

In many ways, we are asking clinicians (and patients) to be their own guideline committee with all the available evidence to make good choices.

Even when we start with pooled randomized controlled trials, there is no perfect solution for taking data and translating them to easy-to-understand numbers, particularly when we try to present all the information and minimize any biases (those in the studies and those we might possess). Many other society and groups prefer instead to provide no actual numbers or comparisons, instead using vague terms, advocating some therapies over others, or just listing options. In these cases, with limited or nonexistent information, we cannot come close to an informed choice. The approach we used is a compromise, derived from the best available research on how to present numbers and data to patients,³ allowing them to make the best possible decisions.

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Competing interests

None declared

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We must support comprehensive generalism

It was with both surprise and dismay that we read the editorial “The exhausted physician” by Dr Ladouceur in the April 2020 issue of *Canadian Family Physician*.¹

First, to start with a quote that speaks only to men is completely inappropriate at this time. This quote stands in stark contrast to the article by Dr Lemire at the end of the journal, which discusses the importance of improving the culture of medicine, and in which she highlights that a part of the dissonance experienced currently is related to the “traditional male-dominated culture of medicine at a time when more women than men have entered the profession.”² The College of Family Physicians of Canada and *Canadian Family Physician* need to lead the way in minimizing the dissonance, and the quote chosen for this editorial is not helpful, neither in minimizing the dissonance nor in reflecting the content of the article that follows it.

Dr Ladouceur’s assertions about the role of family physicians are completely inaccurate and are unrefereed. It is not accurate to say that there is an

expectation that “in each area and skill set, family physicians are expected to be on par with their other specialist colleagues.”¹ To assert that “basically, family physicians are expected to know everything, do everything, and behave in an exemplary manner at all times and in all situations ... they must be perfect at all times and in all things!”¹ is to completely misunderstand the role of comprehensive generalists who must indeed be comprehensive in their practice, but must be comfortable with uncertainty. I urge Dr Ladouceur to read the Family Medicine Professional Profile,³ which speaks to the need for comprehensiveness and the relational continuity that creates high-value care. The professional profile says nothing about an expectation of being “on par with ... other specialist colleagues who work in much more specific fields.”¹ Comprehensiveness itself has, however, been shown to be an antidote to the burnout to which Dr Ladouceur is alluding by discussing “exhaustion.”

This is not the time, in our opinion, to minimize what we are capable of. This is the time to call for the best and brightest to support family medicine. We work in complex environments, lead teams, manage uncertainty, strive to meet the needs of patients at a population level sometimes across multiple settings, and support whole communities. None of this is easy, and indeed it can be cognitively fatiguing. But, in our opinion, it is also deeply satisfying, rewarding, and meaningful work.

We need to understand family medicine as foundational to high-functioning health care systems, and we must reinforce that message at all levels of the health care system. We need to ensure that we understand what it means to focus on the fourth arm of the Quadruple Aim. To do this—to ensure improved clinician experience—we need to ensure that all family physicians have access to the infrastructure supports they need to do this work, access to the committed specialist support they need to manage and coordinate the care of patients with complicated illnesses, and access to the training they need to effectively lead teams. We also must acknowledge and push for support of the value of teams of family physicians working together to meet the needs of the community through a collective generalism, while they maintain the relational continuity that matters to patients and contributes to the cost effectiveness of the health care system.

The College of Family Physicians of Canada, at every level of the organization, including the editorial pages, must stand up for the future of family physicians and advocate for what we need to do the work that we are well positioned to do.

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Competing interests
None declared

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