Letters
Correspondance

Ethical consultation

The commentary "Ethical consultations" *(Can Fam Physician* 2007;53:206-7 [Eng], 212-3 [Fr]), reminded me of a distressing personal experience my wife and I had last year. I write to initiate a change in the handling of investigative procedure reporting on patients. Reports on all tests, biopsies, imaging, and investigative procedures should be sent directly to the patient as well as the family physician by the analyzing facility. The recently touted electronic patient record is no guarantee to the patient of timely receipt of information.

It is a fact that the information contained in these reports is the property of the patient, not the doctors or the health care system. Direct reporting to the patient would avoid the inefficiencies of the system, the fractured communication between referring physician and specialist, and the habitual failure of institutions to identify the family physician as a recipient of reports on procedures ordered by a consultant.

Those results needing further assessment or action could easily be flagged for the patient so that a further appointment with the family doctor could be arranged. In fact, it is the patient who has the primary responsibility for his or her health and the collection of information on health status. Direct patient information would also avoid the need for many repeated office visits to learn of these results, eliminate the time staff spend trying to contact the patient, and avoid the circumstance in which the physician inadvertently misses the report.

To say that no notification will be made of normal results is to practise medicine as it was at the turn of the 20th century and, I believe, is totally inadequate today.

The personal experience that aroused our anger was the 6-week unavailability of the results of a tumour biopsy performed on my wife that should have been available in 4 days. We later learned that, for a fee, we could have obtained a report from the laboratory—a charge for my wife to obtain information about her own body.

My own physician estimates that he does not receive investigative reports on tests ordered by consultants about 80% of the time. My wife's family physician did not receive the results until we demanded them from the specialist and the hospital.

I encourage the College of Family Physicians of Canada to pursue having analyzing facilities report test results directly to patients.

—Arnold R. Murray MD FCFP
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by e-mail

Managing uncertainty

The March issue of *Canadian Family Physician* was an enjoyable and interesting read. It is timely that one of the themes explored should be the existential aspects of general practice, including the concept of uncertainty in practice, as well as the finding of joy in general practice.

I cannot recall any teacher discussing uncertainty as an important element of the discipline when I was a medical student and resident in family medicine in the early 1990s. Now, as a teacher of family medicine at the University of Toronto, I explicitly discuss recognizing and managing uncertainty with the resident physicians whom I supervise. An argument can be made that managing uncertainty is the "specialty" of general practice. The key to feeling comfortable and enjoying a career in family medicine might hinge upon how well students and residents learn to do this.

Uncertainty pervades family medicine. People present to family physicians with symptoms and not diseases, and it often takes time before the diagnosis becomes clear. Younger physicians are often uncomfortable with this and need to learn the skills to deal with it. The growth of evidence-based medicine has been an advance in clinical practice during the past 2 decades and, at least in theory, should help to reduce uncertainty in certain areas of practice, such as drug therapy. However, many studies of drug therapy include only younger patients or those with only 1 medical problem and, therefore, do not resemble the patients seen in a typical family practice. Nonetheless, even this type of uncertainty can be understood and managed.

The article by Pestiaux and Vanwelde, "Becoming a general practitioner" (*Can Fam Physician* 2007;53:387-8 [Eng], 391-2 [Fr]), addresses a common theme in today's medical literature: the unhappiness of physicians. There is no doubt that in a world in which specialization of professionals is the norm, being a generalist is both unusual and very challenging. When the pleasures and rewards of the generalist life wear thin, I find the 1996 William Pickles Memorial Lecture by Dr Ian McWhinney to be re-inspiring.[1] It is perhaps the most succinct consideration of the things that distinguish generalist practice from specialty practice that I have read, as well as a touchstone to the things that are the most rewarding about being a family doctor. I recommend it to residents and practising physicians alike.

—Nicholas Pimlott MD CCFP
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by e-mail

Reference

1. McWhinney IR. William Pickles Lecture 1996. The importance of being different. *Br J Gen Pract* 1996;46(408):433-6.