

### Why primary care guidelines are not prepared by family physicians

In the September issue of *Canadian Family Physician*, Drs Pimlott and Allan make a case for why primary care guidelines should be prepared by family physicians.<sup>1,2</sup> I applaud them for raising critical issues around guideline development that include conflicts of interest, the hidden curriculum, and the ever increasing number of guideline documents we have to translate into practice. While I wholeheartedly support the intent of the premise they promote, some might argue that it lacks contextual credibility.

For example, few would argue that much of what we do in clinical practice is intended to be driven by the best available evidence. A large component of many primary care guidelines involves pharmacotherapeutic intervention. In fact, drug costs represent the second-largest component of health care spending in Canada and family physicians prescribe about 80% of medications across many therapeutic areas. Unfortunately, family physicians play a minimal role in drug research and this likely explains why they are not more represented on guideline development panels.<sup>3</sup>

Underrepresentation in other research areas might also be a contributing factor. Without this fundamental research engagement, which could promote studies that are relevant to primary care and possibly mitigate some concerns around conflicts of interest, why should primary care physicians feel entitled to have more representation on guideline panels? What if the shoe were on the other foot and our specialist colleagues were asking for a seat at the table without making the type of contribution that has been traditionally linked to guideline development?

Although many of the criticisms around current guideline development offered by our colleagues are certainly relevant and very important, the suggestion that our leadership, including the College of Family Physicians of Canada, not endorse guidelines targeting primary care unless they are led by primary care physicians seems unrealistic. If the latter were the case, what is the alternative scenario given primary care's limited role in the type of knowledge generation that ultimately fills endless pages of guideline documents? What would primary care have left to endorse or use as a guiding light given the current guideline development process?

Critical appraisal on its own without original research from primary care surely cannot be the primary prerequisite for guideline development by primary care physicians. We have to consider that many of the problems related to guideline use and outcomes in primary care are not driven by underrepresentation on guideline panels, but by our lack of involvement in generating original knowledge that is directly relevant to primary care.

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#### Competing interests

Dr D'Urzo has received research, consulting, and lecturing fees from GlaxoSmithKline, Sepracor, Schering-Plough, Altana, Methapharm, AstraZeneca, ONO Pharmaceutical, Merck Canada, Forest Laboratories, Novartis, Boehringer Ingelheim (Canada) Ltd, Pfizer Canada, Skyepharma, KOS Pharmaceuticals, and Almirall.

#### References

1. Pimlott N. For family physicians, by family physicians? *Can Fam Physician* 2016;62:699 (Eng), 700 (Fr).
2. Allan GM. Should primary care guidelines be written by family physicians? Yes [Debates]. *Can Fam Physician* 2016;62:705-6 (Eng), 708-10 (Fr).
3. D'Urzo AD. Does family medicine have a professional obligation to play a leading role in pharmaceutical industry-sponsored drug research? Yes [Debates]. *Can Fam Physician* 2011;57:870, 872 (Eng); 874, 876 (Fr).

### Response

Dr D'Urzo has responded to our articles<sup>1,2</sup> and suggested that the most important issue driving family physicians' underrepresentation in their own guidelines is that they do not participate in or perform original research.

We agree that in the past family physician researchers have not been well represented in clinical research. The causes of this have been multifactorial, ranging from issues such as the lack of training and career tracks for family medicine researchers to the lack of funding opportunities for family medicine research. However, even several decades ago, many family physicians were making inroads in clinical research.

We disagree that this is currently true. Over the past decade or more family physicians have been leading a multitude of clinical research projects and networks within primary care research. The future of family medicine research looks brighter with each passing year.<sup>3,4</sup> One area of research where non-family physician specialists are far more likely to be involved than family physicians is in randomized controlled trials of pharmacotherapies (for a multiplicity of reasons), but

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