Stronger and more beautiful

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We are made to persist. That's how we find out who we are.
Tobias Wolff

Never in my lifetime has the world seemed a more dangerous and fragile place. Never in my lifetime has the future of human beings on this planet seemed so bleak.

For many of us in family medicine, the beginning of the COVID-19 pandemic in December of 2019 felt like a harbinger of much of the bad news that has followed—from the devastating impact of flooding and wildfires due to climate change to the spread of authoritarianism and the invasion of Ukraine. Before the pandemic, there were already widespread reports of burnout and depression among physicians, especially primary care physicians like family doctors.[1] But how have family physicians responded to the challenges posed by COVID-19 and beyond?

In the clinic where I work, I have been proud to witness the remarkable adaptability, dedication, and tirelessness of my colleagues as they have struggled to meet the challenges of caring for our patients, teaching our medical students and residents, and supporting one another. From helping to establish an innovative virtual care clinic to look after patients with COVID-19[2,3] to championing greater access to preventive care[4,5] to establishing an instant messaging group to share information about COVID-19 care and treatment in a time of rapidly changing information, it has been clear that for me and my colleagues it has been a time of what Drs Pamela Hartzband and Jerome Groopman have described as "burnout, interrupted."[6]

A long-standing challenge in the Canadian health care system, exacerbated in many ways during COVID-19, has been access to care in rural and remote communities, from primary care to surgical and obstetric care. A key challenge has been retaining physicians and other health care providers in such settings. Although factors affecting retention such as remuneration and opportunities for professional development have been recognized, and attempts have been made to address them, retention has continued to be a challenge.

The April issue of *Canadian Family Physician* includes a research article by Dr Eliseo Orrantia and colleagues (**page 280**) examining the impact of the Rural and Northern Physician Group Agreement on team-based care, team performance, and physician retention.[7] Their study reveals the value of initiatives to support team-based care in rural and remote settings.

This issue also includes an important consensus statement on networks for high-quality rural anesthesia, surgery, and obstetric care in Canada by Dr Stuart Iglesias and colleagues (**page 258**).[8] The consensus statement is based on a review of international literature and outcomes as well as the personal observations of the authors. The statement makes a strong case that the most effective way to provide a robust rural surgical infrastructure is through a networked system of specialist-generalist surgical care.

By publishing articles about rural health inequities and identifying possible solutions, we hope to help family physicians and, ideally, effect system change to improve the health of our patients. As an editor of a medical journal, this is something that I can find peace in, even during this period of collective trauma.

In her thoughtful commentary (**page 252**), Dr Patricia Dobkin beautifully explores the ways in which family physicians can grow from trauma by adopting a kintsugi mind.[9] *Kintsugi* is the traditional Japanese craft of restoring broken pottery with solder of silver or gold. The act makes the repaired object stronger and more beautiful. It provides an inspiring metaphor for how family physicians can likewise adapt and grow stronger as we hopefully emerge from the pandemic. Perhaps we already have.

Cet article se trouve aussi en français à la **page 248.**

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