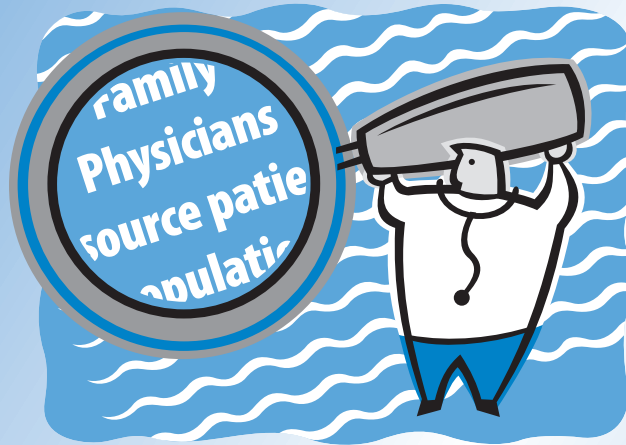




The College of  
Family Physicians  
of Canada

Le Collège des  
médecins de famille  
du Canada



# THE ROLE OF THE FAMILY DOCTOR In Public Health And Emergency Preparedness

A Discussion Paper

December 2005

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“The challenge we face today is extraordinarily complex; an unprecedented task of emergency preparedness and response...

Experience with SARS has taught many of us some vital lessons...

The first is the importance of working with the best information available, and sharing it effectively. Second is the importance of swift coordinated action – among different orders of government, health officials and first responders – guided by a detailed plan that everyone can work from... The more quickly we can report on the risks, the more quickly we can act, the better for all of us.”

- **Prime Minister Paul Martin**  
*Meeting of Ministers of Health on Global Pandemic Influenza Readiness<sup>1</sup>*

“Organizations such as ‘integrated health systems,’ with their orientation towards primary care, are now assuming responsibility for the care of populations, heretofore the defining characteristics of public health...”

“Countries oriented toward a strong primary care infrastructure achieve better health outcomes...mortality, morbidity...and preventive healthcare.”

- **Dr. Barbara Starfield**  
*American Journal of Public Health<sup>2</sup>*



## Public Health, Primary Care and Family Medicine

According to the Dictionary of Epidemiology, public health is described as: “The science and art of preventing disease, prolonging life and promoting health through the organized efforts of society.”

This discussion paper examines the role of family medicine and family doctors in public health, including the part played by family doctors in health promotion, disease prevention, chronic disease management and, in particular, in preparing for and managing public health emergencies. In Canada, family doctors are the main providers of primary *medical* care and in the event of a public health emergency, are therefore integral to the timely delivery of critical medical services

This paper looks at the value that family doctors can and do contribute to public health. It is about the benefits of managing the interface between primary care and public health.

But it is more than that. **It is also about being ready for public health emergencies of such national severity and global importance that they could threaten the delivery of all other health care and social services in Canada.**

What should be done to prepare? In this report, The College of Family Physicians of Canada (CFPC) outlines the issues that need to be addressed to ensure that: (i) Canadians will have the help they require if faced with another public health crisis, and; (ii) family doctors will be adequately prepared to meet their patients’ expectations during a public health emergency. There is no certainty about if or when such a crisis might occur. But we would be foolish not to prepare. Primary care/family medicine and public health must therefore work together to address the gaps in services that currently exist, gaps that could leave us unprepared to handle a public health emergency. The CFPC believes that better collaboration and cooperation between family doctors and those providing public health services will ensure the best possible outcomes under these extraordinary circumstances.

As part of this report, the results of the October 2005 Decima public poll commissioned by the CFPC and a poll of family doctors conducted by the CFPC are both being released. These surveys asked Canadians how important family doctors are to them during a public health emergency, e.g. a serious infectious disease outbreak or natural disaster, and how confident Canada’s family doctors are in the readiness of the health care system to support them in caring for their patients during such an emergency.

## Increasing Emphasis on Public Health

Over 200 years ago, disease prevention was achieved largely through quarantine with little understanding about how diseases were first contracted, then transmitted. During the 19<sup>th</sup> century, reducing incidences of disease was linked to improved hygiene and



sanitation. Strict isolation of disease-stricken patients was no longer viewed as the most humane or the only way of preventing and reducing the spread of disease. In fact, it was acknowledged that health care was no longer the burden of the individual but that all of society had a role in safeguarding the health of the public.

