Editorial

If you had to choose 1 article to read this month ...

Roger Ladouceur MD MSc CCMF FCMF, ASSOCIATE SCIENTIFIC EDITOR

If you only have time to read 1 article this month in *Canadian Family Physician (CFP)*, I would recommend Dr Jeff Sutherland's piece entitled "Physician-assisted suicide from a patient's perspective," which appears on **page 115**.[1] Dr Sutherland, who has had amyotrophic lateral sclerosis for the past 8 years, talks frankly about his life and his choices, and how they have changed. And he talks about death and assisted suicide.

> When I was active and healthy, I would not have thought that I could live within the confines in which I currently do. I think positions change with experiences .... I think that sometimes inaction while a patient is suffering with a terminal illness is to do harm.
>
> Should my circumstances change, I find comfort in the fact that I can now choose a gentle and humane death surrounded by loved ones on my own terms.[1]

We would all do well to read what Dr Sutherland has to say; while reflecting deeply on his own life, he is respectful of the choices others make.

And if you have time for a second article in *CFP* this month, I would suggest "Update on age-appropriate preventive measures and screening for Canadian primary care providers," which appears on **page 131**.[2] Family physicians are bombarded with often contradictory recommendations on preventive practices and will welcome this update on what we should—and should not—be doing. Have you ever wondered why the Canadian recommendations and the American recommendations do not always line up? Or why expert panels and academic associations contradict one another? This article provides answers to these questions and others, such as whether or not to perform prostate-specific antigen testing, how often to screen for cervical cancer, and when to start screening for breast cancer. It contains links to original publications, as well as a table of actions, arranged by age and by sex, for adult patients who present for a periodic medical examination or for any other reason. Many readers will want to keep this table on their desk or bookmark it.

If you want to read on, I recommend "Dangerous Ideas. Top 4 proposals presented at Family Medicine Forum," which appears on **page 120**.[3] In the abstract "Caveat EMR vendors—toward an evidence-informed approach to health information technology," Greiver and Keshavjee argue that electronic medical records have not led to improved patient care and that their purported benefits have more to do with driving electronic medical record sales than with scientific evidence. You should also read the abstract by Dattani and Melady, who write that "Canada does not need more physicians who specialize in geriatric medicine,"[3] and the abstract by Goel, which advocates bringing national pharmacare to Canada.[3] Allan informs us that family physicians make up only 17% of those contributing to the guidelines for family physicians and that 54% of contributors are non–family physician specialists.[3] These values speak volumes about the space set aside for the involvement of family physicians in the recommendations that are aimed toward them. Dr Allan's presentation, "Making family physicians primary in primary care guidelines,"[3] got top marks during the Dangerous Ideas Soapbox session. And while we are on the subject of dangerous ideas, let us take a moment to give thanks for the ability to express ideas that challenge current thinking and for the ability to publish them.

And while you are reading *CFP* from cover to cover, it is worth noting that *CFP* is the only Canadian medical journal published for family physicians in Canada that is peer reviewed and indexed in MEDLINE. It has an impact factor of 1.403—the envy of all medical journals written for generalists. It has a mission to inform practitioners, researchers, teachers, and decision makers about current issues and the latest thinking in the field of family medicine; to serve family physicians across Canada in both official languages, regardless of their areas of practice; to promote lifelong learning in the discipline of family medicine; and to contribute to continuous improvement in patient care.

Happy reading!

Cet article se trouve aussi en français à la **page 107.**

References

1. Sutherland J. Physician-assisted suicide from a patient's perspective. *Can Fam Physician* 2016;62:115 (Eng), e56 (Fr).
2. Shimizu T, Bouchard M, Mavriplis C. Update on age-appropriate preventive measures and screening for Canadian primary care providers. *Can Fam Physician* 2016;62:131-8 (Eng), e64-72 (Fr).
3. Dangerous ideas. Top 4 proposals presented at Family Medicine Forum. *Can Fam Physician* 2016;62:120-1 (Eng), e61-3 (Fr).