

Being a generalist is not for the faint of heart

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But there are reasons why being a doctor who 'does everything' has its benefits



Dr. Sarah Giles

The decline of generalism—family doctors with full scope of practice, including general internal medicine, general pediatrics and general surgery—has been bemoaned by many, especially in communities seeking to replace doctors who “used to do everything.” If there’s such an urgent need for generalists and a supposed plethora of jobs, why aren’t doctors taking up the challenge?

The answer lies in the amount of responsibility generalists have, the volume of knowledge they are supposed to possess, and the litigation-happy patients who may be deterring doctors from educating themselves in the breadth of practice. As a generalist, almost everybody is your potential patient. Imagine being the only general internist for a moderate-sized town of, say, 15,000 people, and being on call every night of the week. Even if one or two of your ER and hospital colleagues are consult-happy, it’s enough to negatively impact your quality of life. Could you do it for a while? Absolutely. For your entire career? Absolutely not.

Generalists need to know a little bit about everything, recognize danger signs, and understand that they will probably never be outstanding in all areas of their practice. They may become comfortable with watchful waiting (“Please see me for followup in X days or earlier if you experience x, y or z, or become very concerned”), but patients are often resistant to this approach and feel they need a definitive diagnosis in order to feel reassured. Despite consults with specialists, sometimes there isn’t an easy, or even a difficult, answer to be found.

Can we blame family doctors for doing additional training in emergency medicine, sports medicine, palliative care or care of the elderly so they can narrow the focus of their practice and feel more confident in the difficult decisions they are forced to make? Obviously, the challenge of providing a host of services can be competently met by a few talented MDs, but maybe the pipe dream of generalism is no longer realistic given patient expectations.

The upside

So, in a profession where getting it wrong can lead to bad patient outcomes and where even delaying diagnosis can lead to a lawsuit, why be a generalist? The incentive can be found in the challenge of working in an environment where patients don’t come in with labels, and where you often get to handle a patient’s problem from start to finish.

As a resident, I found the consult letters from family doctors to specialists very interesting. The great family doctors had worked up their patients and narrowed down the differential, which always seemed like the most interesting part of medicine. I can't imagine letting someone else do the initial detective work, and labeling my patient with a potential diagnosis. The beauty of generalism is that it is rarely dull; teasing out the worried well from the subtly sick can be fascinating.

Generalists can see a life-threatening rash one moment and a stroke the next. Their practice is not limited to one organ system and this leads to a variety of work that likely staves off both boredom and burnout.

I often use the simile that a generalist, like myself, is akin to the quarterback in a football game: we catch the snap and decide what we are going to do with the ball, throwing it to the specialist when required, but also running with the ball ourselves when the opportunity presents itself. Rural and remote generalists have to run with the ball more often. Sure, this means we risk being sacked by the other team's defence, but it also means we get the thrill of running with the ball and scoring the unexpected touchdown.

The verdict? Being a generalist is not for the faint of heart. It's often hard work where answers can't always be found. But it's also varied, exciting, and the only job I want.

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