



Caring and compassion in a digital world

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Dear Colleagues,

We often hear that the future is already here. According to Gallup research, 76% of Americans believe that artificial intelligence (AI) will change the way people work and live in the next 10 years.¹ Big data and digital innovation are transforming health care, and CFPC leaders are increasingly thinking about 2030. What will family medicine look like? Will we need fewer or more FPs than we have now? What will make us indispensable?

The CFPC's annual Leaders' Forum in May 2019 focused on the effects of virtual care (VC) and AI on caring and compassion in family medicine. Several presentations and workshops reminded us of the promise and potential pitfalls of VC and AI. We were privileged to have participation from persons with lived experience who contributed to our deliberations. Here are some of the lessons learned.

- Virtual care is rapidly becoming sophisticated and can be integrated into practice to enhance access. Key guiding principles include maintaining quality, addressing privacy, and enhancing convenience. In practices where VC is well integrated, provider and patient satisfaction are high, access is improved, and convenience is enhanced (eg, less travel or time lost from work). This is about offering choice in the manner in which care is accessed. Fragmentation of care is a legitimate concern, but VC, if properly deployed and integrated in family practice, has the potential to enhance access and support continuity.
- Integration of AI is also under way with the potential to enhance diagnostic accuracy and improve patient safety. By making sense of real-world data for each person, AI gets us closer to personalized medicine. Traditional evidence-based medicine will be replaced or enhanced by intelligence-based medicine, in which, by making sense of big, real-world data for individuals, we will be able to engage with patients in predictive analytics and consider personalized preventive and therapeutic options.
- These data offer both promises and perils. Participants raised concerns about data privacy and security, and about the role of industry and of the profession, including the need for public engagement in this conversation. It is conceivable that, before long, data analysts might be members of the practice team, transforming raw data into information that can be used by patients and providers to support shared decision making and enhance our role as healers.

- It is important to create a research agenda around data governance and stewardship on the ethics of health care in a digital environment.
- Participants expressed concerns about potentially greater inequity in access. Others wondered about increasing the rate of burnout in the context of increased expectations from the public regarding availability and accountability.

Amid the excitement and anxiety generated by those discussions, planning committee members reflected that, in essence, this is about high-quality care and how to appropriately use technology to sustain and enhance it. Medicine is a deep human enterprise all about "helping people by relieving their suffering."² It is less about "what" than "how." We do have useful frames of reference (4 principles of family medicine, CanMEDS–Family Medicine, Family Medicine Professional Profile, Patient's Medical Home) to guide us. But we cannot ignore the changes taking place in our society. We will need, right now, to determine how we best prepare the FPs of the future and better support those in practice to navigate these changes. Dr Brian Hodges offered the thought that we need to develop "metacognition" skills, an enhanced ability to develop self-reflection, and adaptive capabilities.² As Brigitte Hyacinth frames it,

A machine will never replace humans, for they are ... devoid of compassion, feelings, empathy, and life Communication, emotional and social intelligence, creativity, innovative thinking, empathy, critical thinking, collaboration, and cognitive flexibility will become the most sought after abilities.³

Those who can do this successfully will not only adapt to a rapidly changing environment, they will also help shape it. In the coming months, we hope to share thoughts and presentations about our work through articles in *Canadian Family Physician*, webinars, and other communication vehicles. We are engaging some of our key committees in helping us with this work. The CFPC is very pleased to collaborate with the Canadian Medical Association and the Royal College on a Virtual Care Task Force. I look forward to hearing about innovations taking place in this regard in various parts of the country and to working with you to enhance family medicine as a human enterprise. 🌿

References

1. Ratanjee V. *Augmented humanity will disrupt leadership. Are you prepared?* Omaha, NE: Gallup; 2019. Available from: www.gallup.com/workplace/257678/augmented-humanity-disrupt-leadership-prepared.aspx. Accessed 2019 Jun 10.
2. Hodges BD. *Compassionate care in an era of AI: adapting health professions education*. Presented at: CFPC's Annual Leaders' Forum; Mississauga, ON; 2019 May 24-25.
3. Hyacinth BT. *The future of leadership. Rise of automation, robotics and artificial intelligence*. MBA Caribbean Organisation; 2017.

Cet article se trouve aussi en français à la page 519.