



Stories I learned from

What I didn't know about family practice in Canada (and what I suspect many Canadians don't know either)

Story by Sarah de Leeuw

La traduction en français de cet article se trouve à www.cfp.ca dans la table des matières du numéro de décembre 2017 à la page e543.

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In 2015, when I was first approached to interview family physicians across Canada and write cover stories about them for *Canadian Family Physician*, I can assure you that the words above didn't spring to mind.

And I don't consider myself to be the *most* naïve of people to have accepted the assignment: I teach and undertake research in both the undergraduate and graduate programs of the University of British Columbia's Faculty of Medicine, principally in the university's most northerly distributed site located at the University of Northern British Columbia in Prince George. I have written a book on caregivers—many of whom were family physicians—in rural and northern British Columbia. I am described as an activist-oriented scholar, a creative writer, and a researcher concerned with social justice and health inequity.

Yet.

Yet, I really would not have conjoined *family practice in Canada* with words like *prison research* or *warriors and men's health* or *poetry and Cirque du Soleil*.

It's possible this was a result of my own inexperience, my own (as it's increasingly called) "echo chamber" in which confirmation biases are constantly reinforced. My siloed, myopic disciplinary constraints.

But, then again, when I ask people—and I'm talking about totally random folks, people I sit next to in airplanes or at a potlatch, chat with at poetry readings, stand beside in line-ups at the bank, or meet during a provincial park orientation, because, yes, I am *that* kind of person who talks to totally random strangers—about the broader discipline of medicine, or the more specific

specialty of family practice, I am somewhat unsurprised at the depths of naïveté and confusion.

I say unsurprised because, before joining a faculty of medicine, but bearing in mind that I had a PhD in cultural-historical geography from Queen's University in Kingston, Ont, I'd never heard the term *preceptor*. I sure as heck didn't understand the distinctions between someone doing a *clerkship* or a *residency*. I wouldn't have been able to tell you the BIG differences between primary care and tertiary care, or how the College of Physicians and Surgeons of Canada was, well, you know, different from other Colleges (which were, I'd have asked myself, what again, and doing what??). Could family physicians be emergency doctors? Could they specialize in oncology? Was research part of practice? Dunno. Wait ... what does *specialization* mean, anyway ...?

BACKGROUND PHOTO LEFT A river in British Columbia (PHOTOGRAPHER Cathie Ferguson).

PHOTO ABOVE Dr de Leeuw (PHOTOGRAPHER Sonya Kruger).



It's possible some of you are now wondering how on earth I'm in the role I'm in—or who on earth hired me. It's also possible some of you are wondering about the decision to take me on as a writer of cover stories for *Canadian Family Physician*.

I'm sharing these truths of mine with you, however, to highlight what I think is an important issue in Canada: a general lack of understanding among many

(many!) people about the medical system writ large and a very specific naïveté about family practice. More problematic still, however, is that among people “in the know” (health care professionals across disciplines), I witness a kind of hierarchy in which family practice is subtly (and sometimes not so subtly) constructed as a second-class cousin of other specialties ... like, for instance, surgery.

“STORIES CHANGE THE WAY WE UNDERSTAND OURSELVES AND THE WORLD AROUND US. STORIES TRANSFORM”

I'm convinced the broad public naïveté about family practice is at least partially linked to those who, however imperceptibly, within medical education, professionalization, and even clinical practice, malign the discipline.

For instance, just last week, on the same day, I heard 2 interesting things. First, my mum called me to say one of her closest friends didn't have a family doctor—and did I know how hard it was to get a referral to a specialist without a family doctor? Did I know how important family physicians are to the entire medical system in this country? I assured her I did. The interesting thing is that my mum, an educated woman herself, didn't really understand how utterly important family practice was to the entire functioning of a health care system in this country. Then one of my second-year undergraduate students casually mentioned how they're already feeling a quiet messaging about family practice being for folks who aren't “really motivated” or aren't really made of the “stuff” it takes to specialize. Sigh. Notice how in that “hidden curriculum” my student is already learning to think family practice isn't a specialty? And that pursuing family practice would be sort of a cop-out? I told my student about the call with my mum. I also phoned my mum back and told her about the amazing new generations of family doctors that I *know* are graduating in this country.

