

I do not receive telephone calls from hospitalists to share information about our joint patients. We family physicians, who know our patients best, are rarely, if ever, contacted to discuss issues of concern. For example, I had an elderly dysphasic patient admitted to our hospital several months ago. She underwent numerous unnecessary tests, which proved unhelpful. As the patient was unable to provide a good history, it would have made sense to call me for background information. I would have informed the attending hospitalist of the chronicity of her problems and saved the patient from undergoing those tests.

Having family physician hospitalists can be advantageous, but only if they communicate with their community brethren.

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Palliative care is a specialty

I have followed the correspondence over Dr Shadd's article on palliative care as a specialty.^{1,2}

I am firmly of the opinion that any physician who engages in clinical activity involving patient contact

should have the knowledge and skills to treat patients with potentially life-threatening illnesses. And I have no argument that the "cradle to grave" philosophy of family medicine should include palliative care.

At the same time, for the same reasons that cardiology and nephrology are relevant as specialties (actually, as subspecialties of internal medicine), it is important to have people who have immersed themselves in the minutiae of end-of-life care. These people can then be a resource for all physicians.

However, I would disagree with the suggestion that palliative medicine be a subspecialty of family medicine. Anyone with an interest in end-of-life care should be able to acquire the skills. The father of palliative care in Canada was trained as a urologist. In fact, the accredited training program is a joint venture of the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada.

As a non-family physician who practises palliative care, I think it is important to focus not on the pathway to reach the specialty, but on the skills that practitioners have to offer.

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