

Good evening everyone, and in particular, new certificants in our College.

What a privilege it is for me to stand before you as the Victor Johnson award winner in the College of Family Physicians of Canada. **Le D^r Johnson, dont ce prix porte le nom, a reçu son diplôme de docteur en médecine avant la Crise, soit en 1923. Il a pratiqué pendant plusieurs années dans une petite communauté ontarienne où il a beaucoup appris de ses patients et de la communauté. Comme certains d'entre vous le savent, il est devenu le premier directeur exécutif du Collège des médecins de famille du Canada et est sans aucun doute l'un des pères de la médecine familiale au Canada.**

Let me quote from Dr. Johnson's memoirs: he stated" I became convinced that the medical profession would be saved not by its organizations but by the sum total of the common sense and humanity of its individual practicing members. General practitioners..... are the doctors closest to the people. They heal more of the broken hearted, repair more of the injured and deprived, and live with the poor and dying who are without influence and hope." This quote from Dr. Johnson, written so many years ago, still resonates with me today and I hope will resonate with you as you embark upon your careers in family medicine.

I thought that tonight I would focus on several themes which have been very important to me as a family physician, and which I believe are important to the discipline of family medicine. My reflections come from more than 35 years as a family physician, with a small group of patients (that in some cases include families of 3 and 4 generations) that have stuck with me throughout my career and have allowed me to participate in their care. What a privilege!

With these themes come some challenges which I will also touch on.

My themes for you tonight are well known to family doctors, but always bear repeating. They are: the importance of continuity; you as the advocate for your patients; blending knowledge with experience; and the art and benefit of listening. I wish to add a relatively new theme and a challenge- hiring a coach. That may sound trendy, even inappropriate, more about this later.

Recently when a friend was congratulating me on having received this award, he quickly went on to tell me a short story that I believe he felt epitomized how much he respected his own family physician and what a family doctor meant to him. His 30-year-old son , let's call him Frank, had just had his own firstborn son and was visiting the family doctor for the son's first checkup. This was the same family doctor who had delivered Frank 30 years ago. As Frank put his newborn on the scale to

weigh him, he was about to ask a question, when the family doctor said.... yes, this is the same scale that you were on 30 years ago. I believe my friend thought that this was and is the essence of family medicine - continuity of care. I know today that many of you will be challenged with other opportunities such as focused practice opportunities, dividing your time between the hospital, emergency department, and the office, perhaps with doing locums for a few years, with group practices. What I want you to think about and I hope you have encountered in your training, are the wonderful benefits of continuity of care not only for your patients most importantly, but also for yourself. There is no greater satisfaction than following a family over time, participating in their lives and trying to make a difference.

J'ai principalement pratiqué en milieu urbain, bien qu'à mes débuts, j'ai pris toutes les semaines la route qui remontait la rivière des Outaouais pour me rendre dans une petite clinique. Mes patients m'ont suivi dans quatre lieux d'exercice différents et je me demande souvent pourquoi ils ont choisi de me garder comme médecin car outre mes fonctions de médecin de famille praticien, j'ai un horaire excessivement chargé au sein du secteur de la médecine universitaire.

Leur décision s'explique peut-être par la pénurie de médecins! Qui sait, ils ont peut-être d'autres raisons; c'est du moins ce que j'espère.

I think that one thing we try to bring to our patients is our support as their advocates: to be the person who can help them navigate an increasingly complex system, to be the person who can link all of the specialist consultations, to be the person who can translate for them in layperson's terms, good news and bad news, to be the person who can connect them with other non-medical resources in our communities. I have tried, often not very successfully, to not underestimate my role as advocate for my patients ; I believe this role is increasing in importance today as there is tighter ,yet critical need ,for access to technology, a greater demand on our resources, and a plethora of specialists we can refer to. You should be the bridges for your patients; don't let the system overwhelm you, don't let the system discourage you, don't give up on the system, and more importantly, don't give up on your patients when they are in need. What may not always be a priority for us- filling in forms for insurance or welfare , or staying late in the office for a troubled patient, as examples- can be critical to our patients and we need to be there as their advocates.

Je sais que vous avez tous reçu une excellente formation, que vous êtes au fait des dernières tendances en matière de technologie et d'interventions, et que vous êtes désireux de poser un diagnostic critique. Je suis persuadé que vous y parviendrez tous. Cependant, toutes ces compétences ne sont peut-être pas suffisantes.

L'expérience nous permet d'acquérir une certaine sagesse que je vous souhaite à tous de connaître durant votre carrière. Nos patients s'attendent à ce que nous soyons à la fine pointe de notre domaine, que nous soyons experts sur le plan des diagnostics et que nous sachions prescrire le bon traitement. Nous devons également leur fournir notre appui, les épauler et les conseiller objectivement pour les aider à cheminer tout au long de leur existence. Nos conseils peuvent ne sembler ni révolutionnaires ni particulièrement utiles, mais je ne veux pas que vous sous-estimiez la valeur qu'ils peuvent avoir pour vos patients.

