

Letters ♦ Correspondance

Confession is good for doctors

Congratulations to Dr Perle Feldman for having the courage to tell her story¹ in the Reflections column in the December issue of *Canadian Family Physician*.

We are, understandably, quick to tell others of our diagnostic triumphs yet quick to conceal our diagnostic mistakes.

I identified with Dr Feldman about "the wave of nausea," feeling "awful," and trying to work anyway. I learn a lot from my diagnostic mistakes and very little or nothing from my triumphs. I also learn when a colleague tells me about his or her diagnostic mistakes.

Maybe confessing mistakes to our colleagues would not only be cathartic for us, but also be a learning experience for them. Most importantly, the lesson learned might benefit a patient later on.

—John Axler, MD, CCFP
Toronto, Ont
by fax

Reference

1. Feldman P. Mistake [Reflections]. *Can Fam Physician* 2000;46:2386-7.

Which dose should it be?

The suggested 1-g dose of oral vitamin B₁₂ as indicated in **Table 3** of the article by Dr van Walraven et al¹ is at odds with the dose of 1000 µg (1 mg) suggested earlier in the same piece. Which one are you advocating?

The precautionary principle might be in order here. Freeman² notes that oral cobalamin is cyanocobalamin, unlike parenteral treatment, which is hydroxocobalamin. Because chronic cyanide intoxication might have a

role in the cause of deficiency diseases and degenerative neuropathies, Freeman opposes any use of oral replacement.

It would be unfortunate if your article had the effect of promoting mega B₁₂ vitamin therapy when smaller doses would do. I prescribe 1.2 mg of B₁₂ (manufactured by Jamieson) and 1 mg of folate, as a dyad.

—A.C. Goddard-Hill, MD
Belleville, Ont
by e-mail

References

1. van Walraven C, Austin P, Naylor CD. Vitamin B₁₂ injections versus oral supplements. How much money could be saved by switching from injections to pills? *Can Fam Physician* 2001;47:79-86.
2. Freeman AF. Oral or parenteral therapy for vitamin B₁₂ deficiency. *Lancet* 1999;353:406-10.

Make your views known!

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Response

Dr Goddard-Hill is correct. The 1-g dose cited in our article is an oversight on my part. This oversight does not change the conclusions of the study in any way because the tablet cost used in our calculations is that of a tablet similar to that used by Dr Goddard-Hill. Thank you for bringing this error to our attention.

—Carl van Walraven, MD, MSC, FRCPC
Ottawa, Ont

Debate over nurse practitioners

Am I the only one who found Dr David Mathies¹ put-down of Dr Tim Nicholas² just a little tart?

"Doctors working with nurses—what a revolutionary concept" might be what Mathies would like us to believe is the issue. But as I read it, Nicholas was objecting to the Ontario College of Family Physician's (OCFP) guileless endorsement of "nurse practitioners," not nurses!

As OCFP president, Mathies should also know that most of his provincial colleagues have been relegated to yet another subinflationary fee-for-service agreement, the latest of several within the last decade. Under the terms of that agreement, we are not permitted to hire or work with nurse practitioners: not, at least, in an economically viable manner. Fee-for-service family practice seems to be a rapidly sinking vessel.

On the other hand, a privileged few, some from the leadership of the Ontario Medical Association and some from the OCFP, are to be allowed to escape fee-for-service into the brave new world of capitated opportunity called "primary care reform." They will join the already established health service organization physicians and be encouraged to hire