



Letters ♦ Correspondance

Introducing nurse practitioners

One of the most important issues that primary care physicians will be dealing with in the immediate future is the introduction of nurse practitioners. A paper¹ published by the Ontario College of Family Physicians (OCFP), "Implementation Strategies: Collaboration in Primary Care—Family Doctors & Nurse Practitioners Delivering Shared Care," does much to increase my apprehension over the role of nurse practitioners in the future. The OCFP lists many functions that nurses will perform. What it does not clearly spell out is that family doctors should be coordinating patient care, not nurse practitioners.

Many of us do not believe that nurse practitioners should be diagnosing and treating "minor illnesses," and the right of nurse practitioners to refer directly to medical specialists puts them in direct conflict with our practices.

I hope that, as an organization representing family practice, the OCFP's willingness to undermine a profession should be contested. Who are they really representing? Family practice or nurse practitioners?

—T. Nicholas, MD
Aurora, Ont
by mail

Reference

1. Way D, Jones L, Busing N. *Implementation strategies: collaboration in primary care—family doctors & nurse practitioners delivering shared care*. Toronto, Ont: Ontario College of Family Physicians; 2000.

Response

Doctors working with nurses—what a revolutionary concept. Why would the Ontario College of Family Physicians (OCFP) participate in research into successful collaboration between family physicians and nurse practitioners? The answer is

simple: we believe we can find a better model of collaboration than the one being proposed by our nursing colleagues. Like Dr Nicholas, OCFP's major point of departure is the firm belief that family doctors remain the coordinators of care.

Change theorists believe that 25% of people eagerly embrace the opportunity to participate in developing policy that shapes change. The OCFP and our colleagues at the Ontario Medical Association are leaders in Ontario and are working hard to ensure that primary care renewal results in positive changes for family physicians and their patients.

Dr Nicholas might be among the 75% of people who resist change because

they see problems that they believe might outweigh benefits. Wise planners recognize that there is much to learn from listening to the concerns of people like Dr Nicholas. Through listening and especially through channeling the energy of resisters into positive action, barriers to change can be identified and removed. We invite Dr Nicholas to join with us in molding primary care renewal recommendations in a manner that further strengthens family medicine in this country.

—David Mathies, MD
President,

Ontario College of Family Physicians

Drug review "surprises" reader

In the review of the drug olanzapine (originally published in *Prescribe International*¹ and reprinted in *Canadian Family Physician*,² I was surprised by the authors' conclusion that olanzapine offers "nothing new. There is no evidence that olanzapine is any more effective than other neuroleptics for schizophrenia. Its safety, especially for the liver and heart, remains to be established." This review provides a disservice to any Canadian family doctor wishing to keep abreast of new developments in psychiatric treatments and deserves rebuttal.

The authors state that the global efficacy of olanzapine was not significantly different from that of haloperidol. Despite response rates of 52% to 34% ($P > .001$) in favour of olanzapine over haloperidol,³ the authors argue that the heterogeneity of the patient sample made the results difficult to interpret. Rather, this trial was one of the largest psychopharmacology trials ever conducted under a single protocol, with almost 2000 subjects in 17 countries, involving a research population

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