Common bond

The article by Dr Genuis[1] in the June issue of *Canadian Family Physician* is the most complete article that describes my feelings of being torn between my allopathic origins and my naturopathic experiences.

As a former emergency physician and then a community doctor, my mind (a parachute) started opening when my daughter attended Bastyr University in Seattle, Wash, to become a naturopath. I was impressed with the university's curriculum and attended several courses over the years that my daughter spent there. I then incorporated new ideas in my patient encounters and treatment plans. I realized that all things medicine were not only black and white but also gray, with many other solutions than those I had learned to be the only correct ones.

But what was the most surprising was the reaction I got from my colleagues when I discussed my new ideas with them and their reaction when I told them my daughter was a naturopath. My new ideas were quackery and my daughter, the quack. As a younger physician, I was intimidated by the response of my colleagues; and now, as a senior physician, I am trying to open others' parachutes. All of us in health care should contribute to working together to formulate what is best for the health of our patients.

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Competing interests
None declared

Reference
1. Genuis SJ. Diaspora of clinical medicine. Exploring the rift between conventional and alternative health care. *Can Fam Physician* 2013;59:628-32.

All together

I congratulate your journal, and in particular Dr Genuis, for publishing an article that addresses the important issue of the rift between conventional and alternative health care.[1]

The points made in the article were both relevant and timely. I am a naturopathic doctor and my husband is a family doctor and an emergency physician, so I have seen first-hand how working together can achieve amazing results for patients. With the support of many allopathic doctors in the community, my patients believe they are getting the best of both worlds; and when the lines of communication are open, patients just receive better care. Our health care system in Canada is facing many challenges, and there are a lot of great solutions to be found in both conventional medical systems and alternative modalities. Naturopathic doctors can spend much more time with patients and offer them counseling and preventive strategies that many physicians simply do not have the time for and in many cases the training for. Patients are voicing a sense of frustration with the current model of health care, so why not work together to find solutions that are in the best interest of patients. We all have areas that we excel in, so let's support one another and open our minds to the possibility of integration and acceptance of new ideas. After all, if we never tried anything new, we would still be bloodletting and using mercury as medicine.

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Competing interests
None declared

Reference
1. Genuis SJ. Diaspora of clinical medicine. Exploring the rift between conventional and alternative health care. *Can Fam Physician* 2013;59:628-32.

A little deeper

We were delighted to read the article by Sanborn and Takaro[1] on recreational water illness among Canadian primary care patients. We believe it is important that physicians understand that the use of recreational water among the public might contribute to a substantial burden of gastrointestinal illness in warmer months.

However, for the overall burden of enteric illness in Canada, a convincing body of evidence indicates that food is the most commonly reported probable source, and also has an increased seasonal distribution in the summer.[2-4] Risks of food-borne illness are also important knowledge for primary care physicians.

The article[1] thoroughly explains risks of illness among users of untreated water sources, such as lakes and beaches. We also want to highlight that individuals using treated recreational water sources, such as pools and splash pads, might experience an even greater proportion of disease outbreaks.[5] Physicians should also ask about these exposures among symptomatic patients, and counsel those who might be at risk.

Further, physicians can also play an important role in counseling patients about personal hygiene before entering a pool setting and avoidance of these settings if they are ill.[6] Both of these steps are essential to maintaining personal and public health while enjoying treated or untreated recreational water this summer.

We agree that encouraging physicians to test stool samples in patients with severe symptoms will aid in proper diagnosis and treatment in a clinical setting; however, most relevant guidelines[7-9] do not recommend cultures for patients without severe or prolonged course of illness, as it is not cost-effective and does not change management.

Finally, we also wish to highlight the important role that local public health agencies play in minimizing risk of illness from recreational water exposure through routine inspection and investigation of potentially contaminated sources. We urge family physicians who suspect an infectious recreational hazard to actively contact their local public health agencies in advance of microbiological proof to mitigate the potential hazard in a timely manner through inspection.

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Competing interests
None declared

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