

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*.<sup>2</sup>)

—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](http://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?”<sup>1</sup> 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

health care setting that offers each person the opportunity to have his/her care provided by each of the following: a personal family doctor and a registered nurse and/or nurse practitioner."<sup>2</sup>

In 2005, research was completed on the role of family practice and primary health care nurses in Nova Scotia. Nurses indicated they were collaborating with family physicians, public health nurses, the Victorian Order of Nurses, pharmacists, and many other health care professionals. Most nurses who responded to the survey agreed that collaboration improves continuity of care, alleviates the workloads of family physicians, increases health care satisfaction, is cost effective, and contributes to holistic care. This research was published in *Canadian Nurse* in June 2007.<sup>3</sup>

As the president of the newly formed Family Practice Nurses Association of Nova Scotia, I believe evidence from our research in Nova Scotia and communications I have had with other family practice nurses indicate that nurses in Nova Scotia, and nationally, are committed to working with the CFPC, the Canadian Nurses Association, and other health care professionals to support the joint vision statement.

Nurses are working hard on both a provincial and a national level to develop policies to support and promote family practice nursing. The goal is to ensure that registered nurses can and will be working to the full scope of their potential as key members of primary health care teams.

We have many challenges ahead as we consider the aging population, complex health issues, chronic diseases, decreasing resources, and shorter hospital stays. It is imperative that we, as primary health care providers, respond to these needs collectively to provide optimal care for our patients. It is only in working together that solutions and visions can be realized.

There is much work to be done to achieve our shared goal, and family practice nurses are eager to be part of the journey toward achieving the vision of a collaborative primary health care team.

—Carol A. Todd RN  
Halifax, NS  
by *Rapid Responses*

### References

1. Gutkin C. Family physician shortages. Are nurses the answer? *Can Fam Physician* 2008;54:480 (Eng), 479 (Fr).
2. College of Family Physicians of Canada, Canadian Nurses Association. *CFPC-CNA vision statement on inter-professional care*. Mississauga, ON: College of Family Physicians of Canada; 2007. Available from: [www.cfpc.ca/local/files/Communications/Health%20Policy/CFPC-CNA%20Vision%20ENG.pdf](http://www.cfpc.ca/local/files/Communications/Health%20Policy/CFPC-CNA%20Vision%20ENG.pdf). Accessed 2008 Apr 10.
3. Todd C, Howlett M, MacKay M, Lawson B. Family practice/primary health care nurses in Nova Scotia. *Can Nurse* 2007;103(6):23-7.

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