



## Call for submissions: debates

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*If you conquer without risk, you triumph without glory.*  
Pierre Corneille

The story goes that, in the course of one of the famous debates at the Oxford School of Medicine,<sup>1</sup> the Huxley-Wilberforce (or alternatively Wilberforce-Huxley) exchange in 1860, 7 months after the publication of Darwin's *On the Origin of Species*, Samuel Wilberforce demanded of Thomas Henry Huxley whether it was true that his grandparents had descended from apes. The latter retorted that he would not be ashamed to have an ape as an ancestor, but that he would be horror-stricken to be connected to a man who would use his talents to hide the truth! Even if today many doubt the veracity of these arguments, the tradition of debates was thus perpetuated in giving birth to the Oxford Union, one of the most prestigious societies in the world. Several of the great names of history have debated at the Oxford Union, notably the Dalai Lama, Mother Theresa, Malcolm X, Richard Nixon, and O.J. Simpson, and have raised a great deal of controversy.

### Canadian Family Physician's debates

*Canadian Family Physician* (CFP) considers debates to be an excellent way to clarify various positions on subjects of a medical, ethical, or political nature by encouraging expression of different points of view. Presentation of positions that are often diametrically opposed allows readers to judge the value and the rigour of the arguments set out. Over the past 5 years, CFP has published debates on many controversial subjects, for example, "Is family medicine a specialty?"<sup>2</sup> "Are inpatients' needs better served by hospitalists than by their family doctors?"<sup>3</sup> "Should family physicians treat themselves or not?"<sup>4</sup> This month, CFP questions one of the dogmas of family medicine (pages 740-1) in asking "Should a family physician be empathetic?" Lussier and Richard think yes, while Marchand has the opposite opinion. Debates such as these raise a multitude of comments, reactions, and discussions. Some academic settings even use these texts to explore underlying clinical or ethical issues.

### Call for proposals

Despite the interest raised by these debates, they remain difficult to organize. Certain themes escape us, and it is sometimes very difficult to find authors willing to advocate for the unpopular side. As you can imagine, it is generally easier to find a champion who defends the opinion of

the majority or who complies with the recommendations, than one who does not. Who, for example, would have the temerity to cast doubt on the virtues of the family medicine curriculum universally promoted by the directors of the Canadian program by questioning "Does the integrated curriculum produce the best family physicians?"<sup>5</sup> Finding a protagonist who opposes the general tendency and who is willing to put it in writing is not always easy. But CFP thinks that dissidents should be given an opportunity to state their case. Hence, this request for submissions.

If you have a topic idea or if you would like to participate in a debate, have a look at the list of upcoming topics on CFPlus\* and make your suggestions on Rapid Responses. Ideas for subjects of debates will be submitted to our Editorial Advisory Board. The reasons justifying your interest in this or that debate will be considered.

Potential authors are invited to peruse the information for authors on our website.<sup>6</sup> The debates are structured in 2 parts presenting the arguments for and against. The authors must be convincing and the arguments succinct. The strength and logic of the arguments upon which the positions adopted by the protagonists rest will be evaluated. A bulleted list summing up the 3 main arguments should close the discussion. Each text should be no longer than 900 words, excluding the bulleted list and the references, and the number of references is limited to 10. The texts of the 2 sides of the argument will be translated and published side-by-side in both official languages. Authors will be allowed a 450-word rebuttal, which will be published as a Web exclusive article in the same issue. In the rebuttal, authors should identify precisely the elements of their opponents' argument they wish to refute and present their counterarguments. *Canadian Family Physician* reserves the right to refuse both subjects and protagonists.

May the best argument win!



#### References

1. Oxford Union Society. *The Oxford Union*. Oxford, Eng: Oxford Union Society; 2007. Available from: [www.oxford-union.org/about\\_us](http://www.oxford-union.org/about_us). Accessed 2010 Jun 30.
2. Bailey T. Is family medicine a specialty? Yes [Debate]. *Can Fam Physician* 2007;53:221-3. Available from: [www.cfp.ca/cgi/reprint/53/2/221](http://www.cfp.ca/cgi/reprint/53/2/221). Accessed 2010 Jul 1.
3. Samoil D. Are inpatients' needs better served by hospitalists than by their family doctors? Yes [Debate]. *Can Fam Physician* 2008;54:1100-1. Available from: [www.cfp.ca/cgi/reprint/54/8/1100](http://www.cfp.ca/cgi/reprint/54/8/1100). Accessed 2010 Jul 1.
4. Bereza E. Should family physicians treat themselves or not? Yes [Debate]. *Can Fam Physician* 2009;55:780-2. Available from: [www.cfp.ca/cgi/reprint/55/8/780](http://www.cfp.ca/cgi/reprint/55/8/780). Accessed 2010 Jul 1.
5. Does the integrated curriculum produce the best family physicians? [Debate] *Can Fam Physician*. In press.
6. *Canadian Family Physician*. Authors. Mississauga, ON: CFP; 2009. Available from: [www.cfp.ca/misc/cfp\\_authors.dtl](http://www.cfp.ca/misc/cfp_authors.dtl). Accessed 1 July 2010



\*The list of topics is available at [www.cfp.ca](http://www.cfp.ca). Go to the full text of the article online, then click on CFPlus in the menu at the top right of the page.

Cet article se trouve aussi en français à la page 735.