

Plain Films of Dedication

Three Documentaries, CanMEDS-FM, and a Commitment to the Person First

Zachery Hynes

12 March 2013

It is a truth that becomes truer as one travels further back in time: the isolation of big, rural Canada is no place for subspecialists. The north of 1930s Alberta, as with the outposts of Newfoundland and those of Labrador even until the 1970s and beyond, are all firmly the domain of the family physician, the generalist. And generalist, here, is so general as to be scarcely comparable with the urban family physician of 2013. Not merely a medical doctor, as though that were too diminutive or limited a profession, they are surgeon, pharmacist, and lab technician also. They have stumbled upon these roles through the force of necessity; they are general practitioners in the widest, most all-encompassing sense of the term because there is none other within a many-kilometer radius to fulfill such responsibilities. Rural physicians throughout Canadian history and geography have flourished within such multifaceted practices: Sir Wilfred Grenfell's work in northern Newfoundland and southern Labrador, Dr. John Sheldon's practice on New World Island, Newfoundland and Labrador, and Dr. Mary Percy Jackson's practice in Keg River, Alberta provide a few examples<sup>1</sup>. The stories of these physicians have been chronicled across varied media, including several documentary films. One such documentary, *Faith, Hope and Love: Grenfell's Labrador*, describes Grenfell's prolific and highly influential medical and social development work in rural Newfoundland and Labrador during the late 1800s and early 1900s. Similarly, *Outport Doctor* and *Wanted! Doctor on Horseback* provide brief snapshots of the lives and practices of Dr. John Sheldon and Dr. Mary Percy Jackson respectively, and are particularly notable as first-hand accounts of rural family medicine in the early-to-mid 20<sup>th</sup> century.

In 2009, the College of Family Physicians of Canada developed a modified version of the Royal College of Physicians and Surgeons of Canada's CanMEDS framework, titled *CanMEDS-Family Medicine* (CanMEDS-FM). This document would aim to define the core competencies of a

---

<sup>1</sup> Though the short format of this paper allows only limited background information on these physicians, the interested reader can find much more detail in *Grenfell of Labrador: A Biography* by Ronald Rompkey, *The Homemade Brass Plate*, an autobiography of Dr. Mary Percy Jackson as told to Cornelia Lehn, and "Why I Shall Stay in Family Practice", a 1987 *Canadian Family Physician* article by Dr. John Sheldon and his wife Kathy Sheldon.

family physician, which differ from those of a specialist physician in that family medicine's commitment is "to the person first, rather than to a particular body of knowledge, group of diseases, or interventions"<sup>2</sup>. Though the physicians depicted in the aforementioned films predate the CanMEDS-FM framework by many years, it is likely that their practices fulfilled many of its competencies. This essay will seek to define some of the ways in which the CanMEDS-FM roles were fulfilled by the rural physicians depicted in these films, while also briefly discussing the ways in which these roles have changed over the past century.

As a parallel to the "Medical Expert" of CanMEDS, the core, integrative competency of CanMEDS-FM is the Family Medicine Expert. Each line of this role's description suggests parallels with quotes from the films. "Family physicians", the framework says, "provide care for a wide range of health issues throughout the lifecycle, from birth through death, in a variety of settings within the community"<sup>3</sup>. In *Outport Doctor*, Dr. Sheldon speaks to this directly, with a tone of eagerness about his voice: "You were now living with the same group of patients with whom you would be living for maybe five, ten, twenty, or even more years, looking after their same complaints. And this is kind of daunting for a while, but as one begins to understand more about all the people with whom you're dealing, instead of becoming daunting, it becomes much more interesting and much more fascinating."<sup>4</sup> A rural family physician's clinical practice must "span the spectrum of medical care"<sup>5</sup>; surely the remarkable efforts of Dr. Jackson fulfill this criteria easily. Not merely ordering tests or imaging, she is herself the lab technician and the X-ray technologist. She reminisces in *Wanted! Doctor on Horseback* about dashing from room to room between the examining of patients, seeing to the developing of her X-ray films, and the baking of

---

<sup>2</sup> The College of Family Physicians of Canada. *CanMEDS - Family Medicine* 2009, 3.

<sup>3</sup> *Ibid.*, 5.

<sup>4</sup> *Outport Doctor*. DVD. Directed by Hansen, James. St. John's, NL, Canada: Memorial University of Newfoundland, Faculty of Medicine, 1971.

<sup>5</sup> The College of Family Physicians of Canada. *CanMEDS - Family Medicine* 2009, 5.

bread in her kitchen. She speaks about surgeries performed on her kitchen table; Dr. Sheldon, similarly, finds himself doing "virtually anything that can be done under local anesthetic"<sup>6</sup>. Another keystone of the Family Medicine Expert is the application of preventative medicine. In the 1930s, northern Albertans could scarcely conceive of the germ theory principles that Dr. Mary Percy Jackson was teaching. Yet within a few years the use of bandages and proper cleaning of wounds had become commonplace among her patient population, likely preventing many infections.

