

Letters

Correspondance

Debatable perspective

In response to "Debates: what good are they?" (*Can Fam Physician* 2007;53(9):1407), to be only half-way cynical, they—debates that is—fit right in with the ethos of Western capitalism: they sell! They sell newsprint, magazines, journals, electronic media time-space, and whatever else on the planet. Don't believe for a minute that a spate of Pabulum-like, all-agreed-to data will sell as well as vigorously-voiced, biting contrary opinion, no matter how confusing be the result to the scholarly-minded like Dr Ladouceur and others, myself included. Look through a prism from angle X at floral data A and conclude *rose*; look at the same floral data A from angle Y (or maybe again from angle X!) and call the conclusion *petunia*. What's in a word?

Perhaps it has been with the (admittedly more obscure) motive of quelling debate that we've invented this new-ish but highly influential doctrine of supposedly undeniable scientific truth—"evidence-based medicine". After all, who could possibly debate with conclusions that spring from the grail of "evidence," as opposed to conclusions that arise from an individual's own curious mixture of, say, sensory bias, cultural interpretation, and "expert opinion"? What I'm driving at, of course, is that we see and interpret all incoming information through a set of unique and personal filters, which often results in different conclusions being drawn (surprise, surprise); if these differing conclusions seek dissemination along a given avenue, "debate" might ensue. I think I'll found my own school of scientific thought and name it "*interpretation of evidence*"-based medicine, with or without the lead-off first-person adjective of "my." Maybe I'll be its only adherent. Oh, come on, lighten up and debate *that* as an entirely silly concept or waste of time, if you will. Some publisher (and his backing advertisers) is sure to find it a square inch or two.

Yours sincerely (and with only partial tongue-in-cheek),

—Gordon D. Hardacre MD CCFP FCFP
North York, Ont
by mail

Response

It is true that, in medicine and in the world, things would generally run so much more smoothly if there were only one truth. Everything would be so much simpler if every physician blindly followed the recommendations contained in the guidelines and espoused the sacrosanct truths contained in the hard evidence. Questioning their soundness? What an idea!

Listen up you GPs; do as you're told. Screen for colon cancer and don't ask yourselves whether you have the resources to do so. Don't you dare question the relevance of systematic screening for prostate cancer or worry about the consequences for your patients. And, above all, don't ask yourselves why family medicine should suddenly be a specialty now, when it wasn't a specialty before. Don't ask questions. Remember: all's well that ends well.

And if, one day, someone tells you that the flower you are peering at is a rose, whatever you do, don't say that it looks rather like a petunia—or perhaps a hybrid!

You're right. Debates: what good are they?

—Roger Ladouceur MD MSc CCMF FCFP
Associate Editor
Canadian Family Physician

Not enough vitamin D coverage

Congratulations to Dr Schwalfenberg for such a comprehensive overview¹ of the astounding role that vitamin D plays in preventing such a range of diseases—from cancer and autoimmune disease to chronic pain and cardiovascular disease. These are basically the modern epidemics of our time, and if large, double-blinded trials confirm even one-tenth of the benefits suggested by current research, it will truly be a modern panacea—the biggest news since antibiotics.

I was somewhat surprised that this would not have been boldly emblazoned on the cover of *Canadian Family Physician*. I have also been surprised that there is not more news coverage of this potentially monumental leap of medical progress. If vitamin D were a prescription drug, it might not have slipped so quickly out of front-page news.

There is a large gap between research and practice that must be filled by our profession's continuing

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education process and our public health system. These systems will be put to the test by this discovery. If doctors do not rapidly begin screening for and treating vitamin D deficiency, if this message is not broadcast over the airwaves until people are tired of hearing it, then our health care system will have done Canadians a grave disservice.

Many of the studies referred to in Dr Schwalfenberg's article have also been reviewed in the *New England Journal of Medicine*; those interested should get a copy of that excellent article.²

—Richard Nahas MD CCFP
Ottawa, Ont
by e-mail

References

1. Schwalfenberg G. Not enough vitamin D. Health consequences for Canadians. *Can Fam Physician* 2007;53:841-54.
2. Holick MF. Vitamin D deficiency. *N Engl J Med* 2007;357:266-81.

Corrections

An error was introduced in the competing interests statement in the article "Canadian Quality Circle pilot project in osteoporosis" (*Can Fam Physician* 2007;53:1694-1700). The statement of Dr Katz's competing interests should have read as follows: "Dr Katz was the director of the Primary Health Research Unit commissioned to perform this pilot study. The unit was paid to perform this work; the contract specifically limited the sponsor's input into research findings and their interpretation. Dr Katz did not receive any personal benefit or payment for performing this work."

Canadian Family Physician apologizes for this error and any confusion or embarrassment it might have caused.

Une erreur s'est glissée dans la conclusion et les points de repères du rédacteur pour l'article intitulé «Evidence-based approach to abscess management», publié dans le numéro d'octobre (*Can Fam Physician* 2007;53:1680-4). La conclusion aurait dû se lire: «Chez un patient immunocompétent sans facteur de risque de confusion, l'incision avec drainage sous anesthésie locale est généralement suffisante comme traitement des abcès. Il n'y a pas de preuve convaincante en faveur d'une culture ou d'une antibiothérapie empirique. D'autres études seront nécessaires.»

Le deuxième point devrait se lire comme suit: «Il n'y a pas de preuve en faveur d'une antibiothérapie après un drainage chirurgical. L'écouvillonnage pour culture chez les sujets immunocompétents n'est pas recommandé.»

Le Médecin de famille canadienne s'excuse de cette erreur et de tout malentendu qui aurait pu en découler.

Retraction

Carlisle MA. Did we make a mistake? *Can Fam Physician* 2007;53:1062-3.

I would like to request that *Canadian Family Physician* retract this paper because it is a work of fiction rather than an accurate description of a clinical case that I had encountered.

—Maxine Alexis Carlisle MD MSc
Thunder Bay, Ont

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