



Welcoming Syrian refugees

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At the end of 2015, Canada began to welcome Syrian refugees. Some of these families were coming to a country where relatives had come before, and there have been wonderful reunions between parents and children, brothers and sisters, and other family combinations. For them, the adjustment to this new country might be in part aided by these family connections. For other families, the volunteer welcoming teams or the sponsoring organizations are the only support initially available to them as they adapt to a new country with very different climate and customs. In this situation, the development of trust becomes an important task. I have been heartened by the fact that many of our CFPC members are part of that trust network. In some cases the work of CFPC members, such as Drs Kevin Pottie and Doug Gruner of Ottawa, Ont, has been publicly highlighted in the media, demonstrating their commitment to the family medicine principle of being a resource to the community. Over the past few months at various CFPC committee meetings I have attended, care of Syrian refugees has often been the lunchtime conversation topic among the CFPC volunteer members. They describe the clinics, hospitals, and private practices in both large cities and small rural towns where they practise and how family doctors are helping to facilitate health care for these new Canadians. Many physicians are taking patients into their practices to help

address immediate needs and to start the process of ongoing care. Teaching clinics have incorporated family medicine residents into these initiatives.

Even more inspiring are medical students—who might become our future family doctors—who are eager to help both in general volunteer roles and by working with family doctors and other health care professionals to organize a health care plan. Their attention and focus on being socially accountable bodes well for our profession.

Despite this enthusiasm, this work is not without difficulty. Many family physicians have voiced concerns about the availability of resources as basic as interpreters to help them do their job, as well as more complex needs such as mental health care resources. These are areas of continued advocacy.

The CFPC has recognized the need family doctors have for resources to care for these new arrivals and has developed a space on the CFPC website called "Refugee Health Care: Resources to Assist Family Physicians" (www.cfpc.ca/Refugee_Health_Care). This site is updated as resources become available and has been compiled by Drs Pottie and Gruner, as well as Dr Meb Rashid of Toronto, Ont.

As has been the case in other times of health care need, family doctors have demonstrated leadership and commitment to the care of their patients and have mobilized themselves to meet this substantial community need. 

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