As society moved toward urbanization, governments implemented further measures to improve public health. Today, about 80 per cent of Canadians live in urban centres and coupled with faster modes of global travel, urban centres are particularly susceptible to the rapid spread of disease.

As public health evolves and gains more attention, Canadians are increasingly aware of issues related to illness or injury prevention and health promotion. Activities related to smoking cessation, healthy eating, weight control, physical activity and managing substance abuse are given greater attention in the media. Chronic disease prevention has taken on increasing importance with more focus on how to prevent and provide better care for such illnesses as diabetes, hypertension, asthma, strokes, and coronary artery disease. As expectations for management of these conditions has grown, more attention has also been paid to cost-effective and evidence-based care. All of this requires a public health system that includes medical and other health care leaders and providers working together in the community.

As the Canadian public becomes more attuned to public health issues, it should be acknowledged that family doctors have long been both leaders and providers of care in four key areas of public health:

- **Health Promotion:** Family doctors advocate for public health policies and provide advice and care for individuals and families aimed to improve their health and wellbeing. Family medicine and health promotion are both focused on caring for the whole person.
- **Disease and injury prevention:** Counseling and screening for acute and chronic diseases are integral to the role of family doctors. Disease and injury prevention are woven throughout the ongoing care provided for patients throughout their lives by their family doctors.
- **Chronic Disease Management:** Diagnosis, treatment and prevention of complications (secondary prevention) related to chronic diseases have always been a major part of the role of family doctors. With shifts of care from hospitals to home, the responsibilities of community-based health professionals, including and often led by family doctors, has been growing dramatically.
- **Health Surveillance:** As primary medical care providers, family doctors care for and report suspected or confirmed infectious diseases that threaten the health of their patients and the populations in which their patients reside. By identifying outbreaks through screening, diagnosis and reporting, family doctors play a major role in helping to reduce the severity of outbreaks.

Over the last few years, Canadians – and our governments and health care professionals – have been impacted significantly by a host of infections, such as West Nile Virus, toxic



*E. coli* in drinking water, institutional outbreaks of *clostridium difficile*, Legionnaire's Disease, and of course SARS (sudden acute respiratory syndrome) that have created major public health challenges. Now there are growing concerns about the potential for another great flu pandemic related to H5N1 (avian influenza) or other infectious or biological threats – diseases that could jeopardize the health of large populations.

In addition to the potential of disease outbreaks, recent natural disasters such as the tsunami in East Asia, the earthquake in Pakistan and India, the mudslides in Guatemala and Mexico, and Hurricane Katrina in New Orleans, have served to remind Canadians of the threat of natural disasters within our own borders – and the need to be prepared.

In an increasingly global environment, a wait-and-see approach is no longer acceptable. Canadians everywhere, whether in cities or in our rural or remote communities, expect a timely response to public health issues. The number of Canadians that could be affected by public health emergencies has grown exponentially; sophisticated medical and information technology have augmented the expectations of Canadians regarding the performance of our health care system; and, the challenges of maintaining and funding our health and social welfare systems have become increasingly complex.

In light of these concerns, Federal/Provincial/Territorial (FPT) governments have undertaken some significant initiatives related to public health:

- While the First Ministers' Accord of February 2003 was relatively devoid of reference to public health, their Agreement of September 2004, driven by post SARS public outcry and the Naylor Report, recognized the importance of public health. In their report, First Ministers expanded the support for public health to include health promotion, disease and injury prevention, and chronic disease prevention management.
- Dr. Carolyn Bennett was appointed Minister of State (Public Health) in December 2003. This was followed in 2004 by a number of significant organizational achievements in the public health system, including the establishment of the Public Health Agency of Canada and the appointment of Canada's first Chief Public Health Officer, Dr. David Butler-Jones, also a family doctor.
- Recognizing progress and the creation of the Public Health Agency, First Ministers in September 2004 also committed to the development of a *Public Health Network* that would coordinate responses to infectious disease outbreaks and other public health emergencies.
- In addition, First Ministers committed to accelerate work on a *Pan-Canadian Public Health Strategy* (later referred to as the *Canadian Healthy Living Strategy*) to address common risk factors such as physical inactivity and obesity. FPT governments are working across sectors in promoting initiatives such as Healthy Schools.
- FPT governments are putting the *National Immunization Strategy* into action. The *Canadian Immunization Committee* has been established to ensure these goals are achieved with appropriate stakeholder input.



