



Dual vision

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Family physicians often find themselves making contributions to undertakings well beyond looking after patients or running a practice. These might be related to health care, such as interdisciplinary teams, local hospitals, medical schools, regional health authorities, medical politics, or patient advocacy. Or they might be community and civic contributions like school associations, children's extracurricular activities, fundraising efforts, arts associations, and business ventures. These contributions are worthwhile not only for their specific objectives, but also for how they allow us to learn new skills and apply the capabilities we have honed as generalist physicians.

View from here

When I talk to medical students who are considering careers in our discipline, I call our perspective "the family physician advantage." It is the benefit of having a view that is both focused and broad, encompassing the specific and the general. In our daily work, we address health problems as they present in individuals. With the breadth of our discipline, we see a full range of problems as expressed in the lives of the people we care for. And we recognize the determinants of health not simply as abstractions and statistics on poverty, adverse childhood experiences, or discrimination, but as they affect real people in the communities we serve. Our clinical approach is informed by this reality. Similarly, this simultaneous view, both up close and wide angle, is an enormously valuable contribution to committees, teams, boards, planning exercises, and the whole range of formal and informal groups that we become a part of.

Family physicians are natural collaborators. Just as we are able to contribute our skills and perspectives, we are also beneficiaries of the wisdom, insights, skills, and perspectives of those with whom we work. Our most frequent and familiar opportunities are undertakings with colleagues in other health care and related disciplines. My personal experience on various committees, boards, and working groups is that engineers, business people, architects, historians, artists, and others contribute marvelously, bringing analytic approaches, framing,

and patterns of thought that enrich and enliven both the processes and the outcomes.

Voices of lived experience

An emerging trend in health care planning and advisory groups is to include people with lived experience as patients, family members, and advocates. Too often, those of us on the front lines of health care presume that we speak for our patients. Indeed, we are close to our patients' concerns, we address their conditions, we empathize with their suffering. But we cannot truly feel the pain or live the experience of those we serve. It is important to hear those voices, especially the voices of those who are disadvantaged in our society and in our health care system.

Of course, all of us become patients at some points in our lives. We, too, can speak from those experiences. Nevertheless, most physicians recognize that their personal interactions with the health care system often have a different flavour. Under Canadian Medicare, professional courtesy no longer takes the form of waiving fees, but it certainly lives on in terms of preferred access. And generally, physicians can afford their prescriptions and other services that are not covered. So, it expands our understanding and empathy to have personal encounters with illness, surgery, or a visit to an emergency department; but it is important not to generalize from our own experience.

Increasingly, health planners, conference organizers, researchers, educators, and governing bodies are including patient representatives and people with lived experience in their committees and advisory groups. The CFPC is on this journey, learning as we go, gaining experience from our own efforts, and absorbing the lessons of others on this path. There has been direct input into our upcoming strategic plan and some working groups. The College is also exploring ways to garner engagement through patient ePanels and relationships with representative organizations. A synergy of purpose emerges when we include the voices of people with lived experience. As partners in improving care and enhancing health, we move closer to the goals we set for ourselves when we decided to become family physicians. 🌱