In larger cities and towns, surely it makes more sense to have hospitalists, up-to-date and skilled in the appropriate areas, see patients in hospital.

I understand and agree with the idea of continuity of care for patients. I recognize that this is an important value that the proponents of "full" comprehensive care espouse. But I'm surprised that there is no dialogue about equivalent values of prudent resource management and excellence and how to balance these within our system.

What is a family doctor? Someone who provides continuity of care across all illnesses and age groups, or someone who focuses on ongoing care, with expertise in chronic and preventable illnesses? Or both? There must be room for more discussion, respect, and consideration than we have had in the past.

—Sophie Wilson MD CCFP
Guelph, Ont
by e-mail

Moving story

Today I saw a patient in the office for her annual checkup and Pap test. That was nothing unusual, except that she lives in Portage la Prairie, Man, and my office is in Victoria, BC. She had moved from Victoria to Portage la Prairie in August and had tried to find a family doctor. She visited the 3 family doctors who were accepting new patients, only to be told by all 3 that she was "too complicated." This patient is a friendly 31-year-old woman. She had a nephrectomy (for a non-functioning kidney) and she had a stroke 3 years ago (from which she recovered fully). She would like to start a family with her husband, but she believes she cannot do this because she has no family doctor, and therefore no medical care, in her community. She had to come back to Victoria for her checkup, and she is probably going to leave Portage la Prairie to move back to Victoria because she cannot find a doctor.

This got me thinking. I know that she is not the only person in Canada in this situation. What has our medical system become? What happened to universal health care? What about the Hippocratic Oath? I am ashamed that there are so many doctors who refuse to see patients just because they have health problems—aren't they the patients who need doctors?

—Melina Thibodeau MD CCFP
Victoria, BC
by e-mail

Stoned by lack of evidence

In the debate on medical marijuana in the December 2006 issue,[1] Dr Ware wrote, "Cannabis has not yet been formally evaluated in clinical trials." His conclusion that "there is solid scientific rationale for therapeutic use

FOR PRESCRIBING INFORMATION SEE PAGE 360

of cannabis" is therefore not supported by the information that he provided.

—Robert Shepherd, Victoria, BC
by fax

Reference

1. Ware M. Is there a role for marijuana in medical practice? Yes [Debate]. *Can Fam Physician* 2006:52:1531-3 (Eng), 1535-7 (Fr).

Response

Dr Shepherd is correct to point out the gap between scientific rationale and clinical evidence, and physicians certainly need more information than was permitted in the debate to formulate their own positions on medical marijuana. My contribution should not be interpreted as definitive, but should be seen for what it was: one perspective suggesting that cannabis has potential therapeutic value. More clinical research is needed to determine the true risk-benefit ratio for clinical use of cannabis.

—Mark Ware, MBBS MSc
Montreal, Que
by e-mail

Correction

Upon review of our recently published article, "Cancers related to genetic mutations. Important psychosocial issues for Canadian family physicians" (*Can Fam Physician* 2006;52:1425-31), we realized that we had neglected to include the option of transvaginal ultrasound examination within the ovarian cancer surveillance options in **Table 1**. As ultrasound examinations are standard surveillance practice among high-risk women, recommended by Cancer Care Ontario (management options for hereditary cancer at **www.cancercare.on.ca**), the US Preventive Services Task Force, and the National Society of Genetics Counselors, we thought it important that readers be made aware of our error.

We apologize for any inconvenience.

—Tara Power, LLB, PhD
—John Robinson PhD RPSYCH, Calgary, Alta
by e-mail

Make your views known!

Contact us by e-mail at **letters.editor@cfpc.ca**,
on the College's website at **www.cfpc.ca**,
by fax to the Editor at 905 629-0893, or by mail.
Canadian Family Physician
College of Family Physicians of Canada
2630 Skymark Ave, Mississauga, ON L4W 5A4

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Faites-vous entendre!

Communiquez avec nous par courriel:
letters.editor@cfpc.ca, au site web du Collège:
www.cfpc.ca, par télécopieur au Rédactrice à
905 629-0893, ou par la poste.
Le Médecin de famille canadien
Collège des médecins de famille du Canada
2630 avenue Skymark, Mississauga, ON L4W 5A4

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