What's in a name?

Nicholas Pimlott MD PhD CCFP FCFP, SCIENTIFIC EDITOR

It ain't what they call you, it's what you answer to.
W.C. Fields

Family physicians approach a fall and winter filled with many uncertainties. The first is what living with the variants of SARS-CoV-2 will look like—how will these affect our patients, our communities, and the way we continue to practise family medicine? Other uncertainties that will have considerable effects on the way we practise in the weeks and months ahead include finding the safest and most effective uses of in-person versus virtual care, and dealing with the outcomes of the inevitable delays in seeking help that have affected many of our patients in the midst of the coronavirus disease 2019 pandemic. Looming over all of this is the climate crisis and its impact on our lives as family doctors and as global citizens.

It is during such uncertain and fraught times that we are most likely to reflect on some of the deepest questions, including those about our identities as family doctors. The September issue features 3 thoughtful articles focusing on different aspects of family physician identity and of family medicine as a discipline.

In the commentary "Family medicine. An evolving field around the world," Dr Archna Gupta and her colleagues explore the relationship between family medicine and primary care in a global context, as well as the evolving nature of family medicine globally (**page 647**).[1]

In their research paper "Perceptions of family medicine in Canada through the eyes of learners,"[2] Dr Ivy Oandasan and colleagues used data from the Family Medicine Longitudinal Survey to understand how Canadian family medicine residents feel about their chosen discipline and how they think that family medicine is perceived by patients, specialists, and governments (**page e249**).

Perhaps the most thought-provoking of all is Dr Adam Sandell's Third Rail article, "I'm a GP,"[3] in which he argues (convincingly, to me) that the term *family physician* is both an inaccurate description of the work we do and discriminatory (**page 691**).

Whether to call ourselves *family physicians* or *general practitioners* and our specialty *family medicine* or *general practice* .... The back-and-forth debate between these viewpoints has played out in the pages of *Canadian Family Physician*[4,5] over many years and seems deeply connected to our quest for parity with our specialist colleagues and equal standing within a hierarchical profession.

In 2018, our Australian counterpart, which since 1971 had been named *Australian Family Physician,* changed its name to the *Australian Journal of General Practice.*[6] Journal editor Stephen Margolis wrote at the time that

> Renaming the journal focuses our attention that general practice is now formally recognised as a discrete and unique discipline. In line with all other medical specialties, the "coming of age" of general practice parallels the pace, strength and depth of general practice research, with *[Australian Journal of General Practice]* a key facilitator for publication and dissemination of this important work.[6]

The very same could be written about the coming of age of family medicine or general practice research in Canada and the role of *Canadian Family Physician*.[7]

But the strong identity of Australia's general practitioners is no doubt also bolstered by the fact that the Australian College of General Practitioners, established in 1958, became the Royal Australian College of General Practitioners in 1969 upon receiving a royal charter, putting the discipline on equal footing with the specialist Royal Colleges.[6]

Regardless of what we call ourselves, we share a common undergraduate medical education with those who choose to become specialists in other disciplines. Those of us who choose family medicine or general practice develop a different, but complementary, skill set during our postgraduate training. It is a skill set that allows us to navigate clinical uncertainty, operate in a low-prevalence clinical environment, and patrol the boundaries between symptoms and the diseases that we can look after, and those that require more specialized care.[8]

Cet article se trouve aussi en français à la **page 643.**

References

1. Gupta A, Steele Gray C, Landes M, Sridharan S, Bhattacharyya O. Family medicine. An evolving field around the world. *Can Fam Physician* 2021;67:647-51 (Eng), 656-60 (Fr).
2. Hamza DM, Ross S, Oandasan IF. Perceptions of family medicine in Canada through the eyes of learners. *Can Fam Physician* 2021;67:e249-56.
3. Sandell A. I'm a GP. *Can Fam Physician* 2021;67:691-2.
4. Bailey T. Is family medicine a specialty? Yes [Debates]. *Can Fam Physician* 2007;53:221-3.
5. Hennen B. Is family medicine a specialty? No [Debates]. *Can Fam Physician* 2007;53:221-3.
6. Margolis S. The power of renaming: *Australian Family Physician* evolves into *Australian Journal of General Practice*. *Aust J Gen Pract* 2018;47(1-2):5.
7. Pimlott N. Golden age of family medicine research. *Can Fam Physician* 2015;61:489 (Eng), 490 (Fr).
8. Heath I. Divided we fail. *Clin Med* (Lond) 2011;11(6):576-86.

Can Fam Physician 2021;67:641 (Eng), 643 (Fr). DOI: 10.46747/cfp.6709641