

FP shortage makes for creative patients in Nova Scotia

Donalee Moulton

Dr. Maria Alexiadis finally had a few free minutes, so she ducked out to grab some lunch. When she returned to her office in Bedford, NS, 30 minutes later, she was greeted by the sweet smell of a dozen red roses.

They were a gift from a former patient, a woman desperate to return to the fold. Unfortunately, as the receptionist had explained that morning, Alexiadis wasn't taking any new patients. But the former patient wasn't giving up. The card she sent with the flowers read: "Do you remember me? Please, could you take me on as your patient again?"

Then there was the lawyer who called asking to become a new patient. When told No, the lawyer prepared a brief outlining why she should be treated as an exception. The brief — and the roses — worked. "It's a bright spot in the day," notes Alexiadis. "Unfortunately, you can't say yes to everyone."

That message is becoming common throughout Nova Scotia. On an average day the Bedford clinic, which has 3 full-time physicians, receives 10 calls from people searching for a family doctor. "People come in off the street and stand there waiting to be seen," says Alexiadis, whose own patients now wait 3 weeks for an appointment. "The stories are getting less amusing."

"There's a point where you feel very guilty. You feel like you're not fulfilling your mandate as a physician. At the same time you're pulled in the other direction."

Those pressures — and the mixed emotions — seem to go hand in hand with being a physician in Nova Scotia today. "All of us get [these] calls," says

Dr. Louise Cloutier, president-elect of the Medical Society of Nova Scotia. "Doctors are becoming like trading cards — one family wants to replace another family that is leaving."

Even though the shortage of family physicians is being felt acutely, no one knows for sure how many general practitioners are practising full time in the province or how many are needed to provide optimal service. For that matter, what constitutes optimal service?

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Dr. Bruce Phillips doesn't have those answers, but he knows what happens to people who don't have a family doctor: they head for the nearest ER. And now they are being joined by patients whose FPs can't see them in less than 2 weeks.

Phillips says the resulting problems — clogged ERs and little continuity of care — are well known, but there's little that doctors can do. Phillips himself has 3000 patient files, most of which are active. When he relocated to Truro, about an hour's drive from Halifax, about 5 years ago, he arrived shortly after 5 family doctors had left. "We've never really gotten over that," he says. In essence, he has taken over for 2 FPs who had been in practice for more than 20 years.

Alexiadis points out that while medical schools have cut back on the number of family physicians they are pro-

ducing, the responsibilities placed on these doctors have increased. "I'm the first place [to come] for advice. Sometimes I feel I'm in the role of a priest [because] I hear confessions. My job is not just medicine."

She also does more patient education, particularly with patients who surf the Internet. "This is not a job where you can go home at 5 o'clock. And when you do go home, the paperwork goes with you."

"A resource plan is required not to determine numbers but to determine the needs of the population," says Cloutier. In the meantime, the medical society is working to attract more doctors to Nova Scotia by making it more attractive to work here. A few months ago the society announced the country's first maternity leave

program for physicians. Doctors who've been here for at least 24 months are eligible. They are also eligible for a parental leave program that provides benefits to physicians who are adopting a child and for those wishing to go on paternity leave.

"In terms of recruitment, it will take 2 years before we can benefit [from this program]," says Cloutier. "But it may be a factor in retention now."

Alexiadis says the province needs guidelines about what primary care practice is and the problems it can solve. "Throwing money at the problem is not the solution. This requires innovative thinking, and primary care physicians need to take a leadership role. Patients also have a role. They need to know what's going on."

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