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Return of the family doctor

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Doctors like Reg Perkin treat people not diseases

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By RICH MURZIN
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Dr. Reg Perkin could use a tranquilizer.

The 50-year-old family practitioner leads a double life. His 60-hour weeks are divided between a practice at the Dixie Road Medical Associates building, Mississauga Hospital and teaching at the University of Toronto where he helped create a family medicine department.

Dr. Perkin joined Mississauga Hospital (then called South Peel) in 1958 as president of the medical staff. He served as chief of family practice there from 1967 to 1975.

In 1966, Dr. Perkin was named to a study on family practice at the university. The Faculty of Medicine was concerned with the decreasing number of medical graduates choosing family medicine.

"We decided the reason most medical students were going to specialties was because they never saw a family doctor," Dr. Perkin says. "All they got was teaching from the specialists."

Dr. Perkin, then a professor of medical ethics, was invited to teach family medicine. In 1969, the university asked him to chair a new department of family and community medicine.

Dr. Perkin views his own early training as adequate but incomplete compared to what his students are receiving.

"It was good training but the difficulty was I was only trained on hospital patients," he says. "I didn't get any training on what you'd call the walking wounded — people who are sick but not in hospital."

Students now benefit from direct contact with out-of-hospital patients in a two-year residency program organized by Dr. Perkin. Students train in places like Sioux Lookout, Thunder Bay and Sutton as well as in urban offices including Dr. Perkin's Dixie Road Medical Associates.

About half the University of Toronto's 250 medical graduates this year will enter family practice. Dr. Perkin credits the social upheaval of the 1960s for the healthy increase in the new specialty.

"In all that misery — the riots and drugs — there was a positive component," he says. "Those young people were really interested in other people and in social issues. I think family practice, where you really become part of a community and its problems, was very attractive to students with that kind of attitude."

University curriculum has responded to the doctor's new role as social monitor. Medical procedure training is augmented with lessons in family orientation, marriage break-up, unhealthy habit counselling and emotional illness counselling.

"Short of severe emotional problems, the family practitioner is probably in a better position to treat the person than a psychiatrist," Dr. Perkin says. "He knows the family and often that's 90 per cent of treating the person."

University training now circumvents some of the headaches of private practice through training in office management, records keeping and staff hiring.

But the biggest advance has been the advent of group practice, a method of operation about 20 years old. Doctors in group practice can lean on their partners for emotional and consultative support and the physicians can live near-normal lives by dividing their nights on call.

Fatigue, with its pitfalls of drug and alcohol abuse and marriage breakdown, is the doctor's worst enemy. With his 60-hour work weeks, Dr. Perkin isn't a sterling role model to his students but what he can't practise he does preach in his university lectures.

"The modern physician has to put the Hypocratic Oath in some kind of perspective that also allows his enjoyment of life as an individual, as husband or wife or friend," he says.

Despite those words, Dr. Perkin's only promise to himself on reaching 50 was to give up his emergency ward duties. That's not much of a concession considering his duties as president of the College of Family Physicians of Canada will send him on the road one week a month.

The administrative task will be performed against the backdrop of a brimming private practice. Dr. Perkin says his appointments for full physical examinations are backed up for six months. He draws his strength from the very thing which keeps him on the run.

"You keep your cool by being interested in people," he says, "by being interested in the person as a patient and not just a disease."