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