015;187(18):1404.

Correction

In the Cover Story in the January issue of *Canadian Family Physician*,¹ Caroline Michell was incorrectly identified as Caroline George in the photo of the Tachet drummers and dancers. The correct description of the photo is as follows:

Dr Pawlovich and Dr Bria Sharkey with Tachet drummers and dancers: Vaughan Michell, Summer Michell, Christian Issack, Jordan Johnson, Anthony George, Harley George, and Caroline Michell.

Canadian Family Physician apologizes for the error.

Reference

1. De Leeuw S. Indigenous relationships, logging roads, and first-class medicine [Cover Story]. *Can Fam Physician* 2016;62:68-71 (Eng), e44-7 (Fr).