

McWhinney's gift: academic family medicine

Dr. Ian R. McWhinney was catalyst and witness to a half century of change that saw family medicine become fully professionalized as its own academic discipline. He died on Sept. 28, 2012.

Born in the United Kingdom in 1926 and trained at Cambridge and St. Bartholomew's Hospital (MB 1949), McWhinney completed military service and joined his father's general practice in Stratford-upon-Avon. His MD came later for a thesis on tuberculosis (Cambridge, 1959). Yet, the young doctor had already published in *Lancet* and *New England Journal of Medicine* arguing for more general practice training and defending the National Health Service. For McWhinney, the general practitioner (GP) was best placed to detect early signs of disease; his book on that topic appeared in 1964.¹ That same year, the vocal, small-town doctor accepted an Oxford University Nuffield fellowship to travel the United States, with Harvard as a home base. His experience in the US resulted in articles contrasting health care in the two countries and an even more refined vision for family medicine's future as an academic discipline.

Meanwhile, GPs in Canada had been organizing against perceived insults and incursions by specialists. Following the lead of counterparts in the US (1947) and the UK (1952), the Canadian College of General Practice (CCGP) was formed in 1954. Members hoped to certify their own trainees, and they countered charges of incompetence through workshops for continuing education. Citing a need for more generalists, the Canadian government sponsored GP training in Calgary, Alberta and London, Ontario. By 1960, 33 hospitals offered general practice internships. In 1963, the *Federation des médecins omnipraticiens de Québec* was formed. The following year, the world's first international conference of general practice was held in Montréal, Quebec. By 1972, this recurring event became the prominent World Organiza-



Canadian Medical Hall of Fame

tion of National Colleges, Academies (WONCA), and Academic Associations of General Practitioners/Family Physicians. It all began in Canada.

Soon a vigorous, political campaign coinciding with the beginnings of Medicare replaced the vague word "general" with the more descriptive "family."

With the advent of Canadian family practice residencies in 1966, academic centres needed local professors of the discipline. When McMaster medical school opened in 1967 (still without students), its first department was family medicine. But the University of Western Ontario also claims priority: in 1968, seeking a chair for its new family medicine department, it lured the erudite, fearless and already famous GP from Stratford-upon-Avon: McWhinney. Arguably, these two departments were the world's first academic units for family medicine. By 1979, all Canadian medical schools could boast a department of family medicine.

For more than two decades, McWhinney served Western, leaving his chair in 1987 to head a palliative care unit also in London. He published a textbook of family medicine (now in its third edition) and coauthored a book on patient-centred practice.^{2,3} He conducted research on family medicine in medical education on health care deliv-

ery and prevalent conditions, such as hypertension, headache, thyroid disease and terminal illness. This lover of history, ideas and Shakespeare was prescient; long before the terms became trendy, he wrote of narrative, uncertainty, suffering, evidence and illness behaviours. His fame outside Canada was greater, perhaps, than we realized: at a 1998 history conference in Mexico, I was astonished to hear a paper touting his international impact. Yet, he was always humble, gentle and kind.

Analysis of McWhinney's publications indicates a modest average of two peer-reviewed articles per year, with a peak of seven in 1986.⁴ More telling is the annual citation pattern of his work that continues to rise steadily, peaking (so far) in 2011 with nearly 150 citations.

Parallel with (or because of) McWhinney's quiet example, Canadian family practitioners not only took their place in all levels of medical training, they sparked a global movement for continuing education. This notion now pervades specialty medicine too. Most Royal College fellows dutifully charting their continuing professional development hours have no idea that the noble concept originated with GPs in their own country.

Predeceased by his wife Betty and mourned by two daughters, three grandchildren and many admiring colleagues, McWhinney championed the value and dignity of primary care. His contributions brought honorary degrees, inclusion in the Canadian Medical Hall of Fame and the Order of Canada. But his legacy is nothing less than the academic vitality of both family medicine and continuing education writ large.

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For references, see Appendix 1, available at www.cmaj.ca/lookup/suppl/doi:10.1503/cmaj.122075/-/DC1

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