



Reflecting on family medicine

Jennifer L. Hall MSc MD CCFP FCFP

I recently attended a session at the Society of Rural Physicians of Canada's 24th Annual Rural and Remote Medicine Course in Charlevoix, Que, where Dr Louis Francescutti eloquently presented a plenary about the provision of high-quality palliative care to patients and challenged those attending the session to personally think about the things we would want to do or say if we were told by our family doctors that our time was short.

There are certainly a lot of things that went through my mind, both personally and professionally, as I tried to construct my list. I would like to highlight some of my thoughts on the professional list. All of these focused on being able to advocate for the unique features that family medicine brings to the health care table, now and into the future.

Communicate the value of family medicine

It is important that we communicate to our own profession, our patients, and other stakeholders that the value of family medicine is considerable and does have profound effects on the health of Canadians. A substantial proportion of health care dollars is focused on disease-specific treatment clinics and follow-up. These clinics demonstrate excellent health outcomes in the management of their particular disease. Paradoxically, the effects of family medicine on the long-term health of patients and the population at large are stronger.¹ This highlights the value of family medicine, which is best described as good outcomes at a low cost. We need to keep emphasizing this message. The CFPC is in the process of highlighting the value of family doctors, including in their most recent public campaign, which used the tag line "Family doctors are here for you."

Find time to listen to the stories

Family medicine patient care is a marathon not a sprint in most cases. Yes, we respond to acute illnesses in the office, in hospital, and the emergency department, but most of our care is based on long-term caring relationships that endure over time. Hearing the stories of our patients and their families in a broader sense than just the immediate history and physical allows us to make the best medical decisions with patients rooted in their contexts. The pressure to do this is even higher in today's environment, where chronic pain and opioid misuse and

medical aid in dying are key areas of concern. In order to move forward in the best interests of our patients in these areas, these discussions must happen in a fulsome manner. We must know the whole story in order to serve our patients best.

Embrace uncertainty

In the current health environment of guidelines, algorithms, and patient care plans, it is often difficult to recognize that, on a day-to-day basis, family physicians exist in an environment of uncertainty. Uncertainty of diagnosis, uncertainty of treatment, and uncertainty of outcome are common parts of our day. Although this is often seen in a negative light, the confidence that family physicians have in dealing with the unknown is a credit to the profession. Managing undifferentiated illness is a skill that is vastly underrated but a key competency for family physicians. By doing this well, unnecessary tests are avoided and patient-centred care is maintained. Again, because of the long-term relationship that exists between the patient and the family physician, uncertainty can be navigated in a meaningful way.

Inspire young family physicians

As family physicians, we have a duty to look at succession planning to ensure that our patients are cared for long after we are gone. Keeping in mind the turbulence in the health systems in many provinces around primary care, having energetic, committed, and engaged practising family physicians as role models and mentors can go a long way to encouraging medical students to take on this profession with all the joys and challenges that accompany it. More and more, faculties of medicine are distributing students and residents beyond the traditional academic institutions, and this provides a clear opportunity for all CFPC members to influence this experience in an important way by teaching in their communities, large and small. Students are excited by the work family physicians do, and it is our job to facilitate this enthusiasm.

I challenge you to make your own list of things that you would want to do and say both professionally and personally if your time were short. If you are like me, it will make you feel good, especially about your career in family medicine. 

Reference

1. Stange KC, Ferrer RL. The paradox of primary care. *Ann Fam Med* 2009;7(4):293-9.

Cet article se trouve aussi en français à la page 606.