



President's message. *Alea iacta est**

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I hope my Latin teacher, already dead these many years, would forgive me for having had to look up the translation of this well-known Latin phrase that a colleague sent me after reading the last president's message.¹ Whether Caesar uttered these words as he crossed the Rubicon hardly matters now. What has endured is the encapsulation of a moment in a phrase. The thing about offered phrases that hang in the air, as this one does, is that one gets to take them as they come. This is my interpretation.

Family medicine is at a crossroads. Medical students were on the Hill again this year lobbying for increased diversity of the medical workforce, the Hill being that place where you go when you want to get a headline, but not necessarily the place to go when you want to provoke change. Nevertheless, their perspective is a welcome departure from the resignation that seems the norm in other quarters.

Although as outgoing president of the SRPC I might be forgiven for trumpeting the rural cause yet again in this, my last, column, I think that the struggle to be faced on the farther Rubicon shore is larger than rural medicine and concerns the very fabric of primary care. To the extent that family medicine decamps into specialty enclaves, the system as a whole will become more complex, more unwieldy and less responsive to the needs of society. This matters to rural communities, but it also matters to the city. The model of care that is the norm in functional rural centres is equally needed in our metropolitan areas, if only to restrain the unbridled growth of specialist and subspecialist disciplines. Not

until the specialist steps into the arena only to carry out a specialized task, and the general practitioner (GP) and his or her team does all the rest, will the spiralling costs of health care be brought under control.

I am reminded of lessons we should have learned by now. In much of Europe the obstetrics model includes midwives for low-risk patients and obstetricians poised to receive their referrals. The GP is nowhere to be seen. In Canada in the 1950s, it was the gold medallists from McGill who set themselves up in rural practice, while in the city the GPs grumbled about being forced out of hospitals by the specialists. They formed their own college to reclaim some turf. More than 50 years later, family medicine is again being squeezed out of the mainstream and its leaders have no plan to oppose the loss of the generalist.

At the time of this writing, it's mid-February and I am late in renewing my college membership. I have been a member since the mid-1980s, grandfathered in on the basis of a rotating internship and an exam that I vaguely remember sitting. I am even a fellow of the college, and as I sit here I think about the ways the college does, and, equally often, does not, live up to my expectations. I don't begrudge the \$1000, but, like Leonard Cohen, I wonder, "why not ask for more?"²

REFERENCES

1. Wootton J. President's message. The elephant in the room. *Can J Rural Med* 2012;17:8.
2. Cohen L. "Bird on the wire." *Songs from a room*. Nashville: Columbia; 1969.

*The die has been cast.

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