

Practicing Family Medicine in a New World Order

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How many of our patients lost sleep the night of November 8, 2016? How many of *us* did?

The 2016 American election will be remembered for its profound impact on the psyche and expectations of many Canadians. At the time, many of us felt shock, disbelief, and concern (and perhaps outrage) at the election of the new Trump administration and its potential impact on the lives of our American neighbours and the world in general. For those of us with friends and family in the US, the emotional response was deeper and more personal, particularly for visible minorities, the LGBTQ community, or those who were simply sick and couldn't afford health care. Protests such as the January 21 [Women's March](#) and the April 22 [March For Science](#) gave public voice to these concerns as radical policy changes were announced at a relentless pace. Nearly six months into this administration, it is unlikely that this collective anxiety amongst many of our patients will dissipate soon.

For many of us, what has been most remarkable and distressing is the speed of the ideological "pivot" to towards an emerging government whose viewpoints contrast dramatically from the previous administration's (and perhaps from our own). We live in an interconnected world where such global ripple effects are occurring more commonly and more quickly. Mass migration, climate change, international conflict, natural disasters and emerging diseases are now not only topics for discussion in the local coffee shop, but have the increasing potential for impact on our patients and our communities. For examples, we need only look to the "big news" stories such as last year's fires in Fort McMurray, this January's shootings in a Quebec mosque, the effects of climate change on our indigenous communities or the turmoil surrounding the refugee crisis in Syria. We also see news stories reflecting the individual impact, such as that of the [surreptitious influx of refugees crossing our border this winter, risking frostbite and amputated digits](#) and, most recently, [death](#).

So, how does all this affect our day-to-day roles as family physicians? Not all family physicians are global health "experts". However, as resources to the community we all have an obligation to help our communities and individual patients deal with global changes that may affect their health.

Firstly, we need to keep ourselves adequately informed of world events and anticipate that they may affect our patients and communities. This includes vigilance for updates on emerging diseases, including chronic diseases, research and dialogue about the impacts of climate change and health, and health system policy changes that impact access to healthcare delivery (especially to our rural citizens). To ensure we have the skills and resources to care for newcomers and refugees, we need to have an awareness of how economic, social, political and environmental events and patterns impact and shape the migration of people. This requires monitoring information sources for international, federal and provincial policy changes which may impact the health of new Canadians and refugees over the longer term. For example, changes to immigration policies, especially for select groups, may increase mental health illness in some of our patients.

Secondly, we need to understand the reasons that these changes may occur, and how they affect our own values and the values of our communities. This may mean having difficult conversations with others whose viewpoints may differ from our own, and reflecting on our own actions and statements. For example, we need to understand the rationale of "populist" groups in the United States and Canada, who have fallen behind socioeconomically and have blamed globalization, immigration, and excessive tolerance of minority groups for their struggles.

Thirdly, we need to act as good global citizens. As any of us who's been to the local gym (or fast food restaurant) knows that our patients are watching our example. We need to model cultural humility and respect

with our patients, particularly those from indigenous and newcomer communities. We can also "walk the talk" by making our practices "eco-friendly" clinics, posting art that celebrates diversity, or accepting new refugee patients.

Fourthly, we need to capitalize on our power as advocates for change. We have significant influence as lobbyists and innovative, positive disruptors for policy changes involving global health issues (such as climate change and poverty). The authors saw this in evidence at the November 2016 opening of the WONCA conference in Rio, where dozens of local family physicians raised their voices in protest to the presence of their newly elected Minister of Health. Locally, in [in 2014 individual Canadian family physicians and the CFPC successfully lobbied to reverse cuts to refugee health care under the federal government's Interim Federal Health Program](#)^{3,4}.

Finally, one of the hallmarks of family physicians is adaptability. In the face of rapidly developing global events we have been consistently adept at quickly developing new knowledge and skills to adequately treat our patients.

With the establishment of the [Besroul Centre](#) as the CFPC's platform for family medicine development on the global stage, the CFPC Global Health Committee (GHC) is rebooting its mandate to act as a resource for CFPC members in their role as "global citizens, practicing locally". The GHC hopes to work with other CFPC bodies to provide a platform where CFPC members can discuss global health issues, share resources and provide mentorship and support. It also hopes to provide standards of competency in global health for Canadian family medicine training programs, to ensure that new physicians are adequately prepared to deal with global health issues, both at home and abroad. Finally, it hopes to develop educational resources that will help members develop specific relevant skillsets, such as advocacy or disaster response protocols.

It is a small, but dynamic group, and recognizes that it cannot do it all, but what it does do it will try to do well, and it will continue to encourage a national conversation on what it means to be a Canadian physician in today's changing world. Overall, the hope is to act as a catalyst for positive change during this incredibly challenging time for our patients and communities.

Sometimes, the emergence of forces and principles contrary to our own can stimulate us to re-examine our own thoughts and actions, and our role as advocates for a healthy world. Rather than espousing the rhetoric of 'Canadian Values', which inherently is an endpoint, let's encourage and engage in dialogue that values all humans as global citizens. Let's begin with the idea that we are partners with our patients and our communities, both locally and globally. Ultimately, though, it all comes down to the patient in front of us. In the face of all these global changes, how are we helping them sleep at night?

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