- The federal budget (March 2005) committed \$34 million over five years toward pandemic influenza preparedness.
- In October 2005, FPT Health Ministers referred a list of recommended *Public Health Goals* (now *Canada's Health Goals*) to First Ministers. These goals were developed through a series of consultations led by federal Minister of State (Public Health), Dr. Carolyn Bennett, and Manitoba's Minister of Healthy Living, Ms. Theresa Oswald.

## The Roles of Family Doctors in Public Health

A poll recently commissioned by the CFPC found that 88 percent of Canadians believe having a family doctor allows them to feel confident in their ability to access appropriate and timely care in the health system.<sup>3</sup> In addition, when Canadians have a family doctor, they give the health system a much higher quality rating (Canadian Medical Association National Report Cards 2003 and 2005).<sup>4</sup>

For family doctors, incorporating public health into practice has always been important in diagnosing, treating and caring for their patients. Integral to their medical practices, family doctors counsel patients on the prevention of injuries and illness, assess the health status of their practice populations, and promote healthy living. And while more recent terms such as *chronic disease management* may not have been widely used in the past, preventing, diagnosing and treating mental health, diabetes, hypertension, arthritis, stroke, heart disease and other chronic diseases, have long constituted a significant portion of everyday family practice. Family doctors across Canada have also played key roles in disease surveillance and treatment during times of infectious outbreak, including promoting better health and screening for these diseases. The value of family doctors in our evolving public health system is potentially immense. But to date, it has not gained the attention or the support it deserves.

What family doctors do is core to the definition and objectives of public health. While public health focuses on prevention and treatment for populations and the broader community, family medicine focuses on the health and wellbeing of the individuals and families that make up these populations and communities. The practices of family doctors in managing and treating individuals is inextricably linked to the goals that must be achieved by our public health system.

In addition to providing acute and continuing care for each of their patients, family doctors also contribute to public health care by:

- Acting as advisors in developing public health programs
- Delivering public health programs as a resource to a patient population
- Participating in screening and prevention programs
- Applying population-based indicators to their practice populations
- Implementing patient counselling programs for special public health needs
- Supporting patient participation and self-help in public health education, e.g. healthful eating and physical activity





- Working with public health nurses in family practice settings, complementing one another in delivering health services
- Collaborating with public health officials in disease outbreaks and follow-up research initiatives

In its November 2004 policy paper, *Family Medicine in Canada – Vision for the Future*, the CFPC emphasized that an effective public health system must recognize and support an enhanced role for family doctors, requiring at least the following<sup>5</sup>:

- Governments, medical schools, and professional colleges to ensure that family physicians have the opportunity to acquire the knowledge and skills they need to deal with public health issues and crises
- Public health officials, hospitals, and regional health authorities to work collaboratively with family physicians in managing and effectively containing population-based outbreaks
- Appropriate and timely communications supported by up-to-date information and communication networks linking public health authorities and offices with family doctors in our communities across Canada
- Supplies, distribution systems, and other supports for office practices
- Support to carry out disease surveillance and ongoing research related to community-based public health issues

In addition to the above the CFPC also recommends:

- The health care system should augment the roles for and recognition of family doctors working together with other health care professionals in disease prevention and surveillance, health promotion, chronic disease screening and prevention and other aspects of importance to public health.
- Governments, medical schools and professional organizations should support undergraduate and postgraduate education, training, and continuing medical education / professional development for family doctors in areas related to their roles in public health.
- The CFPC should collaborate with the Public Health Agency of Canada (PHAC) and the Canadian Public Health Association (CPHA) to examine the roles of family doctors in public health. Consideration should be given to the creation of a joint task force building on the objectives of the PHAC's Centres for Chronic Disease Prevention and Control, Infectious Disease Prevention and Control, and Surveillance Coordination.



## Family Doctors and Public Health Emergencies

In the event of a public health emergency, Canadians must be assured that they will be able to access health care professionals, including family doctors. Assurance that Canada is prepared to handle public health emergencies will only come with the knowledge that public health is appropriately integrated with family medicine.

