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"I GET TO KNOW THEM AS A WHOLE PERSON": FAMILY PHYSICIAN STORIES OF PROXIMITY TO PATIENTS EXPERIENCING SOCIAL INEQUITY

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Canadians' health outcomes are inextricably tied to social inequities. While family medicine is aptly situated to provide care that addresses social factors through longitudinal knowledge of patients and their contexts, family physicians have come under increased pressure to do more for their patients with less time and resources due to financial and resource demands within primary care.

Nursing scholar Ruth Malone has argued that remaining proximal, or close to patients, is a form of resistance to these demands. Using a critical narrative methodology, we conducted 36 interviews with 20 family physicians working with persons experiencing health needs related to social inequity in Ontario, Canada, whose stories expressed and expanded upon Malone's proximity. Notions of proximity were invoked through descriptions of the role of family physicians in: i) generating physical proximity based on the patients' needs for more time, space, and care; ii) developing narrative proximity through storytelling over time, both between colleagues and patient communities; and iii) engaging in moral proximity, or recognizing the vulnerabilities of their patients, by going "above and beyond" in their care and advocacy roles inspired by the needs of their patients.

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The findings add theoretical depth to proximity, extending this conceptualization into a new clinical context. These stories also complement current health services and health policy research that advocates for collaborative primary care approaches, as elements of these approaches are conducive to establishing proximity with patients who need care the most. ■