



Quarterly Letter

Debating the Role of the Family Physician

November 1999 marked the debut of *HealthcarePapers*, a sister publication to *Hospital Quarterly*. Edited by Dr. Peggy Leatt, *HealthcarePapers* focuses on new models and strategies in healthcare.

The premiere issue debated Primary Care Reform – specifically, the role of the family physician. The topic is of national interest as many jurisdictions look at this very question from the full gamut of perspectives. It is also an issue that has provoked a considerable amount of discussion and mail, as the following demonstrates.

I recently had the opportunity to review the first issue of *HealthcarePapers*. I was very pleased to see that the journal's focus was on the role of Family Medicine in Primary Healthcare.

I was concerned, however, that Dr. Mary Ellen Jeans, Executive Director of the Canadian Nurses Association, focuses on the incorrect assumption that Family Physicians practice according to a “traditional, physician-centred, primary-care model with the patient as the passive recipient of care.” Fortunately, when Dr. Jeans suggests that Primary Healthcare is “promotive, preventative, curative, rehabilitative and supportive” with a “focus on

preventing illness and promoting health,” she is, in fact, describing the core values of the Family Medicine Residency Program.

Family Physicians are uniquely trained with respect to Health Promotion and Integrated Health Services. The traditional “medical model” that is frequently cited at conferences organized to attract non-physician providers has changed over the past 20 years largely due to the influence of the College of Family Physicians of Canada and its Ontario members.

The College has outlined the “Four Principles of Family Medicine” that provide a framework for the delivery of

healthcare. The patient-physician relationship and the patient-centred clinical method are central as we use our understanding of human development, of family and other social systems to develop a comprehensive approach for promoting health and managing disease and illness in patients and their families. We view our practices as “populations at risk” and organize them to ensure that our patient's health is maintained. We see ourselves as an important part of a community network of leaders. Community-based family physicians look forward to working together more closely with other disciplines within the healthcare field in order to jointly develop improved methods of communication, coordination and cooperation to achieve our mutual goals.

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[For more information on *HealthcarePapers*, see www.longwoods.com]