Throughout public health crises such as the E. coli infections in Walkerton and the SARS outbreak in Toronto, family doctors and other primary health care professionals were on the front lines caring for patients. Historically, during public health emergencies, family doctors are often the first to be called upon to provide and coordinate medical care and to help limit the impact of communicable diseases and outbreaks in their practice populations.

An important barrier to integration and delivery of needed public health services is the shortage of family doctors and other health professionals. For Canadians, concerns about shortages are not just about access to one's own family doctor – they are also about a health care system that is strained beyond its capacity – even during times where the demands are not out of the ordinary. In times of crisis the shortage of front-line providers, including family doctors, will significantly compromise the ability of the system to respond. Hopefully, recent critical public health experiences will help motivate our system planners to support increases in the numbers of family doctors and introduction of better supports for the collaborative role of family doctors as part of the public health system.

“I am already working at maximum potential day-to-day. I have no idea how I or my office could handle the additional load of a major influenza outbreak.”

- **Family Physician Poll Respondent**

In Canada it is estimated that over 80% of the population or over 25 million people have family doctors to whom they turn first for most of their medical care. Being the first line care provider for these patients places family doctors in a central and critically important position in community health care. But family doctors are often frustrated in their roles and responsibilities because of inadequate connectivity to other parts of the system and insufficient supports in the delivery of care. The question of public health system integration and collaboration should be addressed by supporting family doctors who act as leaders and key resources to their peers and other primary care providers in preparing for and implementing emergency responses.

In order to improve the links between public health and primary medical care/family medicine:

- It is imperative that governments and health leaders work towards breaking down the silos of primary care and public health to ensure adequate, coordinated



- emergency responses in which family doctors and other health professionals have the confidence and ability to handle public health emergencies.
- Public health officials, hospitals and other health authorities should collaborate with family doctors in developing supportive local communications networks in primary and other care levels to manage population-based public health emergencies.
  - Community family practices must be provided with the resources, including funding, support staff, information and materials needed to support the roles of family doctors and other primary care providers responding to community public health crises and emergencies.

There are many lessons learned from a variety of public health emergencies in recent months and years. One of the most important came from the international responses to the tsunami in East Asia. While numerous efforts were made to provide the resources required by such a large number of deprived people, there were many challenges. The best intentions – demonstrated by the international outpouring of aid to victims of the tsunami – were hampered not by a lack of aid, but by poor planning and coordination.

Even though much of the planning for public health emergencies currently happens within public health, primary care providers, including family doctors, should be engaged in the planning process. The degree of cooperation between public health and family doctors in the development of an emergency plan will be a key determinant for its success when Canadians are faced with a real public health emergency.

### **What do Canadians Say About Family Doctors in Public Health Emergencies?**

In October 2005, a Decima poll commissioned by the CFPC surveyed the Canadian public (see Appendix A for complete polling data). Canadians were polled on the level of importance they attached to emergency planning, the roles of their family doctors in working with public health, and their confidence in the readiness of the health care system to deal with a national or regional public health emergency.

The Decima poll clearly indicates that Canadians expect their family doctors to be working with public health officials, specifically during a public health emergency. An overwhelming majority (86%) said it's important at a time of serious medical emergency – such as a widespread influenza outbreak or natural disaster – that they are able to turn to their family doctor for information and advice. Almost every Canadian polled (96%) said it's important that family doctors have access to the information, equipment, supplies, and other supports they would need in the event of a public health emergency. And nearly every Canadian polled (93%) also agreed that primary care professionals must be involved in the development of emergency plans for Canada because they are sure to be on the frontlines in the event of a public health emergency. Results indicate that a majority of Canadians value the integral roles that family doctors play in the delivery of care related to public health. Of great importance however, 84% of Canadians



believe the shortage of family doctors could impact the ability of the health care system to respond to the medical needs of Canadians during an emergency or natural disaster.

In addition:

- 68% of Canadians believe it is likely that a city or region in Canada could face a serious medical emergency or a natural disaster in the next three years.
- 62% of Canadians do not believe governments are doing enough to ensure the health care system is prepared to respond to an emergency or natural disaster.

### **What do Family Doctors Say About Resources Needed During Public Health Emergencies?**

An excellent barometer of Canada's emergency preparedness can be found in how confident our family doctors feel about the system's ability to help them carry out their roles in emergency situations, such as an influenza pandemic or natural disaster.

