

nous outrepassent cette ligne de conduite acceptable et utilisent à mauvais escient leur privilège de prescription. On doit encourager nos confrères à accepter d'être de simples patients et à éviter les prescriptions de médicaments dangereux ou pour les traitements sur le long terme de certaines maladies chroniques. Rationnellement, il ne peut en être autrement. Notre jugement ne peut être objectif pour nous comme pour nos proches pour la prise de décisions difficiles et nous pouvons avoir besoin de support dans certains cas. Un médecin de famille c'est bon pour tout le monde.

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Référence

1. Ladouceur R. Se traiter ou non [Éditorial]? *Can Fam Physician* 2009;55:776 (Eng), 777 (Fr).

Mindful? Try thoughtful

After almost 50 years in family practice, both in the community and in academia, I felt I must comment on Hutchinson and Dobkin's article on mindful medical practice.¹ As the authors themselves speculated, I am convinced and hopeful that it is indeed just a fad. It seems that the more physicians distance themselves from their patients, the more determined many are to generate an epistemology that justifies

such distancing, which academic family medicine has for so long abhorred. The 9-to-5 student, resident, and physician seek a philosophical justification for closing down the practice at 5 PM and abandoning their patients to walk-in clinics and emergency departments. Likewise, and not unreasonably, they have become more preoccupied with the quality of their own lives. Nothing is wrong with that. However, although I believe a physician should make a good living, the shaping of general practice by eliminating the unprofitable or more demanding activities clearly flies in the face of the comprehensive health care that we have held for so long as one of the sacred vows of family medicine. If we are ready to dispose of these principles as impractical and inimical to the health care industry we now espouse, by all means let us do so. Please let us not be so hypocritical as to pretend we are doing this in the interests of patients. Please let us not attempt to generate another empty epistemology called *mindful medical practice*. Let us hope that it will quickly be recognized as the fad it is and die a swift death. Perhaps it is time to create a new concept: thoughtful medical practice.

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Reference

1. Hutchinson TA, Dobkin PL. Mindful medical practice: just another fad? *Can Fam Physician* 2009;55:778-9 (Eng), CFPlus (Fr).