

Letters Correspondance

Patients' interactions with family doctors and naturopaths

I was puzzled by the publication of the article "Visiting family physicians and naturopathic practitioners."¹ With a sample size of only 10 practitioners and no real control over selection and observation bias, the authors of this study nevertheless felt free to conclude "Overall, there were more similarities than differences in visits to the two types of practitioners."

The striking impression given by this statement is tempered by the knowledge that the questions asked in this study failed to address whether the therapies or advice offered by the two groups had any bearing on reality. For example, the authors note that both types of practitioners attempted to develop a differential diagnosis and that both groups made "explicit efforts to elicit patients' concerns about their symptoms"; yet the real questions of interest, such as "were the patients correctly diagnosed?" are missing.

Also troubling are statements such as "FPs and NPs could be providing complementary services" and "[Family doctors and naturopaths] both are generalists who provide primary care." Surely here the authors presume that both groups offer valid health care solutions to real medical problems. Little justification for this notion is found in the text, especially when one notes the examples of naturopathic "treatments" mentioned: homeopathy (where one can expect to receive not a single atom of the allegedly active substance) and food "sensitivity" tests (well known to be bogus).

It is no surprise that people who choose to visit one practitioner or another should be satisfied with the approach taken in their care. Also not surprising is the finding that both sets of practitioners did in fact ask patients questions to try to sort out the issues at hand. But these matters are only marginally more interesting than noting the similarities

between office colour schemes or types of lab coats worn by practitioners.

While we can safely assume that patients in this study went to the two groups of practitioners seeking better health, the question of whether they actually received it will have to be answered elsewhere. Only then will we be able to see the meaningful differences between visits to family doctors and naturopaths.

—Lloyd Oppel, MD, CCFP(EM)
Vancouver, BC
by e-mail

Reference

1. Boon H, Stewart M, Kennard MA, Guimond J. Visiting family physicians and naturopathic practitioners. Comparing patient-practitioner interactions. *Can Fam Physician* 2003;49: 1481-7.

Response

The purpose of our study was to explore how interactions between family physicians and naturopathic practitioners compared. It has been argued that one of the reasons people seek complementary/alternative medicine (CAM) therapies is because of the "unique" or "stronger" bond that develops between CAM practitioners and their patients compared with those that develop between conventional physicians and their patients.

Because so little has been documented about just how these two types of interactions might differ, we conducted a very small, in-depth study using an exploratory qualitative ethnographic theoretical perspective. This study design is meant to explore the range of possibilities for how the relationships might be similar or different and is not intended to provide information about the frequency with which these possibilities occur in practice. We agree with Dr Oppel that determining whether patients are correctly diagnosed is important, but it was not the purpose of this study.

Another research question suggested by Dr Oppel, comparison of the health outcomes of naturopathic and conventional medical care, is indeed an

important question that needs to be addressed. Our study was not designed to assess the “validity” of the health care provided, but rather the quality of the interactions between patients and providers. It has been suggested that patients seek CAM because they are dissatisfied with conventional care, often with interactions with conventional physicians. Yet our data suggest that interactions between patients and naturopathic practitioners are not as different from interactions between patients and family physicians as has been predicted. Clearly much more research is needed to answer the questions raised by Dr Oppel as well as others, such as how patients’ beliefs and expectations affect the outcome of treatment. We hope that our findings stimulate additional inquiries in this evolving field.

—Heather Boon, PHD

—Moira Stewart, PHD

Medicinal effects of alcohol?

Over history, alcohol has been suggested to have “medicinal benefits.” A delightful octogenarian recently found a new therapeutic indication for a “touch of the good stuff” . . . literally!

She has been fighting varicose ulcers for several months and was informally advised to try direct application of whisky to the ulcers. Canadian whisky worked so well for her that she then treated herself to Scotch whisky with further benefit. I offered my assistance with administration if she ever considers the well-known remedy of Irish whisky!

—Kevin Hay, MRCPI, CCFP
Wainwright, Alta
by fax

Do we need international medical graduates?

I read Vital Signs¹ in the November issue of *Canadian Family Physician* with much interest.

I am proud of being both Canadian and an international medical graduate, but I am disappointed

with Dr Gutkin’s article. His heart is in the right place, but something is missing.

Now I have questions for Dr Gutkin: What are you going to do about it and what is the College of Family Physicians of Canada going to do about it? Please forgive me, but talk is cheap. Where are the actions?

I have been living in Canada for more than 20 years, and I have seen it all. This issue was in the newspapers, on television and radio, in Canadian medical journals, in research studies, and even in some articles I wrote myself.

If the College of Family Physicians of Canada or any other medical establishments in Canada are up to the challenge, I have a few helpful and practical ideas, but I need the political will and no bias toward international medical graduates.

Let’s work together and resolve this ancient issue. If we don’t, we will all fail and lose, and worst of all, our patients will suffer.

—Kouros Dinyari, MD
Edmonton, Alta
by mail

Reference

1. Gutkin C. International medical graduates. Do we need them? [Vital Signs]. *Can Fam Physician* 2003;49:1570 (Eng), 1569 (Fr).

Response

I am pleased that you feel the College of Family Physicians of Canada’s (CFPC) heart is in the right place when trying to integrate qualified international medical graduates (IMGs) into the Canadian health care system. Your impression that all we are doing is talking, however, is not valid.

While the CFPC is unable to change Canada’s immigration policies or the entire health care system, we have nonetheless been active and vocal in addressing the challenges related to IMGs. The positions we have shared at these meetings are reflected in my article.

Apart from our role in these national multi-organizational deliberations, we have also arranged our own meetings with IMG representatives to try to better understand the issues you