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## La question me semble mal posée

Il me semble que la question qui a été posée (Les médecins de famille peuvent-ils exercer une bonne médecine sans suivre les guides de pratique clinique?) n'est pas celle qu'il fallait poser.

Il eut mieux valu demander la question suivante: Les médecins généralistes peuvent-ils exercer une bonne médecine sans s'impliquer dans une démarche EBM? La démarche EBM, ou la médecine fondée sur des preuves, consiste à intégrer les meilleures données de la recherche à la compétence clinique du soignant et aux valeurs du patient.

Entre le médecin « fou » qui appliquerait sans discernement les recommandations de pratique comme des recettes de cuisine et le médecin inconscient ne se fiant qu'à ses connaissances et à son intuition, il doit exister une forme d'exercice où les recommandations toutes imparfaites qu'elles soient (couverture incomplète du champ, faibles niveaux de preuve, conflits d'intérêts, etc.) permettent de fixer une ligne de conduite qui

jamais ne devra être normative mais qui permettra de réduire les conduites aberrantes.

Il est évident que la bonne médecine ne saurait se réduire à la seule mise en oeuvre de « bonnes » connaissances. Exercer la médecine générale requiert des compétences dans cinq champs d'activité: i) la démarche clinique spécifique (dont l'EBM, y compris la lecture critique de l'information médicale); ii) la communication avec les patients et leur entourage; iii) la gestion de l'outil professionnel; iv) les relations coordonnées avec l'environnement professionnel et les institutions sanitaires et sociales et v) les savoir-faire contribuant au développement et au rayonnement de la discipline de médecine générale.

En résumé, à la question « Les médecins généralistes peuvent-ils exercer une bonne médecine sans s'impliquer dans une démarche EBM ? » ma réponse est NON. Les guides de pratique clinique sont un mal nécessaire quoique insuffisant pour exercer une bonne médecine générale!

—Michel Arnould MD  
Villiers-Saint-Georges, France

### Référence

1. Upshur REG. Les médecins de famille peuvent-ils exercer une bonne médecine sans suivre les guides de pratique clinique? Oui [Débats]. *Can Fam Physician* 2010;56:518-20 (Eng), 522-4 (Fr).

## A fractured fairy tale

Once upon a time there were 4 little pigs named Eddie, Freddie, Maddie, and Sam who went to medical school. Eddie was the hardworking, solitary one who fought to become a doctor despite having parents who were farmers. Freddie was the driven, gregarious one who had always been wealthy and wanted it all: fame, fortune, family, and fun. Maddie was the passionate, balanced one who wanted to help people but at the same time have a family and travel. Sam was the leader.

When Eddie graduated, he went to work in his home town, Red Lake, Ont. He built a clinic with straw. He worked hard and saw patients in the hospital before starting at his clinic. He did housecalls, delivered babies, and regularly worked in the emergency department (ED). He was the quintessential fee-for-service doctor who did everything a doctor was trained to do and most things he had learned on his own. Most of the community was connected to him somehow. He worked or was on call 24/7/365. He took holidays only when he was sent on a locum. In Red Lake, Dr Eddie was a celebrity, but his family never saw him. Initially the rules gave him preferential treatment, providing Northern grants and funding for new doctors to come to town.

One day the wolf came to Eddie's home town to wreak havoc and satisfy his appetite. "Little pig, little pig, let me in," the wolf said.