

### Lessons learned

The November 2009 issue of *Canadian Family Physician* included an article written by me entitled “The other side of the speculum.”<sup>1</sup> Several responses to its publication questioned both the editorial judgment of this journal and my own character.<sup>2,3,4</sup>

My intent in writing the article was to highlight the very real discomfort felt by myself and other male and female medical students when asked to conduct examinations such as Pap smears for the first time. For myself, this discomfort stemmed from multiple sources: I was uncomfortable with the authority and respect that I had been given but did not feel I had earned; I did not feel adequately prepared, but was uncomfortable telling my preceptor; and I knew that there was an expectation that I perform the procedure. These issues are rarely addressed or raised in a substantive way.

In writing about this discomfort I made use of a common defence mechanism—humour. I regret that some readers might have found the article offensive or insensitive, as that was not my intent. I apologize and accept responsibility for this. I understand that Pap smears are difficult and even traumatic for many women and am particularly sorry for those comments that were made at the expense of patients. Regardless, I will continue, as I always have, to devote myself to providing patients with the best and most respectful care possible.

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#### References

1. Thoma B. The other side of the speculum. *Can Fam Physician* 2009;55:1112.
2. Tai C. Concern about process [Letters]. *Can Fam Physician* 2010;56:17.
3. Greenberg GR. A lesson in patient-centred interviewing [Letters]. *Can Fam Physician* 2010;56:17.
4. Ogle KD. Printing error? [Letters] *Can Fam Physician* 2010;56:17.

### One-sided arguments

When I read the debate “Should prescribing authority be shared with nonphysicians,”<sup>1,2</sup> I was disappointed to see unilateral statements by 2 different professionals without either acknowledging health system limitations or addressing the concerns of both sides. Historically, and not only in Canada, this debate evolved from government policies developed because of a lack of physicians in some areas, work-related strain of practising physicians in others, and inadequate financial remuneration for health care providers. In fact these issues are present even today. At the same time, the nursing profession was actively trying to evolve from a purely clinical to an academic discipline, thus expanding its scope of knowledge and practice. To resolve physician shortages, governments therefore came up with a less expensive solution that

was widely supported by the nursing community—the establishment of independent nurse practitioners who could replace or assist physicians in specific areas, such as surgical assistance, anesthesia, and primary care. In recent years, debate over prescribing privileges has expanded beyond nurse practitioners and physician assistants to pharmacists, who are also considered able to perform different procedures and prescribe medications within their scope of practice.

This issue is widely debated outside the physician community as well. Before addressing the main question we need to see what drives this debate on each side. Nurses and other paramedical professionals might be interested in expanding their prescribing ability to limit the need for physician supervision, and pharmacists could be interested in bypassing intermediaries when renewing chronic medications to minimize their historical dependence on prescribers. Physicians, who are under pressure to relinquish their sole right to prescribe to other medical professionals, are facing multiple dilemmas: Should anyone else prescribe? Who should be allowed to prescribe? What are they allowed to prescribe? Who will want to prescribe in the future? How much will it affect physicians in the future (specifically primary care physicians)?

First of all, let’s ask the question correctly. It is no longer an issue of *if* other medical professionals should prescribe but rather *who* among them should prescribe and *what* their scope of practice should be. It is a fact that nurse practitioners are here to stay and contribute to the provision of primary and specialized care in many underserved areas and collaborative teams. Other health professionals, such as chiropractors, physiotherapists, and respiratory technicians, have specialized medical education and therefore do

#### The top 5 articles read on-line at cfp.ca last month

1. **RxFiles:** Taking the stress out of managing gout (December 2009)
2. **Clinical Review:** Not enough vitamin D. *Health consequences for Canadians* (May 2007)
3. **Child Health Update:** Use of oseltamivir in children (December 2009)
4. **Motherisk Update:** Exposure to fifth disease in pregnancy (December 2009)
5. **Clinical Review:** Evidence-based treatment of acute infective conjunctivitis. *Breaking the cycle of antibiotic prescribing* (November 2009)