



Letters ♦ Correspondance

Delay in diagnosis: how do patients feel?

I read the July issue of *Canadian Family Physician* with interest, and enjoyed the editorial¹ by Dr Jeffrey Sisler. I agree that patients need to discuss how they feel about “the journey” of health and illness, and in particular, the timely (or not) diagnosis of life-changing illness.

I noted at the end of Dr Sisler’s article that he is an Associate Professor in the Department of Family Medicine at the University of Manitoba and the Director of Primary Care Oncology, CancerCare Manitoba. I am curious about what these roles include. As a family physician I did feel “out of the loop” with the local cancer clinic. I now do appreciate “the view from the other side of the fence,” as it were, but would love to see better oncologist-family doctor communication and shared care. I work quite hard to involve referring family doctors in “the journey” of particular patients.

Thank you again for the article and reminder to ask patients how they feel about delay in diagnosis. I believe talk heals. Some patients and families just want to express their frustrations.

—Vivian Walker, MD
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by e-mail

Reference

1. Sisler JJ. Delays in diagnosing cancer. Threat to the patient-physician relationship [editorial]. *Can Fam Physician* 2003;49:857-9 (Eng), 860-3 (Fr).

Dr Sisler¹ is to be commended for writing an editorial about this important challenge, which so often

confronts physicians. I would like to point out several other aspects related to this issue that were not mentioned in his editorial and that also influence the way the health care system functions.

I refer to what I call the “one-in-a-million factor,” which has risen to the forefront over the past few years. In years gone by, patients were usually content to accept a physician’s judgment regarding the necessity of an urgent test to rule out a rare illness that might be causing a set of vague symptoms. The trend nowadays, however, is to spare absolutely no expense or effort in quickly achieving this goal, even if the odds are one in a million. This is due to a series of developments, including the threat of legal action for a delayed diagnosis; increased patient knowledge and awareness of disease; treating patients as equal partners in the decision-making process; the

constant bombardment by the media with cases of rare illnesses surfacing within the community (often including examples of physician error); and ease of use of resources, such as the Internet, which can be biased, unreliable, and misleading. The ramifications of this change in mind-set extend in many directions.

First, the cost of the health care system skyrockets, as physicians automatically order more and more tests and consultations, in an effort to avoid delayed diagnoses, “mistakes,” and lawsuits.

Second, patients are submitted to more and more tests, increasing the likelihood of positive results, many of which will be false positives or of small consequence in the overall scope of things. Some of these tests might result in serious adverse consequences, such as the danger of perforation during colonoscopy or any of the many possible adverse outcomes of prostate surgery.

Finally, and perhaps most importantly, the need for a “physician” practising the “art” of medicine is quickly waning, as the role of judgment in the decision-making process disappears. Thus, physicians, especially family physicians, can be more easily replaced by nonphysician providers and even computers, basing decisions purely on algorithms and road maps rather than experience and learning.

Dr Sisler has hit on an extremely important topic, which has been too often ignored by physicians, health care planners, the legal system, politicians, and patients themselves.

—C.R.S. Dawes, MD, CCFP, FCFP
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by e-mail

Reference

1. Sisler JJ. Delays in diagnosing cancer. Threat to the patient-physician relationship [editorial]. *Can Fam Physician* 2003;49:857-9 (Eng), 860-3 (Fr).

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