

to have full-service practices instead of walk-in clinics.

Corrective action by Medical Services Commissions (ie, payers) could be rapidly taken to encourage physicians to operate as full-service physicians in large groups, providing comprehensive and timely care that is far more valuable to society than the band-aid approach offered by the numerous walk-in clinics that have sprouted up in our city. This is *not* rocket science.

It is the duty of the paying agent (acting on behalf of taxpayers who fund the system) to ensure health care providers and health care consumers act responsibly to get the most from each publicly funded dollar spent. In British Columbia, the Medical Services Commission will immediately put forth the rebuttal that the commission acts in concert with the BC Medical Association to pay physicians in this province and that the doctors help determine payment processes. While this is correct, the commission would probably not mention that the BC Medical Association is dominated by physicians who would own and operate walk-in clinics and would therefore have a vested interest in making decisions about these clinics. Beyond such an argument, the commission cannot shirk its fundamental duty to arrive at its own objective views on the use of its money.

If we continue in this fashion, there will soon be no family physicians in Canada and more walk-in clinics than fast-food restaurants. And just like fast-food restaurants, people will be fed a diet of health care that may taste good at the moment but will kill them in the long run.

—Robert H. Brown, MD, CCFP
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by mail

Reference

1. Borkenhagen RH. Walk-in clinics and time management. Fresh insights as family practices adapt [editorial]. *Can Fam Physician* 2002;48:437-9 (Eng), 446-9 (Fr).

De facto evidence for the no-stirrup method

I am a little behind in my reading like Dr Klassen said in his letter.¹ I, too, found Dr Michelle Greiver's article² on the no-stirrup method very interesting.

I have been in practice for almost 24 years and have always performed routine pelvic examinations without stirrups. Like Dr Klassen, I do occasionally use stirrups for certain procedures. I learned my technique from my father, a family physician trained in Britain. I have vivid recollections of arguments with my obstetrics and gynecology resident colleagues during my clinical clerkship and family medicine residency when I performed the examinations "my way." They insisted that my technique was faulty! The quality assurance statements on the reports of Pap smears that I have done suggest that my technique does not produce a higher than acceptable number of inadequate samples. I have found that patients universally prefer my method when they have had any other experience with which to compare it.

For the past 5 years, I have been responsible for teaching pelvic examination skills in the second undergraduate year of the curriculum at the College of Medicine at the University of Saskatchewan in Saskatoon. At the time I was asked to take this responsibility, I was told that one of the teaching objectives was that the students learn to do pelvic examinations without stirrups. We show a video of a pelvic examination in the traditional lithotomy position in stirrups. I then demonstrate the technique without using stirrups and have the students develop the rationale for a preference for the latter. Without exception, the students perceive the no-stirrup technique as preferable, for both the psychological and physical comfort of patients. Invariably, a few students wonder aloud whether the technique will be awkward in practice, but by the end of

a 2-hour session, all demonstrate proficiency with the technique and express comfort in its performance.

I teach the students to perform the entire examination from the side (modified for either right- or left-handed examinations). The patient lies on the examination couch and draws her knees up to a comfortable angle. Her feet remain flat on the bed, about shoulder width apart. This position is preferable to the frog-leg position, because it allows the patient to abduct her thighs without the need for external rotation, which can be uncomfortable.

A small pillow or folded sheet can be placed under the patient's buttocks, if required. Specula are kept on a small electric heating pad in the examination table drawer, so that they are warm. The physician remains standing and works from the side rather than from the end of the bed. This positioning means that eye contact can be maintained, the physician is not placed in a position of physical intimacy with the patient, and the patient maintains control.

My continued teaching responsibility is de facto evidence that my obstetrics and gynecology colleagues have come around to "my way" some 25 years later!

—Anne Doig, MD, CCFP, FCFP
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by e-mail

References

1. Klassen D. Preference for the no-stirrup method [letter]. *Can Fam Physician* 2002;48:457.
2. Greiver M. No stirrups? [Practice Tips]. *Can Fam Physician* 2001;47:1979.

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