

What makes family doctors the leaders we need in health care?

William R. Phillips MD MPH FAAFP Carol P. Herbert CM MD FCFP FCAHS

More than half a century following the rise of family medicine from its roots in general practice, we can reflect on the remarkable impact early generations of family doctors had on our specialty, profession, institutions, and health care systems. Pioneers arose from small practices—often in small towns—to develop our first programs, departments, and journals. They staked out our claim in the clinical and intellectual territory long ruled by academic specialties. They laid the foundation of family medicine as a distinct specialty, synthesizing the knowledge, skills, and attitudes needed to meet most health care needs of most people most of the time.

Early family medicine leaders were creative disruptors, part of a counterculture movement to reform health care, medical education, and social justice. They sought evidence for practice, service from institutions, accountability to communities, and humanism in care. Many stepped forward and discovered new capacities within themselves. When necessary, they reinvented themselves to meet the challenges.

Following trails blazed by these early visionaries, generations of family medicine residency graduates followed with a new professional identity and defined set of clinical skills. Some returned to academia to develop curricula, educators, teaching sites, and research programs. They institutionalized family medicine's innovations in medical schools, hospitals, and care systems. Others helped advance research, leadership, and policy. Many earned—for themselves and for family medicine—the respect of other specialists and professionals.

Later generations of leaders added advanced training in education, research, policy, and management. But the pioneers brought only the day-to-day experience and toolbox of the family doctor. What is it about the lived experience of family doctors that empowers such leadership? Understanding the experience and assets of these family doctors might help us carry forward their vision, creativity, and effectiveness.

Family physicians are people people

Family doctors find joy in people's stories. They lean into interpersonal interactions with strong communication skills and their commitment to relationship-centered care. They interact with patients, families, team members, learners, managers, and critics, often on intensely personal matters and during difficult times.

Whole-person care requires continuity. Family medicine works its magic over time, across problems, and through ongoing relationships between patients and doctors. Family physicians understand that you don't always need to finish the whole job in a single encounter.

Family physicians navigate complex situations with a commitment to shared decision making. They embrace patient preferences and reflect on their own values. They negotiate conflicts within families, teams, and organizations. They adapt to patients' choices while maintaining professional standards.

Primary care is a team sport. Family physicians work and grow with partners in many roles. They collaborate with individuals, groups, and communities. They appreciate abilities beyond professional labels or hierarchies.

Health care has always been a person-oriented enterprise, rich with relationships, purpose, and meaning. These family medicine fundamentals equip practitioners to manage challenges facing professionals, teams, and organizations devoted to service above self.

Family physicians are comprehensivists

Family doctors bring an important—and increasingly rare—generalist perspective to patient care and health care systems. They stand ready to address all problems regardless of disease, organ, or technology. They see patients as whole people and assume responsibility for persons and their problems, not just protocols and procedures.

The family physician's scope of practice is unmatched. They provide services for acute and chronic problems, prevention, mental health, and behaviour change. They work in emergency departments, operating rooms, critical care units, intensive care units, maternity suites, rehabilitation units, long-term care facilities, home care, and patients' workplaces. No one can be an expert in all subspecialties, but the unique breadth of family medicine provides insight into the training, approach, and practice lives of all doctors.

Family medicine is the specialty of caring for unselected patients with undefined problems. Family doctors do more than diagnose and treat diseases; they manage illness, promote health, and care for whole persons. They are patient observers with a long-term view.

Primary care is about problem-solving, even when no exact diagnosis or specific therapy is possible. Family doctors can separate the urgent from the manageable. They focus on practical solutions and patient-oriented goals, understanding patients' values.

They see the big picture, embrace holism, and apply that broad perspective to effective work with families, teams, and complex systems. Systems thinking helps family physicians contribute and lead at all levels in challenging, changing circumstances.

Family physicians master generalist skills

Family doctors are experienced in evaluating and balancing risks, benefits, and harms. They understand that, in

practice, these are not linear scales but a multidimensional matrix of probabilities, values, and choices. They comprehend the science and focus on its application to patient needs. They make difficult decisions in the context of uncertainty. They balance competing goals, work in environments of scarcity, and skillfully apply the best evidence available to provide the best care possible.

Family physicians are master multitaskers, experts at managing competing demands. They are also lifelong professional learners, quick to learn from both successes and failures. They are experts at knowing their limits and recognizing problems and opportunities beyond their expertise. They also recognize the limits of science to answer many of the most important questions.

Family doctors know how to engage consultants and build complementary relationships with medical experts and other professionals. They orchestrate referrals, synthesize advice, and help patients make decisions.

