

Future role of the personal physician in Canada

Opinions of family medicine residents, faculty members, and community family physicians

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Questions and concerns about the future of the personal physician are not new.¹⁻⁵ Changes in technology, knowledge, society, and medical specialization have resurfaced recently to redesign the way health care is rendered in the information age, with calls for integration of public health, mental health, and primary care,^{6,7} greater emphasis on self-care,⁸ and elaboration of health care teams.⁹ Where, if at all, the family physician fits in with redesigned systems of care has inspired a new rigorous effort in the United States that succinctly defines the family physician as a personal physician.¹⁰ Similarly in Canada, recent primary care reforms including a move toward interdisciplinary care and primary care teams, patient rostering, increasing emphasis on allied professionals, government monitoring, informed consumerism among patients, and a move toward focused practices among younger family physicians have been threatening the role of the autonomous family physician and causing uncertainty about the future of primary care.¹¹ The multiday, intergenerational Keystone Conference IV focused on declaring the promises that personal physicians can make and keep with their patients, colleagues, and health care systems.¹²

Will people have personal physicians anymore?

Western University's Department of Family Medicine hosts an annual Dr Ian McWhinney Lecture series to honour the legacy of McWhinney, one of the founders of family medicine as a distinct discipline in Canada. McWhinney defined *family medicine* based on "the knowledge gained by the physician's long-term relationship with patients and their families, familiarity with their life stories, and the trust that patients place in their physician over time."¹³ The topic of the 2017 keynote lecture, "Will People Have Personal Physicians Anymore?," aimed to explore the future role of the personal physician in our current technological and globalized world.¹⁴ The keynote lecturer (L.A.G.) discussed recent shifts in the practice of medicine, such as the use of electronic medical records, computers outperforming clinicians, an emphasis on profit and commoditization of patients, and a push for specialist rather than generalist care. Following the lecture, a brief poll was conducted of attendees' opinions about the future of the personal physician by asking them to write an answer (yes, no, or maybe) to

the lecture title question, as well as to provide their age and a brief explanation. Participation in the poll was completely voluntary. Written responses were collected and a preliminary analysis was done.

Results of an audience poll

Out of approximately 200 family medicine residents, faculty members, and community family physicians in attendance, there was a total of 97 respondents. The average age was 43. In answer to the question "Will people have personal physicians anymore?," 57 attendees responded yes, 10 responded no, and 30 responded maybe. In terms of age, the no group had the highest median age (50.5 years) compared with the yes (37.0 years) and maybe (38.0 years) groups.

In an unstructured qualitative analysis of written responses, each of the 3 potential answers—yes, no, and maybe—were designated as "themes," and 9 subthemes emerged within these themes (**Table 1**), which are discussed here.

Subthemes of the yes theme

Patients want it: This subtheme describes patients' desire for a personal physician. One respondent wrote, "People know what they want if they have had a personal physician. They need to organize and demand this type of care" (age 69).

Personal relationships: This subtheme presents the importance of the relationship between doctor and patient. As one respondent explained, "Patients and society expect and need a personal physician to care for them in a way that no specialist can, someone who knows them, not just their disease" (age 26).

Coordinators of care: This subtheme explains that the personal physician is necessary in order to manage and oversee each patient's care. One respondent wrote, "In my 32 years of practice, I have seen my role and the role of my colleagues become more important, not less, as people find their health care more difficult to negotiate" (age 56). Additionally, many participants described personal physicians as "the gatekeepers of medicine."

Care over the life course: One respondent described this subtheme as follows: "Health runs over the life course and continuity of care provides an understanding of the patient over time" (age 38).

Subthemes of the maybe theme

System pressures: This subtheme explains how decreased resources and pressure from the government might affect the future of the personal physician. “With increased constraints and decreased resources in our health care system, we don’t have the infrastructure [or] supports to be the kind of family physician we want to be” (age 27).

Another respondent described the issue as a battle between family physicians and funders, explaining that they are “uncertain as of yet which ‘side’ is going to ‘win’” (age 39).

Loss of the philosophy: This subtheme explains that many current family medicine practitioners no longer identify with the original humanistic aspect of the field. One respondent wrote, “Physicians are not doing medicine as a calling anymore. Eight-minute visits; ‘I don’t do housecalls’; ‘I don’t have time or interest’” (age 67).

