



Reflective practice

Nicholas Pimlott MD CCFP FCFP, SCIENTIFIC EDITOR

The ideal is to be capable of both concrete and abstract thinking as required by the occasion.

Ian McWhinney

In the December issue of *Canadian Family Physician*, we bring to you content for the mind, the heart, and the soul, from the prosaic to the more profound.

In 3 companion research articles,¹⁻³ a family medicine research team comprehensively evaluated drug sample use and management in all 42 family medicine teaching units (FMTUs) in Quebec.

The authors examined whether FMTUs had policies to regulate drug sample management and use, and whether health care professionals (HCPs) in a position to give out samples (family physicians, residents, pharmacists, and nurses) were aware of them (page e531).¹ Thirty-three of the FMTUs kept drug samples, but a third of these did not have policies for their use, and only half of HCPs knew if their unit had a policy. Only 11 of 42 FMTUs reported having a policy regarding relationships with the pharmaceutical industry, and slightly more than half of HCPs were unaware of the existence of such policies. The authors also asked drug sample managers in the 33 FMTUs about procedures for selection, procurement, storage, inventory, and disposal of samples and found considerable concerns and areas for improvement (page e540).² Finally, the authors, using a self-administered questionnaire, examined HCPs' sample dispensing practices in the 33 FMTUs and found that two-thirds of HCPs reported dispensing samples to patients (page e546).³ The authors discovered, among other concerns, that a large proportion of dispensing HCPs were unable to find their drug of first choice, but about half of them provided patients with a sample, even if it was not their first choice.

These companion papers add substantially to the limited Canadian literature on the issue of drug sample use in family medicine training programs,⁴ as well as to the research in this area as a whole, most of which comes from the United States.

It is important to reflect on our practices. The authors conclude that, in the face of their findings, policies and practices for drug sample use in FMTUs should be uniform across the province; otherwise their use should be prohibited.

The December issue of the journal also contains the annual Dr Ian McWhinney Lecture, which *Canadian*

Family Physician has been publishing since the lecture's inception in 2015. In this year's lecture, "What's in a name?,"⁵ Dr Ruth Wilson reflects on what distinguishes family medicine from other specialist medicine, as articulated by McWhinney,⁶ through the lens of a family physician recently retired from full-time clinical practice in the Department of Family Medicine at Queen's University in Kingston, Ont, after 29 years providing comprehensive, continuous care to her patients. In addition to reading her published lecture (page 886), I strongly encourage readers to watch the lecture online (livestream.com/SchulichSchoolofMedicineandDentistry/McWhinneyLectureSeriesAnnualLecture2018/videos/180819426). This year Dr Wilson moved to Yellowknife, NWT, to be nearer her own children and grandchildren and now works as a part-time locum physician in a more remote community where locum coverage is common. Her reflections on what continuity in family medicine means in the many Canadian communities that have difficulty attracting full-time family physicians in the time of standardization of practice through the application of clinical practice guidelines and quality improvement measures are insightful and valuable.

For many of us, changes in health care provision and the ongoing and future effects of technology on practice are deeply unsettling. To give one example, Dr Wilson provides a thoughtful consideration of the effects of "disintermediation" of medical information and knowledge on the role of family physicians, likening the effects of the Internet on medicine to the effects of the Protestant Reformation set in motion by Martin Luther. Most important, she reveals to us that the principles and the worldview of family medicine shared by McWhinney are flexible enough and powerful enough to embrace these changes and make family medicine even more relevant in the future, not less. 🌿

References

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Cet article se trouve aussi en français à la page 874.