

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.

—James A. Dickinson MBBS CCFP PhD FRACGP
Calgary, Alta

References

1. Howard-Tripp M. Should we abandon the periodic health examination? Yes [Debates]. *Can Fam Physician* 2011;57:158,160 (Eng); 164,166 (Fr).
2. Mavriplis C. Should we abandon the periodic health examination? No [Debates]. *Can Fam Physician* 2011;57:159,161 (Eng); 165,167 (Fr).
3. Canadian Task Force on Preventive Health Care [website]. *History of the task force*. Ottawa, ON: Canadian Task Force on Preventive Care; 2010. Available from: www.canadiantaskforce.ca/history_eng.html. Accessed 2011 Mar 9.
4. Dubey V, Glazier R. Preventive care checklist form. Evidence-based tool to improve preventive health care during complete health assessment of adults. *Can Fam Physician* 2006;52:48-55.
5. Dickinson J, Aghoram R. Preventive care in family medicine. Calgary, AB: University of Calgary Department of Family Medicine; 2010. Available from: www.ucalgary.ca/familymedicine/preventive. Accessed 2011 Mar 17.

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.

—Cleo A. Mavriplis MD CCFP FCFP
Ottawa, Ont

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

come to see me. I looked in her chart—there was no mention of any medical condition, such as diabetes, which might require periodic bloodwork, although I could see from her morbid obesity that she was at high risk of developing diabetes. She looked at me and probably thought, “What planet has this new doctor come from?” This consultation did not have a satisfactory ending for either of us. She was followed by a steady stream of obese Canadians with no other identifiable medical pathologies, all wanting their “annual bloodwork.” This was completely different from anything I had experienced in the United Kingdom.

By the end of that first day, and with some help from the clinic secretary, I finally understood. The cultural expectation in the remote Newfoundland community in which I had landed was that almost everyone would become obese, starting in childhood. Obesity was therefore seen as a normal body shape. In order to maintain good health (so said the cultural belief) patients must go to the doctor and have an annual physical, of which the most important component was the bloodwork. If the results came back normal, this proved that you were healthy and no lifestyle changes were needed, and the process would be repeated the following year.

My impression is that despite the obsession with “annual physicals” and “annual bloodwork,” Canadians are generally less healthy than the British, who do not expect an annual physical because they believe the

doctor has more important things to do. It also seems to me that in some communities (such as those in western Newfoundland), the annual physical can be counterproductive in terms of health outcomes because it diverts patients from what they really need to do, which is make lifestyle changes.

—Peter Gray MD FCFP
Belleville, Ont

Reference

1. Howard-Tripp M. Should we abandon the periodic health examination? Yes [Debates]. *Can Fam Physician* 2011;57:158,160 (Eng); 164,166 (Fr).

Response

Dr Peter Gray describes perfectly what is wrong with the periodic health examination. The annual checkup was born from a tradition of company or insurance physicals and has no relevance to evidence-based medicine. Other countries seem to get along fine without it.

But for many it has evolved into a visit with more time to attend to prevention and lifestyle counseling, which, as Dr Gray mentions, is lacking and absolutely needed in our society. It does not suit everyone, patient or physician, but if we can piggyback some prevention, evidence-based screening, and general care onto this cultural habit, then let's do it.

—Cleo A. Mavriplis MD CCFP FCFP
Ottawa, Ont