Wisdom on elusive diagnoses

In the November issue of *Canadian Family Physician*, Dr Irene Lum brings up the interesting subject of medically unexplained symptoms[1]—a burden to doctors and patients alike. This subject underlines a curious paradox: when diagnosis fails medicine, the response is to create another (in this case, "wastebasket") diagnosis. That is not completely surprising. Diagnosis is medicine's most important classification tool and the foundation of its practice. So how does medicine account for the things it cannot categorize? It creates a new category.

Early practitioners of scientific medicine seem to have been more patient about cases for which a diagnosis was elusive, and we can draw from their wisdom. Dr H.S. Patterson explained to the medical graduates of Pennsylvania College that "the laws of medicine are too undecided still to be susceptible of a perfect codification."[2] Dr Silas Weir Mitchell reminded doctors that they often needed to wait before a disorder provided its "definite shape."[3]

Rather than trying to find a diagnosis for everything, medicine might do well to realize that everything might not be diagnosable. Dr D.W. Propst opined in 1939: "It is sometimes impossible to adequately summarize in a name the whole state of a patient's disequilibrium."[4] This view is echoed by Dr Jerome Kassirer in an era closer to our own: "Absolute certainty in diagnosis is unattainable, no matter how much information we gather, how many observations we make, or how many tests we perform … more tests do not necessarily produce more certainty."[5]

Diagnosis is a very useful medical tool because as it generalizes it also provides a pathway to treatment, explanation, and prognosis; however, it also obfuscates, as it seeks to represent the individual in a generic category that clearly cannot always suit. The old adage "You must treat the patient and not the disease" characterizes medicine's amazing potential, but at the same time recognizes the limitations of the diagnosis to explain all that ails us. It is probably less important to diagnose those things that medicine cannot explain. Instead, it is more important to ask what medicine can do to help—ofttimes, it can do plenty.

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Competing interests
None declared

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Importance of registered kinesiologists

I read with great interest and appreciation the excellent article by Drs Jattan and Kvern in the December issue of *Canadian Family Physician*.[1] In Ontario, kinesiologists have been regulated health practitioners under the *Regulated Health Professions Act, 1991* since 2013, when the College of Kinesiologists of Ontario was proclaimed as the body responsible for the governance of the profession of kinesiology in Ontario. The scope of practice for kinesiologists is defined in the *Kinesiology Act, 2007* as "the assessment of human movement and performance and its rehabilitation and management to maintain, rehabilitate or enhance movement and performance."[2]

Among the various groups of practitioners who are engaged in prescribing and guiding exercise programs, only registered kinesiologists are legally required to meet professional standards on a continual basis, engage in ongoing professional development, and meet entry-level requirements defined in legislation.

Ontario health regulators like the College of Kinesiologists of Ontario exist to protect the public. The College of Kinesiologists of Ontario sets and enforces standards of practice so that patients can receive safe, ethical, and competent health care from qualified health care professionals. With close to 3000 registered kinesiologists across Ontario, there are very few communities without services. The College of Kinesiologists of Ontario website carries a register of all kinesiologists in Ontario (**www.coko.ca**). In other provinces, kinesiology is not a regulated profession; however, kinesiologists might be found through the Canadian Kinesiology Alliance website (**https://www.cka.ca/en**).

Thank you for publishing an article promoting the integration of competent exercise specialists into health care teams. Registered kinesiologists currently work with many health care teams across Ontario, both in clinics and in hospitals. Some registered kinesiologists are also

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educators in public health or are sole practitioners. They work in various facilities and also in people's homes.

Exercise is Medicine Canada is an excellent promotional program[3] but it is not a substitute for the protection and assurance of competence achieved through regulation. As your members evaluate the needs of their patients, it is hoped that they will refer them to practitioners who are regulated health professionals committed to public protection and safe, competent health care.

—Brenda Kritzer
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Competing interests
Ms Kritzer is Registrar and Chief Executive Officer of the College of Kinesiologists of Ontario.

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Focused practices are complementary to comprehensive care

I take issue with Dr McElroy's letter published in the December issue of *Canadian Family Physician,* "Erosion of comprehensive care and professionalism."[1]

Many of our colleagues have already taken to Twitter and other social media to express their concerns. I will, however, reserve my comments for his take on focused practice, which I have provided below:

> One can still play a very important role in primary health care while having an office-only practice. Unfortunately there seems to be a trend of too many FPs opting for a narrow field of practice (a field that might not deserve focus), thus reducing the number of FPs providing comprehensive care. I am not referring to emergency medicine physicians or hospitalists. Family physicians who wish to offer focused care should only be permitted to do so after 5 years of comprehensive care. They should then be obliged to also continue to provide comprehensive care to their core patients.[1]

In November 2018, I was honoured that the Hospice of Windsor and Essex County was named as the Ontario College of Family Physicians Family Practice of the Year for focused practices. It is the first time ever that a focused practice was recognized for this achievement. Providing high-quality palliative and end-of-life care 24 hours a day, 7 days a week, 365 days a year to community-based and hospice patients is a privilege. I and the other 9 focused-practice family physicians in our group see nothing unfortunate about this. By mentioning only emergency and hospitalist medicine, Dr McElroy either does not approve of a focused practice in palliative care or simply omits to mention it. While Dr McElroy might not feel that some fields are deserving, my patients are certainly deserving of the care we provide for them. I, for one, see all focused-practice physicians as complementary to our comprehensive care colleagues and find these type of comments to be unproductive, maybe even unprofessional themselves. We would all be better off moving forward together and working toward providing the best possible care for our patients.

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Competing interests
None declared

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The opinions expressed in letters are those of the authors. Publication does not imply endorsement by the College of Family Physicians of Canada.

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