

LETTERS ♦ CORRESPONDANCE

I think Dr Scott misses the point of the editorial, however. It does not focus on improving early detection, but rather addresses how doctors might respond in the aftermath of any serious diagnosis and ensure that concerns about delay, if present, are addressed. Individual cancer types are mentioned only briefly, and prostate cancer was not included only because I was unable to identify studies that assessed how delay affects stage at diagnosis or survival in non-screen-detected prostate cancer, as were noted for other cancer sites. The effect of screening on prostate cancer outcomes remains uncertain, and we await the results of ongoing randomized trials to provide direction.

Dr Scott mentions an important barrier to conversations about delay that the editorial does not address. Follow-up visits with a family physician after

a cancer diagnosis might not occur because of the intensity of tests, specialist visits, and treatment, as well as patients' dissatisfaction with their family physicians or uncertainty as to the family physicians' role in their care (personal communication from Smith-Gorvie et al, 2003). Family physicians need to take the lead in arranging follow-up visits after referral to a cancer specialist, so that concerns about delay can be discussed, support offered to patient and family, treatment options reviewed, and the family physician's ongoing role clarified.

—Jeffrey J. Sisler, MD, MCLSC, CCFP, FCFP

Reference

1. Hickey J. Prostate-specific antigen testing. Should we recommend it? [Published erratum appears in *Can Fam Physician* 2003;49:568.] *Can Fam Physician* 2003;49:303-4.

“Timely communication” needs redefining

Having initiated an early discharge summary at the Halifax hospital some 30 years ago (Figure 1), I was interested in your article on oncologists and family physicians.¹

Figure 1. Early discharge summary used by Dartmouth General Hospital and Community Health Centre

DARTMOUTH GENERAL HOSPITAL AND COMMUNITY HEALTH CENTRE	
INTERIM DISCHARGE SUMMARY	
TO: DR. _____ DATE: _____	
YOUR PATIENT _____	
WAS ADMITTED ON _____ AND DISCHARGED ON _____	
DIAGNOSIS:	
PROCEDURES:	
MEDICATIONS:	
SUMMARY:	
FOLLOW UP:	
_____ PHYSICIAN SIGNATURE	
_____ DATE	
A FULL REPORT WILL BE FORWARDED TO YOU IN THE NEAR FUTURE	
COPIES: ORIGINAL - DARTMOUTH GENERAL CHART COPY - TO ACCOMPANY PATIENT	
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I was dismayed, however, to see the definition of “timely communication” as a letter or fax sent within 72 hours of *dictation*. This must inevitably create management delay as defined in your editorial. No guidelines for timely dictation were even mentioned.

Our plan, which I commend to your readers and their hospitals, is 100% effective. A handwritten note is given to the patient before he or she leaves the hospital. This up-to-date information is therefore immediately available. This is especially important over a weekend, on a holiday, or at night. It ensures continuity of care if a new physician is called in an emergency situation.

—Anthony N. Lamplugh, MD
Dartmouth, NS
by mail

Reference

1. Braun TC, Hagen NA, Smith C, Summers N. Oncologists and family physicians. Using a standardized letter to improve communication. *Can Fam Physician* 2003;49:882-6.

Corrections

In the article “Case report: Molluscum contagiosum” (*Can Fam Physician* 2003;49:887-9), Dr Langley’s biography and the correspondence address were incorrect. The biography should read: **Dr Langley is on staff at the Clinical Trials Research Centre; IWK Health Centre; and Departments of Pediatrics, Community Health, and Epidemiology at Dalhousie University in Halifax, NS.** The correspondence address should read: Correspondence to: *Dr J.M. Langley,*

Clinical Trials Research Centre—Infectious Diseases, IWK Health Centre, Halifax, NS B3J 3G9; telephone (902) 470-8498; fax (902) 470-7217; e-mail joanne.langley@dal.ca

Also, the program name in the “Available” article “Become a sentinel reader for evidence-based medicine” (*Can Fam Physician* 2003;49:788) was incorrect. It should be “MORE” instead of “PLUS,” and the e-mail address should be **MORE@mcmaster.ca**. *Canadian Family Physician* apologizes for this error.

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