



Are family physicians on the road to extinction?

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Results of the latest National Physician Survey (www.nationalphysiciansurvey.ca/nps/2007_Survey/2007results-e.asp) have just come out. They tell us that 58% of family physicians and general practitioners see themselves as being family physicians and general practitioners, while 30% focus their practices in special areas. These results are interesting because they show that nearly two-thirds of family physicians see themselves as just that. A close look at the services they offer their patients, however, tells another story altogether: only 48% make housecalls, only 42% care for their own patients in hospital, only 39% work in emergency rooms, and a mere 11% provide intrapartum care.

In fact, if you combine these data (which you cannot actually do) to determine how many family physicians really practise the entire scope of family medicine, it is quite likely you'd get a very low total, close to 0%. As only 11% practise obstetrics (13% in 2004), it is logical to deduce that the number of family physicians and general practitioners actually practising the gamut of family medicine is infinitesimal. In 2008, aside from a handful of missionaries toiling in the field and eccentrics lost in remote postings, only a few rare doctors can pride themselves on being "real" family physicians. Hence the question: are family physicians, those whom we imagine are caring for a cohort of patients from birth to death, on the road to extinction? Is the good Dr Welby dead and buried?

Is this picture reassuring or worrying?

The results of the survey will reassure many family physicians who are not practising as "real" family doctors. The results show that practising family medicine in its totality is a challenge almost impossible to meet. How many among us feel overwhelmed by the enormity of that task? Incapable of practising the whole range of family medicine? Too old to take emergency shifts? Frightened of intensive care? Guilty of abandoning our patients in hospital? Exhausted by being on call and by the many demands on our time? For all the doctors who feel like that, the numbers will confirm that they are not alone. They will suggest that, these days, it is almost impossible to practise and maintain skills in all areas of family medicine to the high standards expected.

But at the same time, the numbers are worrying. They cast doubt on the role of the family physician

and general practitioner: are doctors who limit their practices to certain areas mini-specialists who are less respected and paid less for their services? What makes things worse is that specialists are becoming skilled in ways that once characterized family physicians. In the past, we expected specialists to be just that ... good specialists, that is to say experts in their field of expertise. We forgave weak communication and collaboration skills. How important was being a great communicator if you were a skilled surgeon? But now specialists have become skilled in the Canadian Medical Education Directions for Specialists (CanMEDS) competencies as communicators, collaborators, managers, scholars, professionals, and health advocates. What makes family physicians who work in the same special areas any different? The great principles of family medicine—being a competent and effective clinician for a range of common problems, practising community-based medicine, being a resource to a defined population, and making doctor-patient relationships central to practice—no longer distinguish generalists from specialists. And off to the port side, other professionals are inexorably taking over areas of family medicine. We need only think of the nurse practitioners who are pushing in behind us.

In short, the results of the 2007 survey are bringing us to a crossroads where we must question the fundamental role of modern family physicians. In fact, 2 paths are open to us. Family physicians can become specialists in people and their families, veritable masters of follow-up and management, privileged specialists in therapeutic relationships, and consequently involved in all aspects of life from birth to death. Or they can become more and more mini-specialists in restricted fields where little distinguishes them from specialists—except the salary and the level of respect.

Meanwhile, we'd better admit that good old Dr Welby, that devoted (it's true that he was caring for only 1 patient a week!) family doctor, is dead and buried. He has been replaced by Dr House, an internist who is, to say the least, peculiar! ❁