Dr. Mary Percy Jackson's success in germ theory education is a vivid illustration of a rural family physician fulfilling both the Scholar and Communicator roles. Her breakthrough in this instance came by way of microscopy, which allowed her patients to directly visualize the microorganisms which were causing disease among her patient population. Being located in northern Alberta, Dr. Jackson's practice existed within a very different cultural context from her native England, one that notably included a large proportion of aboriginal patients. Regardless of location, the rural family physician must have the ability to engage with a patient's cultural and religious context; this is another core competency of the CanMEDS-FM Communicator role. Dr. Sheldon's use of myrrh for the treatment of effusions is an interesting example, and one that illustrates the bidirectional flow of information in his clinical encounters. As he educated his patients through his medical knowledge, he maintained a willingness to incorporate the treatments that had been commonly used within his patient population into his own therapeutic regimens. This willingness yields a therapeutic relationship less dominated by paternalism, and more enriched in autonomy. Over the "five, ten, twenty, or even more years"<sup>7</sup> of seeing these same patients, the maintenance of a strong therapeutic relationship becomes increasingly important, and the CanMEDS-FM Communicator role places due emphasis on this point.

---

<sup>6</sup> *Outport Doctor*. DVD. Directed by Hansen, James. St. John's, NL, Canada: Memorial University of Newfoundland, Faculty of Medicine, 1971.

<sup>7</sup> *Ibid.*

The Scholar role involves not only the education of others by the rural family physician, as illustrated by Dr. Jackson, and also by Sir Wilfred Grenfell's speaking tours throughout North America and Europe. It is furthermore a self-reflective role requiring the family physician to identify weaknesses in their own medical knowledge, and subsequently compels them to rectify these inadequacies. Given the rapid rate at which medical understanding progresses, this need for continual re-education is unrelenting. Dr. Jackson, even at the advanced age and ostensible retirement depicted in the documentary film, still describes her continuous striving to maintain an understanding of the latest medical literature. This likely reflects a lifetime of such dedication to continuing medical education, a goal which surely requires more effort for the isolated rural physician who often cannot avail of the conferences and teaching sessions enjoyed by their more urban colleagues.

The rural community places a different set of managerial demands on a family physician, as compared with the urban setting. Dr. Sheldon offers the trunk of his car in lieu of a community pharmacy, describing the necessity of having all the necessary medications and related implements with him as he travelled to house calls. IVs, catheters, and supplemental oxygen canisters were kept in continuous supply in his traveling drug mart. In his doctor's bag, change and receipt books could always be found, so that patients might provide payment for such supplies at any time. These supplies must be kept well stocked in the rural family practice, especially in isolated areas where supply routes could easily be interrupted; this work comprises a portion of the physician's Manager role. On a larger scale, this role is amply demonstrated by Sir Wilfred Grenfell's administrative abilities in developing the Grenfell Associations into highly-effective organizations, eventually establishing "six hospitals, seven nursing stations, four hospital ships, two orphanages, two large schools, 14 industrial centres, and a cooperative lumbermill"<sup>8</sup> for

---

<sup>8</sup> Sims, S. R. "Sir Wilfred Grenfell: An Athletic Missionary." *BMJ (Clinical Research Ed.)* 305, no. 6868 (Dec 19-26, 1992): 1529.

the population of Newfoundland and Labrador. Such undertakings were made possible by Grenfell's considerable skill in establishing relationships with the influential upper class, and provide examples of CanMEDS-FM Collaborator and Health Advocate roles. His recognition of the necessity of schools and the importance of reducing the socioeconomic gap between the highest and lowest classes is especially reminiscent of the Public Health Agency of Canada's Determinants of Health<sup>9</sup>, a remarkably forward-looking viewpoint for the time. Similarly, Dr. Jackson's successful advocacy for a school for the community of Keg River also acknowledges the importance of literacy in the health of individual patients.

