Letters
Correspondance

Ginkgo or gunk?

I agree with Dr Sherman's position in his Commentary, "Evidence-based common sense?"[1] Clinical practice should not be excluded, nor should it be used in the presence of evidence to the contrary. While training, I observed a surgeon using an antibiotic powder to "dust" an abdominal wound before closure, despite a resident referring to the material as *fairy dust* and despite good evidence against the use of such an agent. Physicians in Europe have access to herbal products that have standard potency regulated by the government. In Canada, no such regulation for standardized potency exists; potency is determined by the label on the container. Confidence is not only in the product, but also in the manufactured entity that customers purchase.

A number of years ago, the federal government sponsored a large, multicentre trial on glucosamine. The researchers developed a protocol and, before proceeding, decided to replicate "real life" by purchasing glucosamine for the trial at a local store. Testing was done to determine the validity of the 500-mg dose stated on the label. Neither the initial purchase nor any of the other tested-brands had 500 mg of glucosamine per tablet. Each brand was inconsistent with its label. The trial was abandoned.

The herbal industry is one of the few industries in Canada where products are available on a "trust me, it's good for you" basis. Should doctors be sceptical? Common sense says yes.

—Gordon H. Dyck MD
Steinbach, Man
by Rapid Responses

Reference

1. Sherman M. Evidence-based common sense? *Can Fam Physician* 2008;54:166-8 (Eng), 169-71 (Fr).

Response

Thank you to Dr Dyck for his insightful comments on the lack of regulation of herbs and supplements in Canada. There is actually a Natural Health Products Directorate, which is a part of Health Canada, with quite elaborate regulations for all health products (herbs, homeopathics, supplements, vitamins, and minerals). They have regulations about licensing, manufacturing, labeling (including a requirement to state how much product is in the pill), adverse effects reporting, etc. This was all established in 2004, and information can be found at **www.hc-sc.gc.ca/ahc-asc/branch-dirgen/hpfb-dgpsa/nhpd-dpsn/index_e.html**.

Unfortunately, the enforcement of these regulations, at least with respect to content of active ingredients, is inconsistent. I feel strongly that it is up to the health practitioner community (MDs, naturopaths, homeopaths, etc), as well as users of these products, to demand that such regulations are stringently enforced.

More than two-thirds of Canadian adults use some form of natural product. Many do so without the knowledge of their physicians (more than 50%), and decisions are often based on recommendations of friends, family members, or the Internet. It is our not-so-small responsibility as health care practitioners to accept the prevalence of use of these products and to ensure that our patients know the appropriate indications, interactions with medications, and potential side effects, and know that the products available are standardized. Our patients will use the products anyway, so we should make sure they use them well.

—Mark Sherman MD CM CCFP
Victoria, BC
by Rapid Responses

Common sense is not that common

Thanks and kudos to Dr Sherman for his excellent, practical, and balanced approach[1] to a complex and multifaceted health care world. Medicine is neither an exact science nor a whimsical, fly-by-night practice.

With each and every one of my complete physical examinations, my last questions in the long list are about exercise, nutrition, and spirituality. I order my questions that way so that subsequent discussion and teaching can begin with these 3 topics fresh in the patient's mind and at the top of my priority list.

Common sense, intuition, and complementary approaches are as much a part of the art of medicine as evidence-based medicine is. Exclusion of any of the above is to the detriment of our patients.

—Robert C. Dickson MD
by Rapid Responses

Reference

1. Sherman M. Evidence-based common sense? *Can Fam Physician* 2008;54:166-8 (Eng), 169-71 (Fr).

Scepticism regarding common sense

Thank you for a thought-provoking article that provided a glimpse at the chasm between the current state of evidence-based medicine (EBM) and ideal clinical practice.[1]

While I agree that considerable scepticism is required in the interpretation of EBM and the clinical trials upon which it is based, I submit that common sense requires at least as much scepticism in its implementation.

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The human brain is not particularly good at accurately identifying patterns. For example, who among us has never seen a familiar shape (eg, dog, cat, bird, or, my personal favourite, Snoopy) in the clouds? Of course, whatever shape you see, it is not really present in the random pattern of the clouds. To oversimplify considerably, the clouds contain enough cues that your brain is able to gather them together to produce the impression, sometimes a rather strong impression, of a familiar pattern.