These refined generalist skills help family doctors apply their perspective to building and leading complex systems in challenging times. This synthetic thinking creates the vision to grow organizations, assemble human and material resources, balance valued traditions with value-added innovations, solve ever-changing problems, and capture emerging opportunities.

Family physicians practise in communities

Traditionally, family doctors work and often live in the communities they serve, connected to the neighbourhoods around their practices. They know the schools, businesses, and places of worship.

Family doctors in community practices have practical experience running small businesses, dealing with employees, lawyers, accountants, taxes, expenses, debt, and concerns such as a flood in the clinic's basement. They have signed cheques on both the front and back.

Of course, not every family physician paints with all these colours, and not all pursue or prevail in organizational leadership. Most family doctors focus on the hard work of taking care of people in their communities. Likewise, other physicians and professionals possess some of these attributes. However, family physicians can bring this whole complement to every challenge.

Primed with this perspective and preparation, family physicians have led many of medicine's key advances, including patient-centered care, problem-oriented evidence that matters, quality of care, patient safety, competency-based training, community-oriented primary care, clinical practice guidelines, and community-based participatory research. They have championed holistic care, health equity, qualitative research, medical humanities, and clinician wellness.

Foundations for new leaders

Health care and family medicine evolve. Most doctors now work in larger groups. Most academics now move directly from training into faculty positions. The scope of practice is often less broad, and the patient-doctor relationship is

sometimes not as deep. Giant organizations direct medical care, often favouring contracts over continuity. Such changes increasingly threaten physician wellness.

Of course, our new graduates have new skills. They are better prepared to manage comorbidity and polypharmacy, manage chronic illness, work in interdisciplinary teams, use technology, and partner with diverse communities.


Family medicine's countercultural agenda lives on, but the flame needs tending. Failures of health care reform frustrate many. While Canada has avoided some failings of the United States' system, we all struggle to attract and train enough family doctors, sustain them in practices where needed, and empower them to improve patient care and population health.

The successes of the pioneers and early generations of family doctors can still inspire leadership.

Continuity of care is a core value for clinicians, patients, and family medicine. It improves patient care and population health and adds value to health care systems. We need to recommit to being there for our patients and nurturing long-term, caring relationships. We need to provide our trainees with continuity experiences that demonstrate the value of family medicine and deliver the fulfilment that sustained generations of family doctors.

Community practice has been the foundation of access to care, connection with resources, understanding patients' lives, and addressing social determinants of health. It also helps integrate patient care with population health to fill gaps made evident by the COVID-19 pandemic. Trainees should know the lives of the communities they serve. Such experience should be valued in academic careers.

Comprehensive care requires meeting patients' urgent needs in step with the rhythm of complete care that builds relationships. Trainees and practitioners—even those working in academic settings—must explore better ways to provide the care patients deserve.

Health care today demands skilled, insightful, courageous leaders. We believe family physicians can be the change agents needed to improve care, health, and systems. No one has better preparation or richer perspectives. 

Dr William R. Phillips is Clinical Professor Emeritus of Family Medicine in the University of Washington School of Medicine in Seattle. **Dr Carol P. Herbert** is Professor Emerita of Family Medicine in the Schulich School of Medicine and Dentistry at Western University in London, Ont, and Professor Emerita of Family Practice in the Faculty of Medicine at the University of British Columbia in Vancouver.

Acknowledgment

We thank our colleagues for comments on drafts of this commentary: **Dr Roger Strasser**, Professor of Rural Health at the University of Waikato in Hamilton, NZ; **Dr Theodore J. Phillips**, Clinical Professor Emeritus of Family Medicine at the University of Washington in Seattle; **Toby Keys**, Teaching Assistant Professor at the University of Washington in Seattle; **Kathryn E. Phillips**, Senior Program Officer at the California Health Care Foundation in Oakland; **Dr Jane Uygur**, Academic General Practitioner with the Royal College of Surgeons in Ireland in Dublin; and **Dr Mark Murphy**, a general practitioner in Dublin.

Competing interests

None declared

Correspondence

Dr William R. Phillips; e-mail wphillips@uw.edu

The opinions expressed in commentaries are those of the authors. Publication does not imply endorsement by the College of Family Physicians of Canada.

This article has been peer reviewed.

Can Fam Physician 2022;68:801-2. DOI: 10.46747/cfp.6811801

La traduction en français de cet article se trouve à <https://www.cfp.ca>

dans la table des matières du numéro de novembre 2022 à la page e298.