

Foundational clinical teacher

Dr W.G. Carlyle Phillips MD CCFP FCFP(LM) (1934–2016)

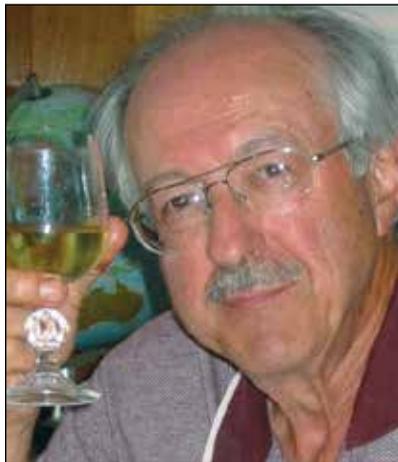
Brian Hennen MD CCFP FCFP

As family medicine residencies were first established in Canada in the late 1960s, a key challenge was identifying apt clinical role models prepared to transform their patient bases into teaching practices and to commit to the academic enterprise of their regional medical school. There were risks. Would patients accept young physicians-in-training? Would family medicine and specialty colleagues and hospital-based partners incorporate the necessary educational activity into their collaborative practices? Were these colleagues supportive of residency training for family medicine? And if the new doctor-teachers were paid stipends instead of fees for service, would they see fewer patients, creating unrealistic learning environments?

Residencies were first approved by the College in Calgary, Alta; London, Ont; and Hamilton, Ont. Some family doctors gave up private practice and established hospital-based family practice clinics in which new residents could learn to provide primary care to a new-found practice base.

Other family practitioners recruited into the academic world in turn recruited their existing practices to the education enterprise. In London, Drs Jim Collyer, Glenn Pratt, and Andy Hunter, and in Hamilton, Drs Ron McAuley, Al McFarlane, Cliff Reid, and W.R. McMillan, were among the first. In Hamilton's newly founded McMaster School of Medicine, these 4 family physicians invited their patients into the new clinic at Henderson Hospital. In Halifax, NS, Dr Donald Brown was appointed to direct the Dalhousie University program; he recruited Dr Hereford (Curly) Still to invite his patients into the family medicine teaching practice in the newly built Tupper Building. Shortly after, in 1973, Dr Carlyle Phillips accepted a faculty appointment at Dalhousie and invited his patients to join the teaching practice.

Two Past Presidents of the CFPC from Halifax, Drs Murray Fraser (1960–1961) and Ian McGregor (1973–1974), both supported residency training and taught in their practices. Dean Chester Stewart established a mandatory 4-week clerkship in family practice in the final undergraduate medical year. Despite these positive endorsements, the Halifax family practice community was not overwhelmingly supportive. The undergraduate medical preceptorship director administering the 4-week clerkship was an outspoken opponent of residency. His practice colleague, appointed Deputy Minister of Health, held the purse strings for



residency positions. During these early years, Nova Scotia was the only jurisdiction that reduced its residency positions.

Dr Phillips was on staff at the Halifax Infirmary, where family doctors had an administrative department and admitting privileges to a 14-bed acute care inpatient unit. Hospital administrators threatened to shut the unit down. Dr Phillips and his colleagues pressured the hospital board directly; the decision was reversed and the service maintained.

Carlyle Phillips was a Dalhousie graduate of the class of 1961 and its permanent class president. His was a strong alumni

group; many classmates achieved success in primary or specialty care, research, and administration. As was apparent at Dr Phillips' funeral—a true celebration of his life—his personal and professional contributions are held in high esteem. His commitment to family medicine residency was well respected in that class because he was trusted.

While directing his clinical team in the teaching unit, Dr Phillips accepted the administrative leadership of the Dalhousie family medicine residency program. This involved local, regional, and interprovincial responsibilities for teaching practices throughout the Maritimes.

After over 20 years as a full-time clinical teacher and Associate Professor at Dalhousie, Dr Phillips took a sabbatical to review how palliative care was being provided and taught elsewhere. After time in England, Scotland, Australia, New Zealand, and Montreal, he returned to Halifax to help establish the palliative program at Victoria General Hospital. To support physicians providing palliative care he wrote *Comfort Care, Palliative Care Symptom Management of Cancer Patients*,¹ a practical manual sharing what he learned abroad.

There are stories to be told about each of those family practice teachers who, in the 1970s, risked losing their practice patients and the support of doubting colleagues, and who accepted controlled incomes as they encouraged patients to contribute to teaching family medicine residents.

Carlyle Phillips was one of these. He died of cancer in August 2016, quietly, at home with his family, receiving the kind of palliative care he had taught others to provide. 🍁

Dr Hennen was Head of the Department of Family Medicine from 1974 to 1987 and is Professor Emeritus at Dalhousie University in Halifax, NS.

Acknowledgment

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Reference

1. Phillips WGC. *Comfort care, palliative care symptom management of cancer patients. A guide for physicians*. Halifax, NS: Phillips WGC; 2000.