Our remarkable, and quite enjoyable, ability to see patterns like these in clouds can be summarized in this way: humans have an innate ability to collect cues from random patterns and assemble them into the impression of a non-random pattern.

Two paragraphs about seeing patterns in clouds don't amount to much, unless this habit of seeing patterns where there aren't any occurs in our medical thinking as well as our visual processing. Unfortunately, the history of medicine is riddled with fallout from this kind of thinking, including the examples—bleeding patients and administering mercuric chloride—cited in Dr Sherman's article.[1] Whether it was drilling holes in people's heads to relieve headaches or bleeding the remaining strength out of already-sick people, well-intentioned physicians have visited appalling, and sometimes lethal, treatments upon their patients for the simple reason that, at the time, they seemed to work.

I will omit a discussion of the other cognitive "shortcuts" that further degrade our ability to accurately discern the effectiveness of an intervention without the help of a structured trial and some statistical analysis. Unfortunately, their existence is supported by the observation that, as far as I know, many of the positive changes cited by Dr Sherman—including hand washing and decreased use of phlebotomy and hormone replacement therapy—were brought about in large part by the advent of statistical analysis in the early 1800s (I believe it seeped into medicine in the mid-to-late 1800s), allowing medical practitioners to objectively assess their time-honoured interventions. With each new piece of objective evidence, they had to adjust their thinking, and practice, accordingly.

I further assert that any intervention, complementary and alternative medicine or otherwise, that has not been proven effective in a well-designed trial remains in the same category as over zealous phlebotomy and hormone replacement therapy. That is not to say it cannot possibly be effective, but we must also consider the possibility that its use might be based entirely on the impression of a pattern that isn't really there, just like a shape perceived in the clouds. Certainly, Sherman's suggestion that our knowledge of physiology can be helpful in clinical decision making could be employed here, but the frequent failure of physiologically sound treatments to produce experimentally detectable benefits must be

kept clearly in mind. As well, the amount of time that a belief has held sway (eg, the thousands of years that ginseng has been used) should not protect it from this consideration; I hope we can agree that people, including physicians, have a habit of seeing what they expect to see. This cognitive "habit" could be expected to insulate the assertions of respected teachers from contradictory observations in generation after generation.

In summary, then, while I agree that EBM certainly deserves considerable scepticism in its implementation, the enticing notion that the gaps in EBM can be filled with clinical judgement and common sense should receive a healthy dose of scepticism too.

(I'm sure that there are many resources that address the misleading cognitive shortcuts of the human mind. One I found very accessible and useful was *How to Think Straight About Psychology.*[2])

—Robert F. Cooper MD
Toronto, Ont
by Rapid Responses

References

1. Sherman M. Evidence-based common sense? *Can Fam Physician* 2008;54:166-8 (Eng), 169-71 (Fr).
2. Stanovich K. *How to think straight about psychology.* 8th ed. Cranbury, NJ: Allyn and Bacon; 2006.

Editor's note

For more reader responses on the roles of common sense, evidence-based medicine, and complementary therapies, visit **Rapid Responses** on **www.cfp.ca**.

A little help from our friends

I am writing in response to the article written by Dr Cal Gutkin in the March issue of *Canadian Family Physician,* "Family physician shortages. Are nurses the answer?"[1] I would like to express my support for Dr Gutkin's comments regarding a collaborative primary health care team and for the recent joint vision statement released by the College of Family Physicians of Canada (CFPC) and the Canadian Nurses Association.

I am a registered nurse in Halifax, NS, who has practised for the past 7 years in a family practice; before that, I worked in acute care settings. I was thrilled in October 2007 to be asked to attend the CFPC Family Medicine Forum and participate with a group of health care professionals in the collaboration of health care teams in primary care. It was a very exciting time for nurses and physicians; nurses have since been formally invited to attend and participate in this year's Family Medicine Forum. It was a huge step in improving the collaborative health care team, and I applaud the CFPC for this initiative. We nurses were very pleased with the announcement released by the CFPC and the Canadian Nurses Association that stated: "All people in Canada will have access to a family practice/primary