



In winter

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In the depth of winter, I finally learned that within me there lay an invincible summer.

Albert Camus

There are rhythms in the year in the life of a medical journal and a journal editor—monthly deadlines that cannot go unmet, of course, but seasonal ones too.

Each year winter for me begins with Family Medicine Forum in early November, held this year in Montreal, Que. The city did not disappoint, as temperatures plunged and a dusting of snow whipped up by a bitter wind fell on my second morning. Family Medicine Forum represents for me a chance to catch up with family physician friends and colleagues from across Canada, as well as a chance to reflect on the state of our discipline.

One of the most thought-provoking presentations I attended was on “branding” family medicine for students to make it a more attractive career choice.¹ The attractiveness of family medicine is a cyclical phenomenon, with 2003 the last nadir in match applications. The presenters hinted at another coming downward trend and showed that in their national survey medical students were drawn to family medicine by the flexibility, potential for professional autonomy, and possibility of acquiring more focused skills, all leading to greater work-life balance. These have certainly been marketed to students as attractive features of our discipline, but are they accurate and are they what really make being a family doctor meaningful?

This issue features 2 milestones. The first is the 2017 Ian McWhinney Lecture by Dr Larry Green from the University of Colorado (page 909).² Dr Green begins his lecture with a reflection on some of the powerful and depersonalizing forces shaping medicine and society today—medical Taylorism³ and what Walter Brueggemann has labeled “totalism,”⁴ which results in classes of privilege and poverty and throwaway people. Citing Ian McWhinney and the work of national family medicine organizations in the United States, Dr Green shares one valuable and concise definition of the personal physician and his or her potential role in both the health care system and society at large:

Family physicians are personal doctors for people of all ages and health conditions. They are a reliable first contact for health concerns and directly address most health care needs. Through enduring partnerships, family physicians help patients prevent, understand, and manage illness, navigate the health system and set health goals. Family physicians and their staff adapt their care to the

unique needs of their patients and communities. They use data to monitor and manage their patient population, and use best science to prioritize services most likely to benefit health. They are ideal leaders of health care systems and partners for public health.⁵

The second milestone is Dr Sarah de Leeuw’s culminating reflection on the cover stories she has cocreated with the family physicians and communities whose stories we have told over the past 2 years (page 954).⁶ As she so vividly writes, Dr de Leeuw discovered that while medical schools under the influence of the “hidden curriculum” view family doctors as second class and the public themselves have a narrow view of the family doctor as someone confined to a white coat and office practice, our discipline is so much more. As she wonderfully captures in her opening, more powerful and inspiring words than *flexibility* and *autonomy* come to mind when describing the work of family physicians: “Poetry. Research. Indigenous ways of knowing and being. Circuses. Social justice. Poverty assessment tools. Warriors. Prisons. Groundwater.”⁶

What ties together the branding of family medicine to medical students, Larry Green’s deep reflection on the value and meaning of the personal physician in a world that increasingly dehumanizes both the patient and the doctor, and Sarah de Leeuw’s stories of family physicians across Canada working in partnership with communities?

Two things, I believe. The first is that, as the cover stories reveal, it is not such a long journey from being a personal physician as articulated by Dr Green to community engagement and activism on behalf of our patients.

In a recent interview with Eleanor Wachtel, host of CBC’s Writers and Company, American classicist and critic Daniel Mendelsohn described his father’s philosophy of life: “If it’s not hard, it’s not worth doing.”⁷ Commitment to being a personal physician and the responsibilities and challenges this involves is hard, but there is no doubt it is worth doing. Perhaps this is the branding that will entice idealistic medical students to a career in family medicine. 

References

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Cet article se trouve aussi en français à la page 904.