

## Correspondance

## Words of truth

Who is this writer called Dr. Ursus? I have been stopped in my tracks by the “Query” essays now appearing in *CMAJ*'s prime location (the last page, which is, of course, the first page) and am compelled to read in entirety his words of truth.

The “stupid family doctor” essay<sup>1</sup> of early February is now on the list of mandatory reading for final-year family medicine residents rotating through our clinic. This cogent one-pager restores some of the self-esteem and confidence bleached out of family physicians by tertiary care institutions. And his more recent remarks about applying evidence-based medicine to day-to-day general practice<sup>2</sup> remind us that real patients have agendas of their own, most often quite different from the physician's. One must first acknowledge and respond to the patient's needs — otherwise, unrecognized, they are pretty well guaranteed to hijack the best intentions of the evidence-based practitioner.

Let us hear more from Dr. Ursus.

## Bob Heyes

Family Doctor (and proud of it)  
Haliburton, Ont.

## References

1. *CMAJ* 2004;170(3):432.
2. *CMAJ* 2004;170(5):912.

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I could not agree more with Dr. Ursus about the tragic situation he describes in the Feb. 3 issue of *CMAJ*.<sup>1</sup> He is perfectly correct in saying that “[t]he single greatest change in the firmament of modern Canadian medicine will remain the death of the generalist.”

Of course, the reasons for this “death” are many, but, in my opinion, they rank in the following order. First, the loss of the rotating internship has unfortunately resulted in the exposure of virtually none of our graduating medical students to the joy of general practice. Second, because medical schools are now being administered and the teaching is being done by

specialists and subspecialists, students get a view of the practice of medicine that is totally different from that of the generalist. Third, general practitioners have disappeared from major teaching hospitals, so there are no role models in this area, an aspect of training that I think is extremely important for the typical medical student in 2004.

Dr. Ursus suggests that physicians were better served by the rotating internship, and I can only commiserate with him on this point. Family doctors indeed are a dying breed, and I suspect that 10 to 15 years from now there will be none left.

## Noel Barry Hershfield

Gastroenterologist  
Calgary, Alta.

## Reference

1. *CMAJ* 2004;170(3):432.

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I agree with Dr. Ursus that it sometimes seems difficult to balance the rights of patients to top-notch care and the need to provide a superior education for the next generation of physicians.<sup>1</sup> More to the point, however, is the issue of the core philosophy applied in educating our future physicians. Many faculties of medicine have introduced the patient-centred approach as a core educational concept in their undergraduate and postgraduate curricula. In a commentary last year, I described the evolution of emergency medicine teaching and practice in Canada.<sup>2</sup> Dr. Ursus now offers me an additional opportunity to weigh in on the need to re-focus our attention on the patient as a whole person, in contrast to the viewing of a child as “the broken arm in cubicle 5.” On reading Dr. Ursus's description of his family's experience in the emergency department,<sup>1</sup> I was shocked but not surprised that his child was sent for radiography without any analgesia. To learn, teach and serve as a role model for empathy and caring are skills just as important as mastering the arts of diagnosis and treatment. With

time, I hope we will see more attending physicians, residents and medical students who understand that the urgent alleviation of suffering is one of our highest duties. My learners know that triaging and starting appropriate resuscitation go hand in hand with making the patient comfortable. This approach, in addition to being humane, provides for a less stressful, and less potentially litigious, encounter for all. It also facilitates better compliance on the part of the patient and the family and improves patients' satisfaction and their perception of the quality of the care received.

I commend Dr. Ursus for his resolution to treat families more gently. I hope many more will follow his path.

## Ivan P. Steiner

Department of Family Medicine and  
Division of Emergency Medicine  
University of Alberta  
Edmonton, Alta.

## References

1. *CMAJ* 2004;170(7):1192.
2. Steiner IP. Emergency medicine practice and training in Canada [editorial]. *CMAJ* 2003;168(12):1549-50.

DOI:10.1053/cmaj.1040627

## Food fights: common good versus individual interests

It is likely that the “food fights” discussed in a recent *CMAJ* editorial<sup>1</sup> will easily be won by the food industrialists. Given that their political lobbies obfuscate government messages on healthy eating<sup>2</sup> and stop government agencies from advising people to eat less,<sup>3</sup> it can reasonably be predicted that those lobbies will also successfully undermine the attempts of the World Health Organization (WHO) to improve diet,<sup>4</sup> especially when US congressmen “recruited by the food industry” have urged the secretary of health to cut off that country's US\$406-million annual contribution to the WHO.<sup>4</sup>

The *CMAJ* editorial<sup>1</sup> appropriately