

We are all connected

David Ponka MDCM CCFP(EM) FCFP MSc

When my father died in 2019, it felt like both a mirror held up to and a window onto my own career and life.¹ A mirror because I could see myself in his path, but a window, as well, because of how our worlds and ways of understanding were different. His was a world of exacting minutiae (he was a researcher who focused on hematopoiesis), whereas mine feels like an expansive and endless journey to understand patients and their contexts.

During the COVID-19 pandemic we lost a father figure in family medicine. Dr Patrick Chege was one of the first family physicians trained in Kenya, graduating in 2008. He founded the Kenya Association of Family Physicians and began serving as head of the Family Medicine Department at Moi University in Eldoret, Kenya. Sadly, Dr Chege passed away from COVID-19 before he was able to get vaccinated. I have his family's permission to share this information and to advocate for more vaccine availability overseas. Even today, only slightly more than 32% of people in low-income countries have been vaccinated with even 1 dose of a COVID-19 vaccine.²

We now host a best poster competition at Family Medicine Forum in Dr Chege's honour, and it felt especially fitting in 2023 to present it in Montréal, Que, where I grew up. Montréal, like any Canadian metropolis, is a confluence of cultures. But Montréal, being bilingual, was an especially appropriate place to hold a Family Medicine Forum where we hosted delegates from Haiti, Uganda, Ethiopia, Indonesia, and Chile and from Madagascar, which is about to cement the discipline of family medicine there in earnest.

It may seem odd to be celebrating progress overseas as we struggle here at home. But sometimes these moments remind us of where we have come from and that not all innovations are far from reach. Sometimes innovation is about rediscovering founding principles: treating families once again as a unit, for example. If there is angst in the Canadian public and there is angst in us, perhaps we can at least show how the pandemic has highlighted the importance of family for us all.

Sometimes it takes context to understand a problem back home.³ Sometimes, if all we have to breathe is our own ether, we do not even realize that the ether is there.

Take health system integration, for example. In retrospect, we got away with our (overall successful) COVID-19 vaccination campaign because of a glut of

supply. But remember how it felt like we were struggling to lead a united campaign with our public health colleagues? At the very least, messaging could have been more united and, in an ideal world, vaccines could have been coordinated together—not only in community pop-up sites. If urgency dictated this, as it conceivably had to, perhaps we can at least pause now and reflect on how to move forward more in concert.

When the Besroure Centre for Global Family Medicine planned to conduct a study on exactly this topic,⁴ some of our family physician colleagues overseas could not understand the research question. "What do you mean you do not work under the same roof as public health?" they would exclaim. That is their ether.

I am not suggesting that we relinquish agency or autonomy. There is a great deal of innovation that flows from the devolved and freethinking landscape that is Canadian health care. But as my father, who fled an overbearing and oppressive regime behind the Iron Curtain when I was 5, may have said to me, the truth usually lies at the centre.

I now work in Ottawa, Ont, where my wife is Curator of European Art at the National Gallery of Canada. That institution is now recognizing the importance of different ways of knowing and has rebranded itself around the Algonquin concept of *ankosé*—the idea that everything is connected. As we start tending to our pandemic wounds, perhaps we can also reconnect with how right the Algonquin were and are. Not only everything, but everyone, is connected in trying to move forward. 🌿

Dr David Ponka is a family doctor, Director of the Besroure Centre for Global Family Medicine at the College of Family Physicians of Canada, and Professor in the Department of Family Medicine at the University of Ottawa in Ontario.

Competing interests
None declared

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