Another respondent wrote, “Not all family physicians view their practice as an opportunity to improve the

overall health of their patients, but rather as a set volume [or] number of people to see within a given day” (age 26).

Evolution of medicine: This subtheme explains how the field of medicine has always evolved and will continue to do so. One participant wrote that “historically, populations may [or] may not have had a ‘personal physician’ (because of various factors) so, same applies in future” (age 46).

Another respondent feared that “technology may take over” (age 50).

Subthemes of the no theme

Replacement of the personal physician: This subtheme describes mechanisms already in place that have begun to replace the personal physician’s role. One respondent wrote, “No, sadly, with the growing shortage of primary care physicians and increasing use of Dr Google, the idea of the personal physician is dying” (age 31).

Multiple respondents also highlighted that the move toward team-based care has replaced the personal physician as patients are usually seen by a different physician each time they visit the clinic.

Putting the system before the person: This subtheme explains how the health care system is monetizing patient care. For example, one respondent wrote the following: “Personal experience with the current system and costs. The government is prepared to control it” (age 74).

Another respondent explained, “We are putting the system first” (age 47).

Table 1. Themes and subthemes describing respondents’ answers to the question “Will people have personal physicians anymore?”

THEMES	SUBTHEMES	EXPLANATION
Yes	Patients want it	Patients will continue to want and fight for a personal physician in the future
	Personal relationships	The personal, trusting relationship between patient and doctor will remain vital to providing good patient care
	Coordinators of care	Personal physicians are necessary because they help patients manage, coordinate, and navigate their care in a complex health care system
	Care over the life course	Personal physicians treat patients over the life span, which is necessary for good patient care
Maybe	System pressures	Decreased resources and increased constraints of the health care system might affect the future of personal physicians
	Loss of philosophy	Not all family medicine practitioners still identify with the patient-centred, humanistic view of the field
	Evolution of medicine	The field of medicine has changed throughout history and will continue to change
No	Replacement of the personal physician	Family health teams have already begun to replace the personal physician in Canada
	Putting the system before the person	The health care system will threaten the future of the personal physician

Discussion

Reconsideration of the personal physician appears to be under way in the substantially different health care systems in Canada and the United States, suggesting that this is not simply a phenomenon of a particular health care system but rather a global issue. Results of this poll provide a snapshot of the opinions of Canadian family medicine residents, family medicine faculty members, and community family physicians about the future of the personal physician. The distribution of yes, no, and maybe responses suggests that many family physicians believe there is a place for the personal physician in the future, citing fundamentals of primary care such as continuity of care, coordination of care, and personal relationships. Concerns and perceived threats to the personal physician were also highlighted by a large minority of respondents, such as modern technology or team-based care replacing the role of the personal physician. Interestingly, we noticed an approximately 10-year increase in the average age of respondents who answered no compared with the respondents who answered yes and maybe. This might reflect the internal conflict occurring in family medicine in Canada between older and younger family physicians, in which younger practitioners are more frequently choosing to move away from some of the traditional roles of family medicine, such as deliveries, home visits, and hospital work, and toward

focused practices, which offer a better work-life balance.¹⁵ This was further evidenced by the loss of the philosophy subtheme, which highlighted the concern that many family physicians no longer identify with the original philosophy of the discipline instilled by McWhinney, specifically the emphasis on patient-centredness.

This was a conference-based poll with a convenience sample of attendees and is not representative of all family physicians or trainees. Furthermore, we did not characterize respondents other than by age and cannot speak to the potential influence of factors such as current practice role or number of years in practice. These results might not be reproducible outside of Canada or in a more rigorous survey. Also, these results were obtained after respondents listened to the keynote lecture, which might have influenced their answers.

Conclusion

Family physicians all over the world have experienced many recent changes to their clinical landscape. Government reforms, technological advances, and changes in patient and provider attitudes and expectations are leaving the future of the personal physician somewhat unknown. The results of this brief report support that the future role of the personal physician in Canada, as already exposed in the United States, is uncertain and under consideration without agreement within the discipline of family medicine. Proper health policy and practice depend in part on further exploration of the need for the personal physician. If there is a need going forward, it would be timely to declare the nature and expectations of personal physicians; who can or should fill the role; the knowledge, skills, and attitudes required of a personal physician; and the necessary preparation for practice by the future personal physician. 🍁

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Competing interests

None declared

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