

# COVID-19 and the value of generalism

by Gray Moonen MD MSc



What a time to be a family physician.

As medicine has become increasingly specialized, family medicine faces many threats. Our specialty has seen decreasing numbers of applicants and a rise in **unmatched** positions. Increasing numbers of family medicine residents are choosing focused practices and there are legitimate concerns around a decreasing scope of practice, especially with allied health professionals taking on **expanded** and more **complex** roles. All of these changes are occurring in the context of decreases in **funding** and a lack of governmental support over the last several years.

Despite these threats, COVID-19 has reminded us that the flexibility, versatility, and comprehensive care family physicians provide is of utmost value in a time of **crisis**. This is especially true **rurally**, where family physicians are often the only physicians in the community and perform virtual care, emergency medicine and inpatient medicine.

In the first line of the "**Family Medicine Professional Profile**", the College of Family Physicians Canada states: "working together, family physicians provide a system of front-line health care that is accessible, high-quality, comprehensive, and continuous." What could be more essential in the crisis we find ourselves in?

No one doubts the value of trust in the physician-patient relationship, but family physicians are **uniquely** positioned to leverage this deep trust to provide service to our patients, the healthcare system and Canadians at large. Is our patient going to 'get the message' from the media and stay home? Can they? Does my patient population have the privilege of physically distancing? How are my elderly and already isolated patients going to cope?

This focus on patient and relationship centered care continues to guide the way we practice across settings and across the disease trajectory. Family physicians provided comprehensive care across settings - **virtually**, on inpatient wards, **COVID-19 clinics**, in emergency departments, **palliative care** settings, in **long-term care**, **indigenous** populations, **obstetrical** floors and on the **streets**.

We thrive in managing uncertainty, as you truly never know what is going to walk through the door. This adaptability has been invaluable during COVID-19, as the emphasis on accessibility has resulted in an overnight transition to effective **virtual care**, through platforms like **COVIDCare@Home** and the **Ontario Telehealth Network** among others. By innovating and developing robust and reliable virtual care platforms, family physicians are leveraging their trust and relationships to **reduce the burden** on not only the **hospital** system, but their own **vulnerable** patients.

As a community-based discipline, we serve and advocate for a defined population. We are embedded and active within communities and understand the unique issues related to our communities and by extension, how our patients will manage during and after this pandemic. We are seeing shining examples of this advocacy across Canada, where strong primary care leaders are sounding the alarm for the **vulnerably housed**, patients in **long term care** and our **incarcerated** population.

Leadership is a key tenet in Family Medicine because the profession demands it. Who else has the insight and perspective from the combined cross-section of society and the Canadian healthcare system that a family physician has?

As we inevitably enter the chronic, harm-reduction phase of this pandemic, family physicians will be leaders in providing the necessary patient care. We will ensure the missed echocardiogram gets done, the elective surgery or urgent colposcopy has appropriate follow up. That the acute flares in chronic disease are addressed as well as the inevitable deterioration in some patients' mental well-being as a result of stress, anxiety and isolation. Just as we care for our patients' from birth to death, screening to admission to discharge, we will manage the front lines, the middle lines, the back lines and the unseen lines.

As family physicians, we need to recognize ourselves as invaluable assets in time of crisis, where our generalist skill set, adaptability and flexibility make us essential. Let's not squander this chance to leverage our value, to promote our profession and inspire the future generation of medical students to pursue family medicine. Let's continue to advocate and protect our scope of practice, because that's what defines us. Let's ensure we remind political leaders of our critical value as the glue that will ensure continuity of care pre, during and post-pandemic. Let's advocate to get a large portion of those **4.8 million Canadians** without family physicians what they need. Let's rebrand the virtual visit to a 21st century house call, as one **astute** Family Physician put it.

Canadians deserve it.

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