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” essay1 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 practice2 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 — other doctors. One must first acknowledge and respond to the patient’s needs — other doctors. One must first acknowledge and respond to the patient’s needs — other doctors. One must first acknowledge and respond to the patient’s needs — other doctors. One must first acknowledge and respond to the patient’s needs — other doctors.

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.

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Reference
1. CMAJ 2004;170(3):432.
DOI:10.1053/cmaj.1040455

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.1 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.2 Dr. Ursus now offers me an additional opportunity to weigh in on the need to refocus 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,1 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.

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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 editorial1 will easily be won by the food industrialists. Given that their political lobbies obfuscate government messages on healthy eating2 and stop government agencies from advising people to eat less,3 it can reasonably be predicted that those lobbies will also successfully undermine the attempts of the World Health Organization (WHO) to improve diet,4 especially when US congressmen “recruited by the food industry”5 have urged the secretary of health to cut off that country’s US$406-million annual contribution to the WHO.4

The CMAJ editorial1 appropriately...