Perhaps the most difficult CanMEDS-FM role to define is that of the Professional. Indeed, to this day one can find highly active discussion across disparate foci regarding the role of physician as professional. Castellani and Hafferty provide one framework<sup>10</sup> for considering several styles of professionalism, and the terms used in their descriptions coincide strongly with those of the CanMEDS-FM framework, or at least with their meaning: altruism, morality, integrity, compassion, technical competence, and personal well-being feature prominently in both documents. In the Castellani/Hafferty rubric, Grenfell would likely fall into the Nostalgic cluster of professionalism, filed there by virtue of his passionate commitment to his own morality, the altruism of eighteen-hour days, his focus on strong technical competence, and his apparent devaluation of lifestyle and commercialism. Dr. Jackson is somewhat more difficult to classify. She also shows similarity to the Nostalgic professionalism class, but could also be described as Unreflective. Social justice and social contract seem important to her, an observation in favour of the Nostalgic camp, however she does not seem so fiercely attached to professional dominance or autonomy as might be expected for a true Nostalgic. She is perhaps best described as a composite

---

<sup>9</sup> Public Health Agency of Canada. "What Makes Canadians Healthy or Unhealthy?" Last modified 15 January 2013, <http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php>.

<sup>10</sup> Castellani, Brian and Frederic W. Hafferty. "The Complexities of Medical Professionalism." In *Professionalism in Medicine*, edited by Wear, Delese and Julie M. Aultman, 3-23. New York: Springer, 2006.

of these two professionalisms. Finally, Dr. Sheldon seems well-placed amongst the Unreflectives: his interests lie in doing good for the people of New World Island and providing optimal health care, without apparent thought given to commercialism or social justice.

Much has changed over the past century of Canadian history. The proliferation of automobiles and the development of a robust system of paved roads has contributed to the centralization of healthcare and the increasing dominance of specialist care. With a resultant decrease in the relative isolation of many rural towns, the requirement for physician-to-physician collaboration has increased dramatically. Where previously physicians like Dr. Sheldon might have performed minor surgeries in their own towns, now those procedures are more likely to be referred to a larger centre instead.

The advent of ubiquitous internet access has also revolutionized the practice of rural family medicine, especially with respect to the scholar, communicator, and medical expert roles. New challenges in doctor-patient communication, particularly those associated with email and social media use, have necessitated a reconsideration of professional boundaries for many physicians. The plethora of readily-available medical literature via a patient's internet browser has also challenged physicians as they cease to be the sole purveyor of medical knowledge, even in very isolated communities. However new opportunities are legion for the rural physician attempting to maintain and grow their medical knowledge. Now, a physician practicing in northern Alberta would not be restricted to reading only the few medical journals to which they have subscribed. With the wide availability of sources like PubMed and UpToDate, the whole of recent medical knowledge is available to even the most isolated physician.

Rural family physicians are generalists, with widespread medical knowledge and skill across many disciplines. Moreover, they are specialists of interpersonal communication and the doctor-patient relationship, with a greater degree of continuity of care than perhaps any other discipline of medicine. While the specific implementations of these competencies are changing,

the core of rural family medicine remains founded on these principles. Consequently, even as newly-graduated family physicians must fulfill the CanMEDS-FM roles, these roles have existed much longer than the document's publication date might suggest, defining the practice of the Grenfells, Jacksons, and Sheldons of Canadian history. More than mere objectives to be fulfilled, the CanMEDS-FM roles exceed this utilitarian mandate by providing ideals for medical students and young physicians to strive toward, vividly illustrated through three plain films about three exceptional rural doctors.



## Bibliography

- Castellani, Brian and Frederic W. Hafferty. "The Complexities of Medical Professionalism." In *Professionalism in Medicine*, edited by Wear, Delese and Julie M. Aultman, 3-23. New York: Springer, 2006.
- Outport Doctor*. DVD. Directed by Hansen, James. St. John's, NL, Canada: Memorial University of Newfoundland, Faculty of Medicine, 1971.
- Wanted! Doctor on Horseback*. VHS. Directed by Helman, Claire. Ottawa: National Film Board of Canada, 1996.
- Lehn, Cornelia. *The Homemade Brass Plate*. 2nd ed. Chilliwack: Helena Braun, 1989.
- Faith Hope and Love: Grenfell's Labrador*. DVD. Directed by Pittman, Erika. St. John's: Sir Wilfred Thomason Grenfell Historical Society, 1999.
- Public Health Agency of Canada. "What Makes Canadians Healthy or Unhealthy?" Last modified 15 January 2013, <http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php>.
- Rompkey, Ronald. *Grenfell of Labrador: A Biography*. 2nd ed. Montreal: McGill-Queen's University Press, 2009.
- Royal College of Physicians and Surgeons. *CanMEDS 2005 Framework 2005*.
- Sheldon, J. and K. Sheldon. "Why I Shall Stay in Rural Practice." *Canadian Family Physician* *Medecin De Famille Canadien* 33, (Jul, 1987): 1677-1681.
- Sims, S. R. "Sir Wilfred Grenfell: An Athletic Missionary." *BMJ (Clinical Research Ed.)* 305, no. 6868 (Dec 19-26, 1992): 1527-1529.
- The College of Family Physicians of Canada. *CanMEDS - Family Medicine 2009*.