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Letters ❖ Correspondance

Getting both sides of the story

Ah...to be a resident again—to see patients and be free to ask "what was this family physician thinking? Any fool can see... ." Alas, I am older and wiser now. Recently I had a patient tell her obstetrician that I had insisted she have a repeat cesarean section after I had spent three prenatal visits encouraging her to consider a vaginal birth after cesarean.

This experience illustrates the perils of criticizing physicians without hearing the other side of the story. The scenario that Dr Hotson[1] describes might be more of a case of denial than lack of communication. The clue to this is that "despite many hours of discussion and examinations by many teams" the patient and his family did not change their opinions.

I am also curious to know how staff had time to spend many hours with a patient who arrived at 10PM and arrested at 3:05AM. This hospital must have much more resources than my hospital!

—Merle McMillan, MD, CCFP
North Bay, Ont
by fax

Reference

1. Hotson K. Can lack of communication kill? [Residents' page]. *Can Fam Physician* 2003;49:492-3 (Eng), 494-5 (Fr).

Where is the primary care viewpoint?

The General Practice Psychotherapy Association (GPPA), a nation-wide association of physicians involved in the practice of psychotherapy, is concerned that the recommendations for depressive disorders[1] might not be relevant to the daily practice of family physicians. The CPA/CANMAT guidelines, from which the recommendations are derived,[2] have been developed by and for psychiatrists. The clinical evidence was taken primarily from studies of psychiatric treatment of patients with major depressive disorders (MDD) in secondary and tertiary care settings. To extrapolate such evidence to recommendations for the primary care, family practice setting might be misleading.[3] More studies need to be done in primary care.[3]

Further, the article appears to have had very little input from the very family physicians for whom the recommendations are meant. Two of the three authors of the recommendations are psychiatrists, and the authors of the guidelines[2] are psychiatrists and psychologists. Yet several researchers have noted that more mental health care is provided by family physicians than by specialty mental health care providers.[4-6] Hence, family physicians have developed considerable expertise in managing MDDs. A cross section of family physicians in both community and academic settings could have provided valuable feedback on the recommendations.

Considerable debate has taken place about the applicability and reliability of evidence-based psychotherapy,[7-10] and practising therapists long have complained that therapy research bears only a remote resemblance to what goes on in actual clinical practice.[9]

The article stresses that only the empirically validated cognitive behavioural or interpersonal models ought to be applied. However, absence of evidence is not evidence for the absence of efficacy of other models of psychotherapy. The CPA/CANMAT guidelines[2] agree with this position by stating, "Practising physicians, however, are more likely to use an eclectic mix of strategies from different models"[2] and "These guidelines may not be applicable to an informal and personalized combination of strategies."[2] Most family physicians will indeed have an eclectic, informal, and personalized approach to psychotherapy to meet the eclectic needs of their patients. Psychotherapy involves a relationship between a patient and a clinician that transcends technique.[11]

The article states that family physicians "must have sufficient training (including supervision of therapy patients)." If the word "must" is used, then the guidelines have become standards. While it is widely accepted that supervising or mentoring is a useful adjunct to providing competent psychotherapy, evidence is lacking to suggest it should be a requirement

Make your views known!

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