The respect for and expectations of doctors follows similar lines. People expect the best results and approaches from their health care system at all encounters. This concept has been transferred to them with a proud history. In many parts of the world, doctors are more than teachers (as the origins of the word imply) or healers. They are artists and spiritual role models. Many people are not convinced by anything less than the finest specialized opinion right from the beginning. Most countries have adopted primary care methods partly because it is very expensive to train specialists. If a society is able to train and create access to specialists for its population as first-line access, then there would be nothing wrong with that—a luxurious model with its own difficulties but with high levels of satisfaction for those who are from cultures that believe in it.

—Ali Ahmadizadeh MD
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by e-mail

Thinking about errors

Thank you for the informative research article classifying errors in family medicine.[1]

I would like to draw attention to a related article in the *New Yorker* magazine in January 29, 2007: "What's the Trouble? How doctors think," by Jerome Groopman.[2] This article outlines the work of Pat Croskerry, an emergency physician in Halifax, NS, with a background in psychology. He has published articles borrowing insights from cognitive psychology to explain how doctors make clinical decisions, especially how they make errors in diagnoses. To make diagnoses, most doctors rely on shortcuts known in psychology as "heuristics." Croskerry has divided errors in diagnosis into 3 categories.

- Representativeness errors are made when thinking is overly influenced by what is typically true.
- Availability errors are made when judgments about patients are unconsciously influenced by the symptoms and illnesses of patients just seen.
- Affective errors arise from a tendency to make decisions based on what we wish were true.

Croskerry makes the important point that how doctors think can affect their success as much as how much they know or how much experience they have.

—Denise Bowes MD CCFP
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by e-mail

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Take stories to heart

I read with great interest Dr Miriam Divinsky's editorial on narrative medicine. I also was saddened to hear of Dr Divinsky's death, a profound loss for the family medicine community.

Although I was not familiar with narrative medicine, I am intrigued by its promise and intend to learn more about it.

My own experiences over the last 2 years have led me to believe that the medical professions, including family physicians, are badly in need of a boost in their abilities to offer compassion and empathy to patients and colleagues alike. During this time, I have had to cope with the illness and death of my wife from cancer (she died at about the same age as Dr Divinsky).

I have many stories to tell of this ordeal. Our experiences with the oncologists involved with my wife's care were not pleasant, as her needs—especially her emotional needs—were never fully addressed. She was made to feel as if she were being "written off" (my wife's words) without being offered some limited form of hope, even in the face of advanced disease.

Thankfully, during the late stages of her illness, she was cared for by a palliative care physician who treated

her with professionalism and compassion. (Yes, this combination is possible!)

After her death, I received great support from close colleagues from my various involvements, including from the palliative care group (of which I was part before my wife became ill), from the nursing home where I provide care, and from my family health network. I also received wonderful support from others, including specialist colleagues, nurses, and many of my patients.

I remain troubled, however, by the lack of support from many other physician colleagues, some of whom I have known for 20 years or more, some even since medical school. Many did not attend the funeral or the shiva (the Jewish wake), nor did I receive cards or calls from these individuals. I have tried to understand this lack of support, and remain more puzzled than hurt by it. Did the years of medical school and practice destroy the empathy in these colleagues, as Dr Divinsky suggested? I do not know the answer with certainty, but I must conclude that this could well be the case. If so, I welcome initiatives like narrative medicine that aim to rekindle the passion and caring that is a necessary part of our profession.

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