

Outcomes for research capacity building

Congratulations to Drs Rosser, Godwin, and Seguin for their evaluation of the Ontario College of Family Physician's 5-weekend programs.¹ Not only have they initiated an innovative capacity building program, but they also took the time to evaluate it!

I recently attended a Canadian Institutes of Health Research-sponsored meeting where a targeted funding program was evaluated. I was particularly impressed with the data presented—they actually tracked the subsequent research productivity of participants. Although knowledge of the research grant success of the 5-weekend participants would likely not be within the authors' realm, it would be very instructive to report on the publication record of the participants. The organizers presumably have the participants' names, and record of their publications would be in the public domain.

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Reference

1. Rosser W, Godwin M, Seguin R. Family medicine research capacity building. Five-weekend programs in Ontario. *Can Fam Physician* 2010;56:e94-100.

First do no harm?

While we are very supportive of family physicians' important role in "helping patients with localized prostate cancer reach treatment decisions,"¹ we think it is just as important that family doctors attempt to ensure that as few men as possible are made to face this decision. Neither Birnie and Robinson's clinical review¹ nor Ladouceur's accompanying editorial² appear to address or acknowledge the fact that one of the most effective ways to avoid this clinical dilemma is simply to not use or recommend unproven cancer screening techniques—thus allowing men with asymptomatic localized prostate cancer to remain rightly unidentified.

The clinical scenario at the beginning of Birnie and Robinson's review mentions that the patient was "sent to a urologist because of elevated prostate-specific antigen levels and abnormal findings from digital rectal examination."¹ It is not clear why either of these examinations were carried out given that neither is recommended for asymptomatic men.³ Is it not possible that had this physician followed current prostate cancer screening recommendations, he or she would have avoided needing to help this patient with localized prostate cancer reach a treatment decision? Even more important, this patient could have also avoided being placed in this stressful circumstance!

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References

1. Birnie K, Robinson J. Helping patients with localized prostate cancer reach treatment decisions. *Can Fam Physician* 2010;56:137-41.
2. Ladouceur R. If only we could predict the future! [Editorial]. *Can Fam Physician* 2010;56:117 (Eng), 118 (Fr).
3. U.S. Preventive Services Task Force. Screening for prostate cancer: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med* 2008;149(3):185-91.

What would you do, Doc?

Birnie and Robinson have provided a valuable overview of the complexity of treatment decision making in localized prostate cancer.¹ As a clinical nurse specialist at the Manitoba Prostate Centre in Winnipeg, my work focuses on working with newly diagnosed men with prostate cancer to help them and their partners come to treatment decisions. I spend an hour or more with these couples and over and over I hear that the men have gone to their trusted family physicians and asked the question, "What would you do, Doc?" And despite the evidence presented in Birnie and Robinson's article, most men tell me their physicians respond, "Well, I'd have" The problem with this well-meaning response is that it is personal and based on the physician's values—not the patient's.

The article by Birnie and Robinson clearly points out value of clarifying the patient's values, providing unbiased information, and not presuming to know what the patient considers important. The next time someone asks you, "What would you do, Doc?" please consider the value of your hypothetical response.

—Anne Katz RN PhD
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Reference

1. Birnie K, Robinson J. Helping patients with localized prostate cancer reach treatment decisions. *Can Fam Physician* 2010;56:137-41.

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

1. **Reflections:** The other side of the speculum (November 2009)
2. **RxFiles:** Pharmacologic management of essential tremor (March 2010)
3. **Letters:** Lessons learned (February 2010)
4. **Research:** Functional impairment in chronic fatigue syndrome, fibromyalgia, and multiple chemical sensitivity (February 2010)
5. **Child Health Update:** ADHD stimulants and their effect on height in children (February 2010)