Do Doctors Treat Communities, Too?

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"The doctor will see you now." This is what patients hear when they go to visit their healthcare provider. During this visit, the doctor may perform several examinations, order investigations, listen to the patient's narrative, write a prescription, provide patient teaching, follow-up with the patient, and so forth. Hopefully, by the end of the encounter the patient has received the care and guidance they need to feel better.

Utilizing their medical skills and knowledge to promote health and prevent illness is undoubtedly a major role for physicians. When physicians interact with patients, the clinical process may seem clear. A patient presents with an illness, a diagnosis is made, and a treatment plan is initiated. However, how does this apply to communities? Is it the same process?

A community can be defined as a group of people who share a common living space, certain interests, resources, and/or needs.

In this context, a community does not need to be restricted to a neighbourhood. In fact, communities can arise in and intersect between a variety of contexts including workplaces, schools, cultural centres, and groups of individuals. Therefore, when considering *whom* the physician is working with in a community, one must recall that communities do not need to have defined locations. For example, a group of single-parent mothers can be considered a community.

Physicians working closely with communities can be found in areas such as public health, medical clinics, community centres, and more. By understanding the role of physicians in the community, one can come to appreciate the influence of these interactions on the health of our patients. In a community context, physicians can still effectively listen to narratives, perform examinations, and prescribe treatments, but the methods and processes by which these activities are done may vary.[1] For example, consider the physician who is working with a school plagued by poverty. The children are tired and their health suffers because their parents cannot afford to pack healthy lunches, nor do they eat breakfast at home. What can a physician do? The first step should be to identify the issue. This can be done by listening to the children describe their problem and by observing the effects of the problem on the children (ex. fatigue, poor concentration, poor developmental growth, etc.). The next step should be to consider how one approaches or solves the problem, such as considering what needs to change so that the children can have healthy food to eat. The physician must use his or her knowledge, skills, and any available resources to create a care plan, the "prescription," that will be effective. Just like writing a prescription for a blood pressure pill or a new pain medication, the community physician in this case may consider "writing" a prescription that informs parents on food banks they can access for assistance. Alternatively, perhaps the physician will decide to provide free workshops to the parents on how to purchase and prepare healthy foods on a budget, in the process helping parents understand the importance of doing so. This is, in essence, equivalent to providing individual patient teaching and counselling on the treatment regime. Next, the physician ought to follow-up and monitor the progress of the community. Did the intervention work? Have the children eaten breakfast before coming to school and do they have healthy lunches? This is akin to monitoring the blood pressure status of a patient who has been prescribed a new pill, or tracking the blood test results of a patient who began taking iron supplements for iron-deficiency anemia.

Working with communities can have its own challenges. With a large population, it can be difficult to define priorities. The community may have a multitude of concerns, and determining what the physician will first work on can be overwhelming. Moreover, a lack of apparent resources complicates this process and makes it difficult for physicians to implement certain interventions. How does the physician overcome these obstacles? The answer seems to be that the encounter, similar to what occurs with individual patients, is to use what is available. When working with patients, physicians draw on their individual strengths and direct patients to resources that may be of assistance to them. The same ought to occur when working with communities. The astute physician will empower communities to identify the resources they have and to make use of them. Communities should be reminded that they are partners with the physician and that together they can work towards better health outcomes.[2] This provides the community with a sense of strength and unity. Furthermore, physicians can and should promote capacity building amongst the community. This is a process whereby communities are encouraged to continuously identify their needs and make plans to address them as a group. This strengthens relationships between members, but also provides communities with opportunities to make partnerships with other organizations, healthcare teams,

and so forth. Thus, it is clear that the work of a physician with a community is a circular, collaborative process.[3]

Examples of physicians working in the community are numerous. Consider the role of public health physicians, who monitor infections, outbreaks, diseases, and responses to treatment. These physicians look at communities as a whole and aim to prevent health crises from occurring. One should also consider family physicians who may see patients with a host of concurrent medical issues. Of course, these patients cannot be treated without first understanding the contexts in which they live: their communities. By exploring the community context, understanding the risk factors inherent in the neighbourhood, and highlighting the strengths of the community, the physician can better help the patient and the community. For example, through open communication and discussion, a physician may realize that a certain community lacks adequate housing, and that this predisposes the citizens to respiratory infections. By knowing this, the physician can treat a patient presenting with a respiratory illness correctly, but can also take this further and advocate for change in the community. Therefore, the interaction of the physician with the community has the potential to impact not only the health of individual patients, but also of communities.

Winston Churchill once said, “Healthy citizens are the greatest asset a country can have.” This can only occur when physicians begin to treat communities, not just individual patients. Working with communities can be extremely rewarding for physicians as it not only allows physicians to make a difference, but it also creates special partnerships and therapeutic relationships.[4] For communities, benefits include having their concerns addressed, receiving support and guidance, and feeling that they are not alone. Communities also benefit by becoming empowered to change their lives and to promote their own health, just like what occurs during a physician-patient encounter.

“The doctor will see you now.” This is what communities ought to hear when they require assistance, empowerment, intervention, and guidance. These physician-community encounters are what define community health promotion.

References

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