Patients want their doctors

In response to the editorial1 by Dr S.L. Librach, “Role of family physicians in end-of-life care,” I can only quote a patient that I saw recently: “I don’t want some stranger looking after me when I’m dying; I want my doctor!”

—Blair Pierce, MD, CCFP
London, Ont
by e-mail

Academic family medicine a lot like yeast

I must respond to the letter1 by Dr Tim McDowell, who thinks that the attitude of academic family medicine2,3 is divisive and elitist and alienates “on-the-ground” family physicians. He then suggests that the definition of family medicine should be broadened and become inclusive.

Although I whole-heartedly support the latter idea, I think that academic family medicine is like yeast in dough: if it serves to make us think about what we do, then it is serving one of its functions. Change is difficult for all of us, and it is easy to blame the agent fermenting that change. I suggest that the perception of academic family medicine as divisive or elitist is an unwarranted side effect. And, as such, the charge should be disregarded.

I suspect that, in the end, we are defined by what we do and not by our label. I appreciate that politicians and health care planners need definitions of family medicine and primary care, as well as population predictions. Family physicians with an academic interest must contribute to this important decision making.

Other family physicians, whatever their interest, can contribute to this debate, and it would be foolhardy to ignore their opinions.

—Nick Unsworth, MA, MB, CCFP, MRCPG
Liphook, United Kingdom
by fax

Symbols and spellings in our December issue

I was pleased and interested in reading the article1 by Walter Rosser in December’s issue of Canadian Family Physician to see two inspiring physicians recognized for their extraordinary work and dedication. I was perplexed, however, by the cover, and went to my new Collins English Dictionary (Millennium Edition), which my wife gave me as a Christmas gift, for help. Yup! The plural of hero is “heroes.”

I then asked my wife whether the plural of potato ends in “s” or “es.” She replied that it is “es,” and as always, she was right. This got me wondering. Do all English words that end in “o” become pluralized by adding “es”? My wife suggested “inferno.” Collins English Dictionary states that the plural is “infernos.” Hmm. I decided to check “imbroglio.” The plural is “imbroglios.”

So, after this exhaustive search, what are we to conclude? Fifty percent of English words ending in “o” require “es” to form the plural, and 50% simply add “s”? Or is it more accurate to say that English words beginning with “i” and ending in “o” require “es”? I think there could be a problem here with “sampling bias,” and I suspect the only firm conclusion that one can draw from this data is the ever-popular “more research is needed”!

—Jeff Sloan, MD, CCFP
Napanee, Ont
by e-mail

Reference

Response
We understand that our December cover has caused disquiet among...
some readers. We chose the image of a caduceus, based on the staff of Hermes with two snakes, and not the symbol of Aesculapius, with one snake, to represent all of medicine (not just family medicine). Incidentally, our College shield, incorporated in the new symbol designed 2 years ago, has a gavel, not a staff, entwined by one snake. In addition, we chose to use the older, alternative spelling of “heroes” that was used in the featured article.

—Tony Reid
Scientific Editor

More reason not to use stirrups

I was interested to read the “Practice Tips” article¹ by Michelle Greiver in the October 2001 issue of Canadian Family Physician, entitled “No stirrups?” In medical school and family medicine residency training, I also was encouraged and taught by several female family physicians specifically not to use stirrups when doing pelvic examinations. Their rationale was not only that stirrups were uncomfortable, but that using them seemed to cause patients to tense up more, perhaps because the procedure appeared more mechanical.

As I worked in various hospitals and clinics through medical school, residency, and several years of being a locum tenens physician, my experience with stirrups was that most were in poor repair and tended to swing outward into impossible angles at the worst possible time, adding to patients’ discomfort. This reinforced my decision not to use stirrups in my own practice.

An additional tip I find helpful is to have an examining table with a slide-out footrest at the end. The sliding part is usually an inch or so lower than the main part of the table, and this gives more than enough room for the handle of the speculum to fit when doing the examination.

—Jennifer Walker, MD, CCFP
Edmonton, Alta
by e-mail

Reference

Correction

There was an error in the spelling of Dr Bourget’s name in Dr Rosser’s Reflections piece, “Heros” (Can Fam Physician 2001;47:2463-4).

Canadian Family Physician apologizes for any distress or embarrassment this error might have caused Dr Bourget.