Whither general practice?

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Twenty-five years ago the general practitioner in Canada was, if not an endangered species, one in shambling retreat. Unrepresented in medical schools and hospitals, facing as a generalist an era that placed new emphasis on — and demand for — specialization, the GP came to be regarded as a Jack of all trades . . . someone who'd fallen off the ladder of specialization . . . *just* a general practitioner.

Today, the family physician, as the GP has become, is trained specifically for the job; not only are there now departments of family medicine in all Canada's 16 medical schools, but the FM residency program is among the most popular. The image of the family doctor in the universities and in the community has never been better.

But there are new threats to general practice in both those places.

When family medicine first became a distinct discipline in Canadian medical schools in 1966, it was raw and uncomfortable; not only did it lack confidence, it lacked content. Its courses had a status somewhere between basic sociology and rug-weaving; its teachers were looked upon as mud-booted yokels in the groves of academe.

Gradually family medicine defined and refined its content. Department heads showed they could draw up objectives and curricula, handle staff and budgets and establish a clear and respected territory for general practice, even in such strongly specialist-oriented medical schools as McGill. As universal medicare gathered momentum, so did the need for properly-trained, primary-care doctors;

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among medical students there was a growing interest in "holistic" aspects of their future craft . . . in becoming "people doctors" rather than spending their professional lives dealing only with kidneys or ears, noses and throats. They encountered real live family physicians in the university; general practice was no longer viewed as a sort of Siberia of the medical profession — a place you went to if you couldn't get into the greener pastures of the specialties. People *chose* to go into it; someone defined its realm as the skin and its contents. It was exciting. There are now more than 2000 certificated family physicians in Canada, and more than 1000 teachers of family medicine.

Novelist Mordecai Richler has said it is fine to *show* promise in Canada, but it can be fatal to fulfil it. Once family medicine had carved a niche for itself in the medical schools, had arrived, other departments began to take another look at this relative newcomer, to judge it more critically. How good were the teachers? Why was there so little original work, such a dearth of research? What threats did family medicine pose to other areas of primary care?

In the present era of financial restraint these questions take sharper focus: in some schools, departments of pediatrics and obstetrics-gynecology view with alarm the extended role of family practice, its attractiveness to students and its training programs' attendant ability to attract a big chunk of whatever funding there is.

Threat to practising GPs

In the offices of practising GPs all is not well, either. And the problems don't belong only to the patients. Family doctors, like other members of the medical profession, have seen their real disposable incomes erode rapidly in the past few inflationary years. Costs of practice have increased sharply. But an extra financial aggravation for GPs is that the existing fee structure doesn't allow them to provide the kind of rewardingly comprehensive, personal service they're supposed to.

While governments, through such channels as former minister of national health and welfare Marc Lalonde's "A New Perspective on the Health of Canadians", call for a new emphasis on preventive medicine, the MDs probably best able to provide it — family physicians — are financially penalized for doing so. For example, a GP can perform a routine checkup on a patient in 10 or 15 minutes; if he spends another 20 minutes talking about smoking, exercise, diet and other lifestyle influences on health and illness not a cent more is earned. Teaching breast self-exam-

Executive Director Rice at college's smart new Toronto headquarters

ination is a no-fee item; counselling an anxious patient to elicit the cause of the anxiety . . . that constitutes an office visit. So does a 2-minute transaction culminating in a prescription for tranquillizers. The fee for service is identical.

When the College of Family Physicians (then General Practice) of Canada was formed in June 1954, it was a strictly educational organization. Its concerns were to upgrade standards of continuing medical education among practising GPs and to have a hand in shaping the teaching of medical students going into family practice. A child of the CMA, it started life with little support from the medical profession, including the beleaguered general practitioners it was trying to help.

From its earliest days in basement offices in Toronto, the college has gone up in the world. Its enhanced status is symbolized by its smart headquarters acquired in 1975. There are some 5000 members. Its certification examinations are highly regarded not only in Canada, but elsewhere in the world. Largely through the college's efforts the education and the standing of family physicians have been greatly enhanced; further, Canada is an acknowledged leader in bringing about a renaissance in family medicine or general practice in western countries.

The organization's interest in economic and political matters — in addition to purely educational ones — was first hesitantly and unofficially announced in 1974. It was quickly the subject of debate inside and outside the college. There were accusations of empire building, of betraying the purely academic mandate. But in 1977, both retiring college President Dr. Donald Rae and incoming President Dr. Hollister King served notice the organization had no alternative but to address the economic and political concerns of its members. A workshop on economics took place in 1978, and from this it became clear that educational and economic factors in family medicine are inseparable; that if GPs, for financial reasons, can't practise the way they'd been trained to, the college should have some say in making the fee schedule more appropriate and workable.

College Executive Director Dr. Donald Rice sees this not as an expansionary move, but as one of expediency; he says the organization will work through established channels — notably the provincial medical associations' sections of general practice — but if that doesn't work (and he believes the sections are mostly ineffectual in promoting GPs' interests in the corridors of provincial power) then it will be time for the college to deal directly with government.

While the college does appear to be becoming a more militant body, it still lacks the troops (two-thirds of Canada's GPs are *not* members) and financial resources to mount a major offensive; moreover, its influence in Quebec, though growing, is dwarfed by the aggressive Federation of General Practitioners (FMOQ).

So academically, organizationally and in the community, family medicine has reached a kind of plateau. It's a high one and the atmosphere is heady; but the landscape it now surveys is poorly charted and possibly inhospitable.

Academic family medicine is no longer the bright kid with the "most likely to succeed" label; having come of age it will be judged more severely. More will be expected to it.

Established family doctors and the increasing numbers of new ones coming out of the residency programs will be turned off if their professional lives are no more than a treadmill; perhaps, as in the past, they will head for the specialties . . . and the word will filter back to the medical schools. If GPs look for support and don't find it they will become disaffected. And much of the progress made on their behalf in the past 25 years will be eroded.

Selling itself

For the college's part, it must provide that support, but first it needs a broader constituency. It must sell itself and its services to the majority of Canadian GPs, step up its communication with the profession and with the public and act surely and strongly in the best interests of those it serves.

The college's motto is "In study lies our strength". How true! But it is only in strength that the college will be able to influence family physicians in more than study, in every aspect of their profession.

Today's general practitioners, unlike those of two or three decades ago, aren't threatened with extinction, but the kind of personal, continuing, comprehensive care they're trained to provide is in danger. A stronger academic discipline working hand-in-glove with community need, a stronger college, numerically and financially, will help to stave off that danger.■