

Primary care defined by uncertainty



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While the crisis in family medicine is highlighted regularly in the news, on social media, and in many coffee shops across Canada, the challenges of this crisis are felt acutely where family physicians work: in under-resourced, overburdened offices caring for patients with increasingly complex needs. Although it has been demonstrated that strong foundational primary care is both beneficial and cost effective,¹ governments have yet to make it a top priority for funding. Approximately 6.5 million Canadians do not have regular access to primary care.²

In addition, the most challenging issues are happening amid growing political, economic, and environmental uncertainty worldwide. It feels like we are in a crisis within other crises and finding solutions during these uncertain times feels overwhelmingly complex. Simple, straightforward interventions from old playbooks may be too oversimplified for the problems at hand. What is a family physician to do?

I believe some answers lie at the very core of what it means to be a family physician. As Graham C.M. Watt shares in *The Exceptional Potential of General Practice*, our wide generalist training is characterized by “the management of uncertainty ... and the need for pragmatic courses of action.”³ Choosing solutions in the face of uncertainty is the bread and butter of family medicine; indeed, “uncertainty and complexity are defining features of the primary care paradigm.”⁴ As masters of complex, undefined issues, family physicians can take pride in our ability to find solutions in the presence of uncertainty on a near daily basis. As such, our perspectives can and should play a central role in how primary care evolves.

In his *New York Times* bestseller *Range: Why Generalists Triumph in a Specialized World*, David Epstein argues that while specialists are best suited to address well-defined,

well-understood problems, in times of uncertainty, breadth of understanding is required. Further, he explains as problems become increasingly complex “relying on experience from a single domain ... can be disastrous.”⁵ While these concepts do not point to specific answers, they highlight the importance of sharing and amplifying family physician voices as governments seek solutions to the crisis in family medicine. Our broad scope of training and experience with uncertainty perfectly positions us to reimagine what the future of primary care could look like, consider the promise of team-based care in imaginative ways, and reconsider how teams should be structured to better care for Canadians.

As President of the CFPC, I have the great privilege of listening to many innovative ideas from family physicians across the country and am regularly astounded by the creative solutions proposed. I also have a front-row seat to how we learn from you, our members, so we can advocate and help reshape primary care. Our advocacy⁶ is informed by your voices both formally through surveys and informally through direct communication. I invite you to join the conversation; inform our advocacy when a survey comes your way. As always, I can also be reached at cbernard@cfpc.ca. 

References

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