Fast and efficient website

I visited the College of Family Physicians of Canada’s website for a prolonged period (for the first time) recently. I must congratulate the College. I was able to renew my membership quickly and easily, update my study credits quickly, and spend the rest of the time reading on-line Canadian Family Physician. All of this in the comfort of my own living room. Thanks for a job well done. I will certainly be back!

—Volker Rininsland, MD, CCFP
Moose Jaw, Sask
by e-mail

Experienced doctors, be careful what you say

I was intrigued to read Dr McMillan’s response to my Residents’ Page commentary. This letter touched on two important topics discussed recently in Canadian Family Physician.

First, I was struck by how quickly Dr McMillan rejected the premise of my commentary, simply because I was a resident. I fail to understand why a self-professed experienced physician chose to frame his letter in such a patronizing way. Surely he is aware that Canadian Family Physician’s readership includes hundreds of residents and medical students and that Canadian Family Physician encourages their input by supporting the Residents’ Page. He must be aware of the importance of family physician role models in shaping the opinions of medical students and how negative or patronizing comments made by preceptors have a detrimental effect on the opinions of students considering family medicine.

In response to his question, I feel fortunate to have had more than a decade of psychology and medical experience so that, despite being a resident, I was able to distinguish between a patient in denial of his medical problems and one given inappropriately optimistic information by a “very busy” fee-for-service physician.

Dr McMillan’s own example of miscommunication with a patient highlights this point exactly. When a patient is given the same advice on a few occasions, and yet declares the opposite shortly thereafter, how quick are we to blame the patient for not understanding what he or she was told? When do we as professionals need to question the way we share information, assess understanding, and find common ground with our patients? Can we stop to discover what obstacles prevent us from engaging in open and clear communication? Are we forced to see too many people in a day? Are we not remunerated properly to have lengthy discussions with patients or families? Do we simply provide treatment options and discuss what we hope will happen with the intervention? Or are we scared or uncomfortable talking about what will likely happen in the course of a patient’s disease?

Discussing terminal illness is never easy. No one would choose to have a discussion that will bring tears to a spouse’s eye, a lump to our own throats, and a heavy heart to our patients. Yet, today’s ethical standards emphasize a patient’s right to autonomous and informed decision making. Optimistic and yet open and honest communication must be the key.

And so, as a naïve resident embarking on a new career in family medicine, I put this question to the “older and wiser” Canadian Family Physician readership for their feedback. How well are we doing our jobs when it comes to communicating with our very sick patients, and what can we do to improve?

—Ken Hotson, MD
Bracebridge, Ont
by mail

References