

come to see me. I looked in her chart—there was no mention of any medical condition, such as diabetes, which might require periodic bloodwork, although I could see from her morbid obesity that she was at high risk of developing diabetes. She looked at me and probably thought, “What planet has this new doctor come from?” This consultation did not have a satisfactory ending for either of us. She was followed by a steady stream of obese Canadians with no other identifiable medical pathologies, all wanting their “annual bloodwork.” This was completely different from anything I had experienced in the United Kingdom.

By the end of that first day, and with some help from the clinic secretary, I finally understood. The cultural expectation in the remote Newfoundland community in which I had landed was that almost everyone would become obese, starting in childhood. Obesity was therefore seen as a normal body shape. In order to maintain good health (so said the cultural belief) patients must go to the doctor and have an annual physical, of which the most important component was the bloodwork. If the results came back normal, this proved that you were healthy and no lifestyle changes were needed, and the process would be repeated the following year.

My impression is that despite the obsession with “annual physicals” and “annual bloodwork,” Canadians are generally less healthy than the British, who do not expect an annual physical because they believe the

doctor has more important things to do. It also seems to me that in some communities (such as those in western Newfoundland), the annual physical can be counterproductive in terms of health outcomes because it diverts patients from what they really need to do, which is make lifestyle changes.

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Reference

1. Howard-Tripp M. Should we abandon the periodic health examination? Yes [Debates]. *Can Fam Physician* 2011;57:158,160 (Eng); 164,166 (Fr).

Response

Dr Peter Gray describes perfectly what is wrong with the periodic health examination. The annual checkup was born from a tradition of company or insurance physicals and has no relevance to evidence-based medicine. Other countries seem to get along fine without it.

But for many it has evolved into a visit with more time to attend to prevention and lifestyle counseling, which, as Dr Gray mentions, is lacking and absolutely needed in our society. It does not suit everyone, patient or physician, but if we can piggyback some prevention, evidence-based screening, and general care onto this cultural habit, then let's do it.

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