In October 2005, the CFPC polled family doctors about how well prepared they and their practice environments are to deal with public health emergencies. (see Appendix B for complete polling data). The results reveal that 71% of family doctors do not feel sufficiently ready in their practices to handle a public health emergency such as a pandemic influenza outbreak or a natural disaster. Two-thirds (65%) of family doctors are also not confident that in the case of a regional or national emergency, e.g. flu outbreak or natural disaster, they will be able to get the information, equipment, supplies, and personnel needed to provide the level of care their patients need.

“The infrastructure of hospitals and emergency departments is completely inadequate for dealing with a pandemic. The system has no surge capacity, so even if I personally was [sic] well supplied, I would not have the system backup required.”

**- Family Physician Poll Respondent**

If they had the information, equipment, supplies and personnel needed to help their patients, half of the family doctors polled said they would feel sufficiently supported to care for their patients during a pandemic flu outbreak or a natural disaster. It is noteworthy that 31% still said that they didn't know whether the aforementioned materials would necessarily be enough to support them to care for their patients. These results suggest that many family doctors feel that the necessary resources will not likely be there when they need them. For those who experienced the uncertainty and absence of support during the SARS outbreak, this lack of confidence in the system is not hard to understand.

In addition:

- 85% of family doctors believe the shortage of family doctors will impact the ability of the health care system to respond to the medical needs of Canadians



- during a public health emergency. (Consistent with 84% of the public sharing this same concern)
- 53% of family doctors do not think all levels of government are working well together to ensure the health care system is prepared to respond to a public health emergency.

## Recommendations

In its paper *Family Medicine in Canada – Vision for the Future* (November 2004) the CFPC made several recommendations related to the interaction and involvement of family doctors in public health<sup>6</sup>. These are:

1. *Family physicians should be recognized and provided with the education and practice support needed to enable them to be an integral part of Canada's public health system.*
2. *Governments, public health systems, medical schools, and professional colleges should support undergraduate and postgraduate education, training, and CME/CPD for family physicians in areas related to their potential public health roles.*
3. *Public health officials and hospitals should communicate and collaborate with family physicians to manage population-based public health crises and emergencies.*
4. *Community family practices must be provided with the resources, including funding, support staff, information and materials (supplies), needed to carry out their role in community public health crises and emergencies.*
5. *Electronic records to aid surveillance, monitoring, reporting, research, and quality control should be developed and implemented to link networks of community-based family physicians to public health officials.*

In addition to the above, The College of Family Physicians of Canada recommends the following to support the involvement of family doctors working with public health and to ensure the most appropriate responses during a public health emergency:

1. Family doctors should be valued and recognized by all governments, health authorities and primary / public health providers for their roles in public health from disease prevention to health promotion, chronic disease management and providing care during public health emergencies.
2. As governments, health authorities and other jurisdictions plan for public health emergencies, family doctors should be:
  - (a) Educated in the science and clinical aspects of potential public health emergencies, e.g. infection control during an influenza pandemic. In turn, family doctors will be better informed to educate their patients and members of the public within their communities of practice.



- (b) Engaged in planning and implementing the response of the health care system to public health emergencies, both locally and regionally.
  - (c) Assured of access to the required resources to support the care of their patients during a public health emergency, including:
    - i. Communications (information management) from government and health authorities;
    - ii. A hotline number to access information and obtain supplies as required;
    - iii. Supplies such as masks and hand cleansers;
    - iv. Regularly updated procedures and protocols that are valid, applicable, consistent and clear.
3. The health system should support adequate and sustained levels of integration and collaboration between public health and primary care, including the sharing of skills and knowledge between family doctors, other primary care providers and community medicine specialists.
4. All governments and medical schools should continue to ensure the education and training of sufficient numbers of family doctors to address both the primary care and public health needs of Canadians. Every Canadian should be given the opportunity to turn to his/her own family doctor as appropriate for the care expected during a public health emergency.
5. All governments and health officials should work towards developing improved tracking mechanisms that will help family doctors and other primary care providers in determining the relative severity, intensity, location and subsequent developments of public health emergencies. Building on its successful leadership in a national primary care surveillance system, i.e. the *FluWatch* Program, the CFPC welcomes opportunities to collaborate in the development of other public health initiatives, including those being established through the *Public Health Network*.
6. The CFPC should work with the PHAC and the CPHA to examine the roles of primary care providers, especially family doctors, in responding to public health emergencies and integrating their roles into existing emergency plans. The creation of a task force supported by the PHAC's Centre for Emergency Preparedness should be considered.
7. As appropriate, the CFPC and its provincial Chapters should prepare the necessary tools, resources and information to assist family doctors in responding to a public health emergency such as a pandemic outbreak.
8. The CFPC should support effective and knowledgeable family doctor leaders in creating networks of care between local community practices to ensure communications and resources are provided as appropriate to the expectations of local primary care practitioners.



