

## References

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## Defining family medicine as a scientific discipline

Recently Dr Cal Gutkin pointed out the importance of having family medicine recognized as a specialty within the academic community.<sup>1</sup> Whether or not it is called a specialty, we need a clear definition of our role as a unique medical discipline.

If a field of knowledge is to be accepted as a scientific discipline, it must have a clear, concise definition that delineates its content, distinguishes it from other disciplines, and indicates its methodology (ie, identifies its scientific nature). I have prepared a definition of family medicine as a scientific discipline that should explain our uniqueness to the academic community. I welcome input from other family physicians.

### Content

Family medicine has been described as continuing, comprehensive medical care of the patient in the context of the family and community. Continuing whole-patient care incorporates prevention, diagnosis, and treatment of undifferentiated illness; acute and chronic care; recognition of family and social needs; long-term support; and epidemiologic and environmental awareness. It includes the following:

- primary prevention—opportunities for preventive medicine and patient education;
- secondary prevention—treating undifferentiated or minor illnesses to prevent more serious disease and hospitalizations (this important function of family physicians is the most economically feasible aspect of medical practice);
- acute illness—most illnesses are treated at home and by family physicians;
- chronic and palliative care; and
- obstetric care.

Although family physicians might limit their practices, the principles of whole-patient care apply within those limits.

Caring for individuals through various illnesses and stages in the life cycle,

understanding family roles in illness, and using community resources makes family medicine unique.

### Team medicine

Family physicians work as part of a health care team that includes medical specialists, nurses, social workers, and behavioural science professionals. They ensure appropriate referrals and coordinate patient care.

Socialization into family medicine differs from socialization into a specialty. The integrative role of family medicine is best taught by family physicians with experience in community medicine.

### Methodology

Family medicine utilizes the methodology of specialty medicine in treatment of disease and the methodology of social science in its understanding of the individual, but it adds to these its own unique methodology—the integration of various specialized methods to provide a holistic perspective and appropriate care of patients within families and communities.

This integration is a scientific method that involves interviewing; accurate observation and physical examination; delineation of patterns of behaviour and of community epidemiology and ecology; explanations and hypotheses based on the observations; and testing by laboratory investigation, collation of facts, comparative analysis, and further observation. The integrative role of family medicine has sometimes been called the “art of family medicine.”

### Research and practice management

Family physicians do community-oriented research. Training in research methods is included in their education.

Family physicians need to be good managers. They make economical use of medical resources. Their comprehensive knowledge of patients reduces the number of laboratory investigations, and prevention and early recognition of disease reduces suffering and medical costs.

Family medicine is a scientific discipline, separate from, but holding a legitimate position among, other medical disciplines. Its focus on the whole patient, its holistic perspective, its continuity of care, its family and community orientation, and its integrative methodology makes the field unique.

*An expanded version of this definition is available from the author: Anna Mary Burditt, 141 Cameron St, Apt 605, Moncton, NB E1C 5Y7; telephone 506 854-5904; e-mail [aburditt@nb.sympatico.ca](mailto:aburditt@nb.sympatico.ca) or [aburditt@dal.ca](mailto:aburditt@dal.ca).*

—Anna Mary Burditt, MD, CCFP, FCFP  
Moncton, NB  
by e-mail

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## Middle ground

**I**t was with some amusement that I read "Rebuttal: Are Drugs too Expensive in Canada?"<sup>1,2</sup> which featured a debate between Joel Lexchin, self-proclaimed pharmaceutical industry watchdog, and Russell Williams and Jean Marion from the pharmaceutical industry.

In my opinion, neither of these people have the correct view. The truth, as with a lot of things, lies somewhere in between. Dr Lexchin makes a very simplistic argument that only 10% of new drugs brought to market offer any substantial therapeutic value over existing medications. He cites the example of the older diuretics, such as hydrochlorothiazide, as being superior to or just as good as angiotensin receptor blockers (ARBs) and calcium channel blockers that are more costly. What he does not tell you is that this finding depends on the age group. Elderly patients with systolic hypertension, especially, seem to tolerate diuretics much better than young patients with essential hypertension. Young people will not thank you for administering a diuretic for their hypertension; they complain of malaise and lack of energy, and will tell you they feel better without taking the drug. However, when these same younger hypertensive patients are given ARBs, especially, or sometimes calcium channel blockers, they will tell you that they feel wonderful, they will report absolutely no symptoms, and their hypertension will usually be well controlled. The ARBs as a class probably have one of the best side effect profiles of any class of drugs discovered to date. What Dr Lexchin also does not mention is that many patients require 2 or 3 medications to treat their hypertension to target; thiazides might be part of this puzzle but not the whole picture. Often patients have concomitant medical conditions, such as diabetes. Then the drugs of choice are angiotensin-converting enzyme inhibitors and ARBs, as they offer renal protection. If patients have congestive heart failure as well as hypertension, you would be unlikely to prescribe hydrochlorothiazide or indapamide as part of their treatment.

Dr Lexchin is right when he says that companies charge what they think the market will bear. For example, drugs used for erectile dysfunction are \$15 a pill because this is the vanity market. Medications like these are simply unaffordable in my practice area, and I am constantly being bombarded by patient

requests for samples. Another classic example is the drug finasteride: when used for benign prostatic hypertrophy, it is much cheaper than when used in a lower dose for male pattern baldness. Dr Lexchin is also quite right that the costs of new biologics, such as trastuzumab, are outrageous and beyond the reach of just about everybody. When drugs come off patent protections and generics appear, name brand companies do not seem to alter their prices. They don't sell much of the name brand product once generic products are available, however, so it is a moot point.

All medications have side effects. There is no such thing as a perfect pill; whether it is in the generic form or the brand form, there will be side effects. You have to weigh the benefits against the risks for every medication.

Name brand pharmaceutical companies should be doing a lot more research and development in Canada. Far more molecules should be discovered in this country. There should be some kind of reward system for companies that are actually manufacturing in Canada and, therefore, providing jobs, as opposed to foreign multinationals whose Canadian locations merely package their finished products, which are produced in their plants elsewhere. Some foreign multinationals in Canada are nothing more than warehouses stocking products from overseas.

The cost of our research and development, whether quoted in worldwide figures or not, has to be recouped by the inventing company, but once that has occurred they should be able to drop their prices on existing molecules. Companies that market name brand products should be encouraged to manufacture more products in Canada, rather than import from elsewhere. Too many of our new medications have been discovered overseas, and the company in Canada is just the licensee for this country.

The bottom line is that drugs in Canada are more expensive than they should be, but not as expensive as those in the United States and some other countries. Practising family physicians must weigh all the pros and cons when prescribing medication. The cheapest drug is not necessarily the best choice, nor is the most expensive drug necessarily the best agent. The truth is somewhere in the middle.

—Peter Phillips, MD, FCFP  
Collingwood, Ont  
by mail

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