situations. I recently came across a study that examined emotional intelligence in physicians and how it affected patients' trust in the patient-physician relationship.[2] I hope that the awareness your article suggests[1] will include emotional intelligence training for physicians so they might understand how patients' personal and emotional contexts affect physicians' treatment capabilities.

Last, I wanted to bring to your attention a study from the Walter Reed Army Institute of Research in which the authors demonstrated that sleep deprivation had minimal effect on the ability to incorporate emotion and cognition to guide moral judgment in individuals with higher emotional intelligence.[3] Increasing the emotional intelligence of our physicians might help to avoid the negative effects of stress.

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Rural scope of practice

I read the article by Dr Kolber and colleagues[1] with great interest, and applaud them for providing patients with an important screening alternative. I too am a rural physician who performs endoscopies and I have also gone through training to provide safe and high-quality service.

Current North American recommendations support population screening with fecal occult blood testing (FOBT)—a less expensive, less sensitive alternative to colonoscopy. American patients, however, are being screened more often with colonoscopy than Canadian patients are.

Although colonoscopy has been available for a long time, no large randomized controlled trials have compared colonoscopy with FOBT. However, multiple small studies have demonstrated its benefits for detecting adenomas and cancer. Current evidence shows that the sensitivity for detection of cancer by FOBT is about 50%; by colonoscopy it is more than 90%.[2] Knowing this, it is difficult to deny patients colonoscopy as an alternative.

Recently, I was pleased to see a Cancer Care Ontario publication for patients that listed colonoscopy as an option for screening. This provides patients with a more educated understanding of their options.

In Canada, concerns include cost and provider availability. While constantly improving patient care, we should look forward and assess our resources, especially in rural areas.

We have to broaden the training of rural physicians to provide comprehensive care, including endoscopy, to improve care in rural areas. This will provide better screening for patients and will shorten wait times for diagnosis of colorectal cancer, which is the second and third most common cause of mortality from malignancies among men and women in Canada, respectively.

—Val E. Ginzburg MSc MD CCFP
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1. **Clinical Review:** Complementary and alternative medicine for treatment of irritable bowel syndrome (February 2009)
2. **Clinical Review:** Home blood testing for celiac disease. Recommendations for management (February 2009)
3. **Commentary:** Irritable bowel syndrome. Are complementary and alternative medicine treatments useful? (February 2009)
4. **Dermacase** (February 2009)
5. **Editorial:** Screening and the family physician (February 2009)

Correction

In the article "Home blood testing for celiac disease. Recommendations for management,"[1] published in the February issue, an error appeared in the byline. Ms Case should have been listed as Shelley Case, RD. The error has been corrected on-line ahead of print.

Reference
1. Rashid M, Butzner JD, Warren R, Molloy M, Case S, Zarkadas M, et al. Home blood testing for celiac disease. Recommendations for management. *Can Fam Physician* 2009;55:151-3.

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