

controlled trials are great, but I often just read a recent review article). I study the articles, then ask the patient to return to review my assessment of the issue.

Some people don't seek information online. Some people get online information that is misleading. The doctor can help educate uninformed or misinformed patients. The patients who come back to review my assessment of a question they brought up after an online search thank me for my effort and opinion.

The University of British Columbia Faculty of Medicine sends medical students to work with me and my patients. Most of the students have a degree in science, and they have access to all the information available about any disease. The students report that they appreciate the guidance I give them. It takes most people about 10000 hours of work to get good at something, including family medicine. If medical students appreciate the Gestalt of a family practitioner, so do patients.

Do not despair.

—Robert W. Shepherd MDCM  
Victoria, BC

**Competing interests**

None declared

**Reference**

1. Ladouceur R. Online health. Is this the end of family medicine [Editorial]? *Can Fam Physician* 2013;59:813 (Eng), 814 (Fr).

## Concerns about referring patients to chiropractors

As an attorney and advocate for patient safety, I believe the authors of the Motherisk article that appeared in the August 2013 issue of *Canadian Family Physician* give an insufficient account of the risks that might be associated with chiropractic treatment of pregnant patients.<sup>1</sup>

Many chiropractors continue to base their treatments on the “detection” and “correction” of “subluxations,”

ill-defined and unproven spinal lesions unknown to the medical profession. Nevertheless, chiropractors “adjust” these subluxations with any number of treatments, including manual therapy. Thus, the physician whose patient is receiving manual therapy from a chiropractor might be wholly unaware that the chiropractor is actually adjusting these nonexistent subluxations. These adjustments cannot effectively treat back pain or any other condition or disease.

In fact, no better example of this can be found than the International Chiropractors Association Council on Chiropractic Pediatrics, which will be holding, in conjunction with Canadian chiropractors, its annual convention in Montreal, Que, this coming October ([www.icapediatrics.com/news-conference.php](http://www.icapediatrics.com/news-conference.php)). There will be presentations on adjustments for breastfeeding infants and for pelvic instability in pregnant patients. (Chiropractors purport to detect and correct subluxations in children, too, including neonates.) Although apparently not a subject for this conference, the Council also promotes use of the Webster technique, an adjustment of the sacral subluxation purported to have many positive effects including facilitation of “optimal fetal positioning.”<sup>2</sup>

Physicians should also be aware that many chiropractors are against vaccination. Antivaccination advocates have been invited to be presenters at previous chiropractic pediatrics conferences sponsored by this same organization.

I suggest that the prudent family physician contemplating referring any patient to a chiropractor be fully informed about chiropractic practice before doing so and that reliance on chiropractors for that information might not present a complete picture.

—Jann J. Bellamy JD  
Tallahassee, Fla

**Competing interests**

Ms Bellamy is President of the Campaign for Science-Based Healthcare.

**References**

1. Oswald C, Higgins CC, Assimakopoulos D. Optimizing pain relief during pregnancy using manual therapy. *Can Fam Physician* 2013;59:841-2.
2. International Chiropractic Pediatric Association [website]. *About the Webster technique*. Media, PA: International Chiropractic Pediatric Association. Available from: [www.icpa4kids.com/about/webster\\_technique.htm](http://www.icpa4kids.com/about/webster_technique.htm). Accessed 2013 Sep 11.

**Correction**

In the article "Challenges for rural communities in recruiting and retaining physicians. A fictional tale helps examine the issues,"<sup>1</sup> which appeared in the September 2013 issue of *Canadian Family Physician*, an error was introduced in the correspondence address. The correct correspondence information should have been as follows:

**Correspondence**

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*Canadian Family Physician* apologizes for this error.

**Reference**

1. McDonald F, Simpson C. Challenges for rural communities in recruiting and retaining physicians. A fictional tale helps examine the issues. *Can Fam Physician* 2013;59:915-7 (Eng), e390-3 (Fr).

**Correction**

In the letter "Generalism: the princess and the pea,"<sup>1</sup> which appeared in the September 2013 issue of *Canadian Family Physician*, the name of one of the authors was spelled incorrectly. The correct spelling is as follows:

—Lara Nixon MD CCFP

*Canadian Family Physician* apologizes for this error.

**Reference**

1. Kelly M, Nixon L, Tink W. Generalism: the princess and the pea [Letters]. *Can Fam Physician* 2013;59:920.

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