Palliative care courses

Thank you to Dr Langlois for the very relevant article in the August issue of *Canadian Family Physician*.[1] As a semiretired family physician now doing part-time counseling in advance care planning and end-of-life issues, I share many of the emotions you expressed about palliative sedation and the privilege we have in bearing witness to the journey our patients are on. I will pass on very valuable advice I received from a palliative care mentor before I undertook this counseling role: if possible, take the "Being With Dying" and the recently added "Being With Suffering" courses at Upaya Zen Center in Santa Fe, NM. My experience with Upaya, its founder Roshi Joan Halifax, and the other teachers, including Frank Ostaseski, have been life altering. They use a mindfulness approach and stress self-care as much as patient care. Attending in person when it reopens would be ideal, but there are webinars and sessions that can be mind expanding and incredibly useful in the meantime.[2]

I hope you are able to reap the benefits as I have.

—Julie J. McIntyre MD
Toronto, Ont

Competing interests
None declared

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Continuity of care suggestions

Dr Lemire's column[1] in the June issue of *Canadian Family Physician* is important and we offer some comments from the United Kingdom.

The beneficial outcomes associated with continuity of family physician care are even stronger than those listed, and now include reduced mortality,[2] which has been shown to be linked specifically with primary care.[3]

Continuity is certainly falling in the United Kingdom as well, but encouragingly it is still being provided in some practices at a good level.

We offer 2 suggestions: it is important to measure the continuity provided, and simple organizational systems within practices linking patients with family physicians who feel responsible for them still work.

—Sir Denis Pereira Gray OBE FRCP FRCGP FMedSci
—Kate Sidaway-Lee PhD
Exeter, UK

Competing interests
None declared

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Transparent criteria expose potential bias in clinical guidelines

With the explicit criteria provided by the College of Family Physicians of Canada in the July issue,[1] family medicine continues to lead the way in improving the quality, relevance, and usefulness of clinical practice guidelines for practitioners and their patients.[2] The emphasis on transparency and full disclosure of funding sources will help expose potential bias. The American Academy of Family Physicians pioneered these principles in 1994 by publishing the first international call for explicit declaration of conflicts of interest in the development of clinical practice guidelines.[3]

—William R. Phillips MD MPH FAAFP
Seattle, Wash

Competing interests
None declared

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Industry involvement in clinical practice guidelines

The College of Family Physicians of Canada (CFPC) is to be commended for developing criteria for the endorsement of clinical practice guidelines (CPGs),[1] but it is too bad that those criteria are not bolder when it comes to financial conflicts of interest (FCOIs).

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