



Future-proofing family medicine

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During an interview, American science fiction writer Ray Bradbury once said: “I don’t try to predict the future. All I want to do is prevent it.”¹

Future-proofing family medicine is the theme of the March issue of *Canadian Family Physician*, and as a family doctor who has practised for more than 3 decades now, I have never seen the future of our profession or of our health care system seem more unclear or uncertain.

As we slowly emerge from the COVID-19 pandemic, a multitude of challenges have been revealed. These range from a profound shortage of family physicians² and other primary care providers to massive burnout³ among those still working in the system, brought on by factors such as an overwhelming increase in what is loosely called *administrative work* but which is strongly tied to the impact of electronic medical records.⁴ The first problem can be attributed to poor planning; the second to a failure to understand or anticipate the unintended consequences of technology in practice—a repeated human failing.


We are now living in a future we might have prevented. Two articles in the journal this month offer ways to prevent a future that could be much worse and create one that could be much better for all.

In a commentary, Drs Alan Katz and Alexander Singer attempt to tackle the problem of poor planning (page 155).⁵ They call for “revolutionary, not evolutionary” change that includes major investment in family medicine and the primary care system; funding models that phase out fee-for-service payment and support team-based care; policies that result in near-real-time information sharing that follows patients through the health care system; connecting and integrating primary care service planning and delivery into other health and social services; and family medicine training that supports primary care leaders and team members in delivering high-quality team-based care.⁵

A report from the AI Working Group of the College led by Dr Jacqueline Kueper, the 2021 CFPC-AMS TechForward Fellow, attempts to address the second problem—failure to anticipate the unintended consequences of technology—and provide guiding principles for research and implementation of AI (artificial intelligence) in family medicine (page 161).⁶ The report is a rich document with many recommendations and warnings, one of which is a recognition that “research continuing along the current trajectory is expected to generate a fragmented, commercially driven approach

to AI for FM [family medicine] with questionable benefit and exacerbated inequities.”⁶

These visions of how a future high-functioning primary health care system in Canada could look and the role that AI will play in helping us achieve it are optimistic and hopeful. Success will require advocacy and support from within the profession, championing by the public, courage from politicians, and commitment to responsible public partnership from the private sector.

Let’s not try to predict the future but create one in which we would all like to live. 

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

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