This leads me to one of the most important themes I want to mention to you tonight and that relates to our role as listeners. When I asked several friends for stories about their family physicians, one of the common themes they all mentioned was the ability of their own family physician to be a listener and supporter. Yes they were looking for the accurate diagnosis and the right intervention, but that may come from simply listening and supporting, and not intervening beyond that. So

many of the problems that come into the office of a family physician today are rooted in psychological, and frequently, sociological and economic realities. You know that so many of the problems that we are faced with don't end up with a specific diagnostic label or precise treatment.

They don't take a traditional prescription or a traditional intervention to resolve them; many of them are not resolvable problems, so many of them benefit from someone who listens and is just there for them. Empathizing with your patients will be one of the most powerful therapeutic interventions you have at your disposal. I remember one of my friends telling me how so tremendously well supported she felt after her first child was born very prematurely and died and subsequently she became pregnant and had a second child. Her family physician, and indeed the entire office of that family physician, offered so much support to my friend and such a warm and loving environment, that it made all the difference to her.

I remember another friend telling me about the appointment she had to cancel for her son because not only was the son sick but so was Mom and so she could not bring him to the appointment. And by the way, Dad could not bring him in either because he too was sick. At the end of

the usual working day, there was a knock on the door of this home, and there she was, their family doctor to do a house call. I don't know what the final diagnosis was , but I do know that the act of the doctor was the best medicine possible.

These comments, as I see them, speak to the very heart of family medicine- what makes us unique as doctors, and what makes our contribution to the health of individuals and communities so critical.

Looking into the future, I was struck very much by the ideas offered by Dr Atul Gawande, the noted surgeon and writer, in his essay in a recent edition of the New Yorker, entitled "Personal Best". Dr Gawande's thesis is quite simple- he points out that high performers (be they artists, athletes, teachers for example) use coaches to help them get better. He asks why physicians don't do the same and goes on to describe his positive experiences with a coach in the operating room. When he had already been eight years in practice (and likely near the peak of his performance).

I am not sure I want to suggest that you go into practice and hire a coach, but I do want us to think about this. Much of the focus on quality relates to the services we provide- how timely are they, how efficiently are they delivered, how up to date are the interventions and so on. These are all key issues to tackle, but having a coach might tackle

one of the other key variables- the particular quality of the care that you are providing. A coach might help you improve the quality of your care- not just your diagnostic abilities, but perhaps your bedside manner, your way of relating to patients and their families.

You might want to call this person a mentor- sounds more professional, but it is something to think about as you embark on your careers. And certainly Dr Gawande suggests it is something all of us, regardless of our stage in our careers, should think about.

You know there is one other aspect of family medicine that I would like to mention tonight and that is to mention the “family” in family medicine. My opportunities in family medicine, and my perspective on relating to my patients, have been so very much influenced by my own family. Tonight here with me is my wife Cathy, such a wonderful and constant support and mentor (I guess my coach..) for me over all the years, and someone who has always reminded me that everyone has a story and it is important that we listen to them. As well I am blessed that my children Andrew and Erika and my daughter-in-law Annie and my wonderful granddaughter Alannah are also here to share this important event with me. It really is the family in family medicine that makes such a difference.

Je terminerai par un résumé des défis dont j'ai discuté et qui se présenteront à vous, nouveaux médecins de famille, à l'avant-garde de notre profession, nos ambassadeurs de l'avenir...Premièrement, j'encourage le plus grand nombre d'entre vous à exercer dans un contexte qui vous permettra d'offrir des soins continus au fil du temps à un groupe défini de patients. Vous ne le regretterez pas.

Deuxièmement, je vous encourage à toujours défendre vos patients, en gardant leurs intérêts à l'esprit et en vous assurant d'éviter que vous ou eux ne soyez dépassés par le système.

Let me end with a summary of the challenges I have discussed for you the new family doctors, in the vanguard of our profession, and our ambassadors into the future... Firstly, let me encourage as many of you as possible to go into family practices in which you will provide continuous care over time to a defined group of patients. You will not regret it.

Secondly, let me encourage you to always advocate on behalf of your patients, keep their interests in mind and don't let the system either overwhelm them or overwhelm you.

Thirdly, temper all that wonderful knowledge you have, with intuition and sensitivity that you can bring to help address healthcare concerns of your patients.

And finally, I think you will be most satisfied, and so will your patients, if you are a patient, supportive and considerate listener. There will be no greater privilege to you than to listen to the stories of your patients, cherish them, and use them to help you and your patients grow.