The trouble remains, though, that (in my experience) most people just kind of think a doctor is a doctor is a doctor. Also, they don't think of “doctor” as educator, researcher, advocate, artist, social justice activist, or innovator. Which is what so many (especially family) physicians in Canada *are!*

Nothing could have made this clearer to me than writing the cover stories for *Canadian Family Physician* for the past 2 years.

Many people I've spoken with in my everyday non-professional life also think of “doctor” as someone in a white coat in an office who they go to when they're sick (and no, they don't really know the difference between a second-year

resident and a third-year clerkship student and the practicing physician ... after all, mostly all those people are in a white coat, so they're just a “doctor,” right?). Which means people also aren't thinking of “doctor” as someone who works, broadly, for wellness. In a holistic way, with entire families, with entire communities. On projects and ideas that don't require that white coat.

Which, again, is something many of the amazing family physicians I interviewed over the past 2 years made clear to me they *did* do. They are the people in their communities advocating against arsenic contamination, running patient advocacy groups, authoring research on lowering prescription medications, or advocating telehealth for remote Indigenous communities. They are arguing more research needs to be authored by family physicians and are champions of ecological responsibility and planetary health.

Of course, it would have been amazing to interview even more family physicians of non-European decent, to learn about family practice up in Nunavut, or to engage very young family physicians who are undoubtedly going to blaze brand-new trails for the practice in Canada.

But the biggest lesson I've learned in the past 2 years is a lesson I always enjoy being reminded of. Stories change the way we understand ourselves and the world around us. Stories transform. Stories are powerful modes by which to transmit the most important ideas and ideals of our time.

I believe stories of family physicians of Canada have the power to transform the ways Canadians understand the medical system, understand doctors, understand health and wellness. Those stories just need to be told.

I believe stories have the power to transform how undergraduate medical students understand themselves and understand their choices for the future. I believe people like my mum would listen to those stories.

I believe every family physician in this country has a story to tell. And I, for one, will continue to be humbled and amazed by each carefully crafted story put into the world in efforts to make a difference, to bring about change, to inspire and heal.

Dr de Leeuw holds a PhD in cultural-historical geography and is currently Associate Professor with the Northern Medical Program at the University of Northern British Columbia in Prince George, a distributed site of the University of British Columbia's Faculty of Medicine. She teaches and conducts research about medical humanities and the determinants of marginalized peoples' health, and she is an award-winning author and poet.

The Cover Project The Faces of Family Medicine project has evolved from individual faces of family medicine in Canada to portraits of physicians and communities across the country grappling with some of the inequities and challenges pervading society. It is our hope that over time this collection of covers and stories has helped us to enhance our relationships with our patients in our own communities.

PHOTOS (clockwise from top left) A correctional facility in British Columbia (PHOTOGRAPHER Cathie Ferguson). Sarah Bilodeau-Fressange on the silk trapeze for Cirque du Soleil's Cirque du Monde, which aims to foster the personal and social development of at-risk children and youth (PHOTOGRAPHER Andrée Lanthier). Photo of an iceberg taken in Twillingate, NL, looking back at New World Island where the community struggles with contaminated groundwater (PHOTOGRAPHER Ned Pratt). A smudging ceremony at a retreat of the DUDES Club, a community-based health promotion program largely for Indigenous men in the Downtown Eastside of Vancouver, BC (PHOTOGRAPHER Jeff Topham). A low-income area of Toronto, Ont, where physicians are prescribing against poverty (PHOTOGRAPHER Laura Bombier). Palliative care patient Esther Moscovitch in Montreal, Que, where family physicians are tackling the environmental effects of hospitals (PHOTOGRAPHER Andrée Lanthier).