9. The CFPC should continue to advocate on behalf of all family doctors in speaking with governments, health authorities and Canadians to ensure the appropriate involvement of family doctors in public health planning and implementation, including health system responses during public health emergencies.



## Endnotes

1. Government of Canada. *Address by Prime Minister Paul Martin at the Meeting of Ministers of Health on Global Pandemic Influenza Readiness*. October 2005.
2. Dr. Barbara Starfield. "Public Health and Primary Care: A Framework for Proposed Linkages" *American Journal of Public Health*. Vol. 86 No. 10, p. 1365 October 1996.
3. College of Family Physicians of Canada. *Wait Times and Access to Care Decima Poll* Commissioned by the CFPC, November 2004
4. Canadian Medical Association. *3<sup>rd</sup> Annual National Report Card on Health Care*, p. 1 August 2003 and *5<sup>th</sup> Annual National Report Card on Health Care*, p. 4 August 2005.
5. College of Family Physicians of Canada. *Family Medicine in Canada: Vision for the Future* p. 16, November 2004.
6. Ibid, 37-38





## Appendix A – Survey of Canadians

1. Do you, yourself, have a family doctor?
  - a. Yes 85%
  - b. No 15%
  
2. What do you believe the likelihood is that a city or region in Canada could face a serious medical emergency, like a widespread flu outbreak, or a natural disaster, such as a flood or earthquake, in the next three years?
  - a. Very likely 23%
  - b. Somewhat likely 45%
  - c. Not very likely 21%
  - d. Not likely at all 9%
  
3. To what degree do you believe the shortage of family physicians could impact the ability of the health-care system to respond to the medical needs of Canadians during an emergency, such as a widespread flu outbreak or a natural disaster?
  - a. Seriously impact 47%
  - b. Somewhat of an impact 36%
  - c. Not much impact 11%
  - d. No impact at all 3%
  
4. Based on your understanding of the situation, is it your perception that the various levels of government are doing enough to ensure the healthcare system is prepared to respond to an emergency, such as a widespread flu outbreak or natural disaster?
  - a. Yes 31%
  - b. No 62%
  
5. In a time of emergency, such as during a widespread flu outbreak or natural disaster, how important is it that you are able to turn to your family doctor's office for information and advice?
  - a. Very important 59%
  - b. Somewhat important 26%
  - c. Not very important 10%
  - d. Not important at all 3%
  
6. How important is it to you that family doctors in Canada have the ability to get the information, equipment, supplies, and other supports, they would need in case of a public health emergency?
  - a. Very important 82%
  - b. Somewhat important 14%
  - c. Not very important 2%
  - d. Not important at all 1%



7. Primary care professionals, including family doctors and nurses, should be closely involved in the development of emergency plans for Canada because they are sure to be on the frontlines if a public health emergency were to happen.
- |                               |     |
|-------------------------------|-----|
| a. Strongly agree             | 67% |
| b. Somewhat agree             | 26% |
| c. Neither agree nor disagree | 3%  |
| d. Somewhat disagree          | 2%  |
| e. Strongly disagree          | 1%  |

*The survey of Canadians was conducted by Decima Research between October 13<sup>th</sup> and 24<sup>th</sup> of 2005. The research is considered accurate +/- 2.2%, 19 times out of 20.*



## Appendix B – Survey on Family Doctor Confidence in the Public Health System

1. To what degree do you feel equipped in your practice today to handle a health emergency, such as a pandemic flu outbreak or a natural disaster?
  - a. Very equipped 1%
  - b. Somewhat equipped 19%
  - c. Not very equipped 42%
  - d. Not equipped at all 29%
  
