

Letters

Correspondance

In agreement

I agree with Dr Bonisteel's letter in the October 2009 issue of *Canadian Family Physician*.¹ Clinical guidelines are often very helpful but are increasingly seen as gospel truths. They aim to help providers condense and make sense of an overwhelming amount of clinical evidence. However, one cannot help notice that changes in guidelines tend to medicalize increasing numbers of our apparently healthy population on the basis of minimal advantages to the individual patient. I now rely on groups such as the Therapeutics Education Collaboration to make sense of the guidelines that were supposed to help me make sense of current research.

—Pol Morton MD CCFP
Glenboro, Man

Reference

1. Bonisteel P. The tyranny of evidence-based medicine [Letters]. *Can Fam Physician* 2009;55:979.

Belling the cat

I could not agree more with Dr Bonisteel's letter "The tyranny of evidence-based medicine."¹ What the evidence-based medical approach dictates might be a bad idea for the patient, particularly in the elderly age group. There are very few good studies conducted in the very elderly. Does tight hypertensive control really prolong life expectancy for a 90-year-old, or just lead to poorer quality of life? Is an implantable pacemaker—complete with warfarin prescription—indicated in a 92-year-old with fainting spells? As complications of anticoagulant therapy increase with increasing age, the chances of dying of a hemorrhage might be higher than the risks of the cardiac problem, whatever it is. We need to reclaim the middle ground of common sense and weigh the evidence to help our patients make the best possible decisions for their *Sitz im Leben* (setting in life). It appears too many of us make poorly reasoned suggestions because we are afraid of a practice audit or some unknown other peering over our shoulders. Thank you, Dr Bonisteel, for belling the cat.

—Jean E. Weir MD CCFP
Peterborough, Ont

Reference

1. Bonisteel P. The tyranny of evidence-based medicine [Letters]. *Can Fam Physician* 2009;55:979.

Experience and expertise over evidence

I fully agree with the views Dr Bonisteel expressed in *Canadian Family Physician*.¹ Evidence-based medicine is a double-edged sword. Family physicians should rely mostly on experience-based medicine, clinical expertise,

clinical acumen, and rational thinking. Evidence-based medicine cannot replace years of experience of family doctors.

—N.P. Viswanathan
Bangalore, India

Reference

1. Bonisteel P. The tyranny of evidence-based medicine [Letters]. *Can Fam Physician* 2009;55:979.

Medical profession should not be coerced by ideologies

We live in a culture that places a very high value on personal freedom, maximal autonomy, and instant service. More and more, the trend is to put patient autonomy over and above the bioethical principles of beneficence and nonmaleficence, especially when we are dealing with issues that are ideologically promoted.

"Prioritizing competing values is inherent in every family medicine encounter."¹ Although prioritizing competing values is important, it is even more important that persons who carry great responsibility be allowed to exercise their profession with the utmost integrity of conscience and personal responsibility. Thus, the medical profession ought to remain neutral and incoercible by any new ideological trend that might crop up. Only in this way will professionals remain trustworthy and the public be truly protected.

—Cristina Alarcon MSc
West Vancouver, BC

Reference

1. Leong R. Do FPs agree on what professionalism is? No. *Can Fam Physician* 2009;55:969,971 (Eng); 973,975 (Fr).

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4. **Clinical Review:** Necrotizing fasciitis (October 2009)
5. **Clinical Review:** Exercise and knee osteoarthritis: benefit or hazard? (September 2009)

Professionalism in vogue

The vogue word *professionalism*^{1,2} is also a vague one. How do you measure degrees of benevolence and compassion? If it is so obvious to our profession what professionalism is, then why is it so difficult to teach it to medical students and residents? As a clinical teacher, I can testify that professionalism is no doubt one of the hardest points to evaluate and to remediate in our trainees.

If “professionalism” is truly so universal, why are there different versions of the Hippocratic oath in various medical schools? Let us recognize the fact that physicians are normal human beings with diverse cultural backgrounds and value systems that can affect our definition of *professionalism*.

—Sze Wan Sit MD CCFP
Toronto, Ont

References

1. Yeo M. Do FPs agree on what professionalism is? Yes. *Can Fam Physician* 2009;55:968, 970 (Eng); 972, 974 (Fr).
2. Leong R. Do FPs agree on what professionalism is? No. *Can Fam Physician* 2009;55:969,971 (Eng); 973,975 (Fr).

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