Read the fine print

We read the article "Burden of acute otitis media on Canadian families,"[1] which was published in the January 2011 issue of *Canadian Family Physician,* with interest. The topic is certainly a valid line of scientific inquiry and the results are of interest to family physicians.

The authors chose to mention primary prevention of acute otitis media (AOM) through immunization and noted that this is an area requiring further study. It was curious that there was no further discussion of the other proven methods of primary prevention of AOM. Breastfeeding, in particular, is extremely well studied and effective. One large meta-analysis showed that the pooled odds ratio was 0.50 (95% confidence interval 0.36 to 0.70) when comparing exclusive breastfeeding with exclusive bottle feeding for more than either 3 or 6 months' duration.[2]

Other risk factors for AOM, including second-hand smoke, child care attendance, and pacifier use, were similarly neglected. This oversight, although initially puzzling, was quickly explained in the fine print: "This study was supported by an unrestricted research grant from GlaxoSmithKline." GlaxoSmithKline is of course, a purveyor of vaccines. We would have expected better from the authors and from this journal.

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Inconsistency in breastfeeding guidelines

We have read the article "Update on well-baby and well-child care from 0 to 5 years"[1] published in the December 2010 issue of *Canadian Family Physician*, which provided an overview of the 2009 edition of the Rourke Baby Record (RBR).

The College of Family Physicians of Canada's policy statement on infant feeding states the following: "As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter … infants should receive safe complementary foods while breastfeeding continues for up to two years of age and beyond."[2] The Canadian Paediatric Society states that "breast milk is the optimal food for infants, and breastfeeding may continue for up to two years and beyond."[3]

Both the College and the Canadian Paediatric Society endorse the RBR. In order to remain consistent with their recommendations, we believe that breastfeeding should remain listed under "Nutrition" in the RBR at the 2 to 3 years visit.

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Preventive health care, not examination

The debate over the periodic health examination[1,2] published in the February 2011 issue of *Canadian Family Physician* uses the wrong title. The first report of the Canadian Task Force pointed out that we should discuss not the *annual physical examination,* but rather the *periodic health examination,* and later the title changed further to "Canadian Task Force on Preventive Health Care."[3] Not annual, not focused on examination, and indeed not necessarily requiring a special visit.

When we examine the activities that are worth doing[4,5] to help people stay healthy in Canada, a country in which we can largely take public health for granted, the most important preventive measure is patient behaviour followed by immunizations, supplements, and a few key investigations; examination barely features at all. Blood pressure can be taken by clinic staff, and in the United Kingdom Papanicolaou tests are seldom done by GPs but are done instead by their practice nurses. A top-to-toe examination is a waste of time because none of the maneuvers have much value in detecting the earliest stages of disease (and to do them properly takes more time than is available in most preventive consultations) and because it creates inappropriate expectations that divert attention from useful activities. Most people who present for periodic health examinations are the ones least likely to need them: the non-smoking, abstemious, exercising, upper- or middle-class native-born Canadians.

Residents from across Canada who join our program report that most of their clinical teachers and preceptors in family medicine teach them to perform this wasteful ritual, more than 25 years after the Canadian Task Force was the world leader in critically appraising it. Why is knowledge dissemination so poor? It might be pleasant for doctors to develop relationships with healthy people, as Dr Mavriplis suggests, but it is at the expense of those who really need our time and the benefits of a good doctor-patient relationship: those with serious chronic illnesses and major health risks.

We must focus on the most effective methods of providing preventive health care and health care in general. This requires focusing on those who are ill, or most likely to develop sickness, and on activities that really work, not just those that make us feel good.

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Response

This subject is generating much discussion, which helps to drive change. Dr Dickinson's point is well taken: the Canadian Task Force changed its name and in so doing dropped the term *periodic health examination.* It is reminiscent of annual checkups and head-to-toe examinations, which are irrelevant. Whatever its name, the sole purpose of this visit is not to develop relationships with healthy patients. For example, many obese patients need more time to discuss lifestyle changes that could change their outcomes in the following decades. Prevention is not always easy to deliver in a short visit. Family physicians are not compensated well for the extra time they spend on these issues while building relationships with all patients. So providing a billing structure that is modernized to cover preventive services in a longer visit can achieve much and serve all patients. Physicians can offer a longer appointment to any patient who needs it, not just to well-to-do patients. In the end, we should be providing relevant, useful care with up-to-date methods. Research can help us to further explore how best to do this.

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A British perspective

I applaud Dr Howard-Tripp for articulating the view that the full annual physical is largely a waste of time.[1] I have a slightly unusual perspective on this, as I came from the United Kingdom, which does not have a cultural tradition of annual physicals, to Canada, which does.

I clearly remember the first patient I saw on my first day practising medicine in Canada, in a remote clinic in western Newfoundland. She was a morbidly obese 18-year-old who arrived asking for her "annual bloodwork." I did not understand her request and I had no idea why she had