2. As a family doctor, what level of confidence do you have that in the case of a regional or national emergency (e.g. outbreak or natural disaster), you will be able to get the information, equipment, supplies, and personnel you need to provide the level of care to your patients that they deserve?
  - a. Very confident 2%
  - b. Somewhat confident 24%
  - c. Not very confident 40%
  - d. Not confident at all 25%
  
3. As a family doctor faced with a pandemic flu outbreak or a natural disaster, if you had the information, equipment, supplies, and personnel needed to help your patients, would you feel sufficiently supported to care for your patients?
  - a. Yes 50%
  - b. No 11%
  - c. Don't know 31%
  
4. To what degree do you believe the shortage of family physicians could impact the ability of the health-care system to respond to the medical needs of Canadians during an emergency, such as a pandemic flu outbreak or a natural disaster?
  - a. Seriously impact 56%
  - b. Somewhat impact 29%
  - c. Not much impact 5%
  - d. No impact at all 1%
  
5. How satisfied are you that all levels of government are working well together to ensure the health-care system is prepared to respond to an emergency, such as a pandemic flu or natural disaster?
  - a. Very satisfied 4%
  - b. Somewhat satisfied 25%
  - c. Somewhat dissatisfied 32%
  - d. Very dissatisfied 21%
  - e. Don't know 10%

*The survey of Family Physicians was conducted by the CFPC between October 17<sup>th</sup> and 31<sup>st</sup> of 2005. The research is considered accurate +/- 3.7%, 19 times out of 20.*



## Contacts

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**The College of Family Physicians of Canada (CFPC) strives to improve the health of Canadians by:**

- **Ensuring the highest standards of training, certification, and maintenance of proficiency for family physicians;**
- **Educating and informing the public about healthful living;**
- **Supporting research and disseminating knowledge; and**
- **Championing the rights of every Canadian to high-quality health care.**

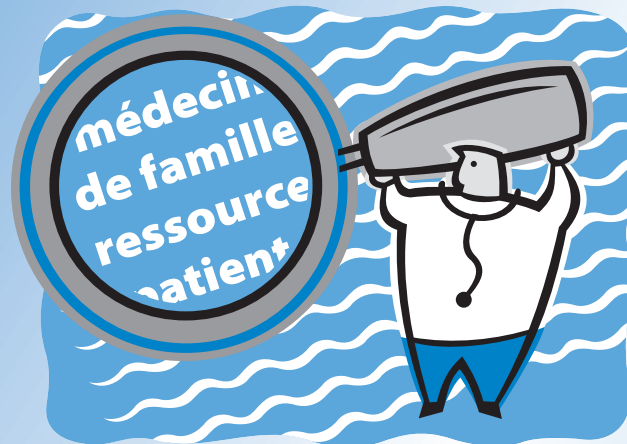
**Representing 17,000 family doctors across the country, the CFPC is the collective voice of family medicine in Canada. Its members are committed to the Four Principles of Family Medicine:**

- **The patient-doctor relationship is central to all we do.**
- **Family physicians must be skilled clinicians.**
- **Family physicians should be a resource to a patient population.**
- **Family medicine is a community-based discipline.**



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du Canada



# LE RÔLE DU MÉDECIN DE FAMILLE en santé publique et capacité d'intervention en cas d'urgence

Document de réflexion

Décembre 2005

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médecins de famille  
du Canada

**Le Collège des Médecins de Famille du Canada (CMFC) s'efforce d'améliorer la santé des Canadiens en:**

- **Assurant les normes les plus élevées de formation, de certification et de maintien de la compétence pour les médecins de famille;**
- **Informant et en éduquant la population aux habitudes de vie saines;**
- **Soutenant la recherche, en diffusant les connaissances, et**
- **Protégeant les droits des Canadiens pour un accès à des soins de santé d'une grande qualité.**

**Le CMFC, qui représente 17,000 médecins de famille répartis aux quatre coins du pays, est la voix collective de la médecine familiale au Canada. Ses membres endossent les quatre principes de la médecine familiale:**

- **La relation médecin-patient est l'essence de tout ce que nous faisons.**
- **Le médecin de famille doit être un clinicien compétent.**
- **Le médecin de famille devrait être une ressource pour une population de patients.**
- **La médecine familiale est une discipline communautaire.**