



## Challenging conversations

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Summer in Canada is very short, and I hope you have had a chance to enjoy the company of family and friends during this time. The opportunity to get out and enjoy the outdoors and perhaps enhance the “wellness” part of your personal and professional development is important for family physicians who give so much to their patients and communities.

The past several months have presented family physicians with a number of important issues. The recognition of widespread opioid misuse in this country and the new journey of medical aid in dying have challenged family physicians to look at their practices in different ways.

### Chronic pain and opioid misuse

The management of chronic pain has always been an important part of the work of family physicians. Over the past decade, the focus on better management of this often complex condition has resulted in higher expectations from patients and a substantial amount of clinical time dedicated to addressing this issue in family physicians' offices. The best management of chronic pain is obtained through a multifactorial approach,<sup>1</sup> but the limitations of the health care system to meet these needs has sometimes resulted in a heavier reliance on medications as the primary treatment. Trying to prescribe medications that have the least serious side effects but that are affordable for those without insurance is often tricky.

The solution to this problem is as difficult as the illness. Family physicians want to know if the medications they prescribe, including opioids, are being appropriately used and that there are positive clinical outcomes. The provision of high-quality, accredited continuing professional development in this area that is accessible to family physicians and appropriate for the clinical context in which they practise is critical to achieving this goal. On the other hand, education is only part of the solution. Family physicians and other health care professionals will need to continue to be part of advocacy strategies locally and nationally to help enhance the availability of nonpharmacologic treatments for chronic pain in order to truly address this national issue.

### Medical aid in dying

The Carter decision<sup>2</sup> and the new legislation regarding medical aid in dying<sup>3</sup> has also challenged family doctors to try to provide counseling to patients and their families around this complex issue. The discussion about end-of-life decisions has always been a difficult one, but family

physicians and their patients routinely enter this conversation as part of their long-term relationship, and the public is now looking to their family doctors for guidance in this new area. Now, with medical aid in dying legislation in place but policies and procedures that vary from one jurisdiction to another, family doctors are navigating a difficult and, at times, poorly mapped road. They are coping with the expectations of their patients and their own personal struggle grappling with the complexity of this new reality. The CFPC is proud of the publication it produced to help family physicians have this conversation. *A Guide for Reflection on Ethical Issues Concerning Assisted Suicide and Voluntary Euthanasia*,<sup>4</sup> prepared by the CFPC Task Force on End-of-Life Care, can assist family physicians in this discussion. The CFPC has also posted links to provincial resources for further information on the specific policies and procedures for each jurisdiction ([www.cfpc.ca/Medical\\_Assistance\\_in\\_Dying\\_Act](http://www.cfpc.ca/Medical_Assistance_in_Dying_Act)).

This is just the beginning though. Much work needs to be done in the provision of medical aid in dying education at all levels and the acquisition of skills for family doctors who choose to have medical aid in dying as part of their practice. In addition, this is an evolving health care issue and changes will likely occur around eligibility. Ensuring patients are cared for and their wishes are addressed even when their family physicians conscientiously object to medical aid in dying is also a challenge to be faced.

### Family physician role

A key thread that runs through both these issues is the importance of continuity of care between family physicians and their patients. These clinical scenarios are complex. Episodic care is not adequate to fully address either issue. Family physicians require the support of other family physicians with particular interests or enhanced skills in these areas, Royal College consultants, and allied health care professionals in order to meet their patients' needs. In the end, they need to have the right tools to care for their patients.

The fall of this year promises further challenges in these areas, and family doctors will take on a key role. I hope this summer has energized you to help address these important areas of health care need. 🌻

#### References

1. Lynch ME. The need for a Canadian pain strategy. *Pain Res Manag* 2011;16(2):77-80.
2. *Carter v. Canada (Attorney General)*. 2015. 5 S.C.C. 35591.
3. *Bill C-14*. Ottawa, ON: Parliament of Canada; 2016. Available from: [www.parl.gc.ca/HousePublications/Publication.aspx?DocId=8183660](http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=8183660). Accessed 2016 Jul 5.
4. CFPC Task Force on End-of-Life Care. *A guide for reflection on ethical issues concerning assisted suicide and voluntary euthanasia*. Mississauga, ON: College of Family Physicians of Canada; 2015. Available from: [www.cfpc.ca/GuideforEuthanasia](http://www.cfpc.ca/GuideforEuthanasia). Accessed 2016 Jul 5.

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