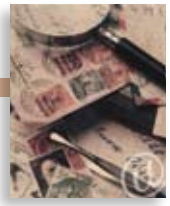
Letters
Correspondance



Resources for palliative care

As a former family physician who is now a full-time palliative care physician, I was more interested than usual in the April issue of *Canadian Family Physician.* An opportunity was missed, however, to mention a valuable resource for those providing palliative care—the Internet. A good place to start is **www.palliative.info**. Run by a palliative care physician in Winnipeg, Man, it provides basic information and links to many other sites.

Another excellent resource, this one from the United Kingdom, is **www.palliativedrugs.com**, which includes a palliative care drug formulary, albeit with a United Kingdom bias. (I understand that an American formulary is being developed.) The greatest benefit of this site is the bulletin board, which is an international discussion group. Registration is free, and you can learn a lot by following the discussions. Questions about management of challenging cases and discussions with ethical and philosophical slants are common.

—Mervyn Dean, MBCHB, CCFP
Corner Brook, Nfld
by e-mail

Role for primary care in epidemic surge capacity

I was delighted to read the editorial by Hogg and colleagues on increasing epidemic surge capacity, published in the May 2006 issue of *Canadian Family Physician.*[1]

Typically, pandemic planning has tended to focus on public health mobilization and institutional contingency planning. Primary care, particularly fee-for-service, private-practice physicians, can be overlooked. Yet this part of our health care system offers substantial potential for increased capacity and responsiveness.

While working at the Winnipeg Regional Health Authority in Manitoba during the severe acute respiratory syndrome (SARS) outbreak, I was pleased to be part of an initiative—a coordinated public health and primary care approach—that provided scripts for family physicians to give to office personnel to screen patients who telephoned for advice or appointments. This was, in part, a response to some physicians placing signs on their office doors advising sick patients to go directly to the local emergency room without any office triage or assessment by a physician, which could have had a substantial effect on patients and emergency rooms.

Although we collected no data, I like to think that through this initiative we helped family doctors and their staff increase their knowledge about SARS; helped office staff feel more comfortable with phone assessment, prioritization, and triage of patients; provided infection-control advice relevant to offices; minimized (needless) patient diversions from office to emergency room; supported the primary care system at a time when patients and providers alike tended to be intimidated by febrile respiratory illnesses to the point of avoiding contact; and strengthened links between public health and primary care.

During epidemics there will invariably be need for a responsive and capacious primary care system. In fact, the very survival of hospitals might depend on prehospital screening and prehospital and posthospital care. It is inconceivable that hospital emergency rooms can absorb all comers or that hospitals could admit and care for all the sick, alternative facilities notwithstanding.

Epidemic and pandemic planning present unique opportunities to enhance primary care capacity and to integrate primary care with secondary and tertiary care using public health principles and government administrative and resource infrastructure. This planning also helps keep primary care closer to patients' homes, care delivered by trusted and familiar family doctors.

Such contingency planning exercises become unique opportunities to move primary care renewal forward through innovative, community-based strategies, such as the one described in the article by Hogg et al.[1]

—G. Mazowita, MD, CCFP, FCFP
Vancouver, BC
by e-mail

Reference

1. Hogg W, Lemelin J, Huston P, Dahrouge S. Increasing epidemic surge capacity with home-based hospital care. *Can Fam Physician* 2006;52:563-4 [Eng], 570-2 [Fr].

Evaluating procedural skills

I have read with great interest the editorial about evaluation of procedural skills in family medicine training in the May 2006 issue of *Canadian Family Physician*.[1] The authors suggest 2 important goals regarding procedural skills training. The first is to ensure that core procedural skills are being taught

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