

The other side of the spectrum

Mr Thoma's Reflections piece¹ and the subsequent responses highlight issues that I think are worth exploring.

Medical students are faced with a difficult task. We tell them to be self-aware and to develop their abilities to use their relationships with patients as part of the therapeutic process. Then we castigate them for their attempts.

Young men and women are still sexual beings as well as medical students, yet where in the curriculum do they have the opportunity to ask about the "what ifs" of medical examinations and procedures? They have their own fears and embarrassments, as well as concerns about patients' fears and embarrassments.

As senior colleagues, I think we ought to be thankful that someone had the courage to remind us that although we might have found ways to manage certain issues, our newer colleagues still struggle. For every one person who expresses a concern, there are many others who feel the same way but are afraid to seem foolish or ignorant by expressing themselves. If we want sensitive, insightful candidates for family medicine, we need to acknowledge their fears and concerns, rather than dismiss them.

It takes courage, insight, and ability to present one's insecurities to national scrutiny. These are qualities that any program director should value and nurture.

—Deirdre E. Andres MD
Saskatoon, Sask

Reference

1. Thoma B. The other side of the speculum. *Can Fam Physician* 2009;55:1112.

Uncomfortable reflections

Brent Thoma's Reflections article in the November issue of *Canadian Family Physician*, "The other side of the speculum,"¹ has generated more expressions of outrage and more Rapid Responses and letters than any article published in the journal within memory.

Several writers have castigated Mr Thoma both for his attempt to use humour to deal with a situation that has clearly caused him much uncertainty and discomfort and for his public expression of those feelings. In addition, criticism has been leveled at the editors of this journal for publishing the article as well as for failing to protect Mr Thoma from public exposure and criticism.

Mr Thoma's article was chosen for publication after a process that involved peer review by editorial staff, along with consultation with male and female colleagues regarding the potential of the article to upset or offend readers. Although there was not complete agreement, response was balanced and we decided to publish the article. This is the kind of uncertainty and risk that both authors and journal editors sometimes face.

The number and type of responses to this article has generated the kind of discussion that appears to have been vitally needed and was perhaps overdue. Mr Thoma's article and his subsequent response to the criticism² primarily reveals that he is a reflective person who has struggled with his sense of discomfort and legitimacy as a student learning to perform examinations such as Pap tests. The article and the responses to it have also highlighted a greater need for preceptors to allow trainees to openly express and discuss their discomforts and concerns about performing intimate examinations and to help them work through those concerns. Dr Andres' letter [above] perfectly explores what is at stake.³

It is not only the discipline of family medicine grappling with open discussion about these issues, but the medical profession as a whole: A recent article in the *Globe and Mail* by health reporter Andre Picard⁴ highlighted a study by a family medicine resident and her colleagues at the University of Calgary, published in the *Journal of Obstetrics and Gynecology of Canada*,⁵ which found that fewer than 1 in 5 women were aware that they might be subjected to an internal examination while in the operating room under anesthesia. Most women (72%) expected to be asked for consent before such an examination was performed. The results of this study will come as a great surprise to many and should be a cause for great concern about the medical profession's regard for informed consent, patient well-being, and the attitudes and values we are transmitting to trainees.

While we at *Canadian Family Physician* regret that Mr Thoma has been exposed to criticism and embarrassment by the publication of his article, as well as the expressions of anger toward the journal the article has engendered, we are grateful that he allowed it to be published, for his further reflections on the matter, and for the open and frank discussion that has taken place

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

1. **RxFiles:** Taking the stress out of managing gout (December 2009)
2. **Research:** Demands, values, and burnout. *Relevance for physicians* (December 2009)
3. **Clinical Review:** Exercise and knee osteoarthritis: benefit or hazard? (September 2009)
4. **Reflections:** The other side of the speculum (November 2009)
5. **Clinical Review:** Early diagnosis of neonatal cholestatic jaundice. *Test at 2 weeks* (December 2009)