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Response

We thank the signatories for sharing their thoughtful, respectful, and well-articulated argument.

We also thank them for acknowledging the College of Family Physicians of Canada's actions to address climate change and environmental health. Indeed, one of the letter's signatories is a member of our Environmental Health Resource Group and we will benefit from his wise counsel.

To date, Scotiabank has been a valuable supporter of family medicine. As the letter writers point out, in the past 20 years, Scotiabank has contributed more than $5 million to a range of activities including medical student scholarships, continuing professional development grants, patient education and prevention initiatives, and a variety of awards and benefits for family physicians, particularly those at the beginning of their careers.

We recognize that banks rely on a multitude of investments and that not all of our members will agree with some of the investment directions. However, given the above, we do think that family medicine, especially young family doctors, have benefitted greatly from Scotiabank's support.

We believe that other organizations, such as the Canadian Association of Physicians for the Environment, are better positioned to focus on and advocate for environmental issues.

Where we have a mandate, the College of Family Physicians of Canada will continue to speak on behalf of its members with respect to environmental issues.

—David White MD CCFP FCFP
Toronto, Ont
—Francine Lemire MD CM CCFP FCFP CAE
Mississauga, Ont
—Catherine Cervin MD CCFP FCFP
Sudbury, Ont

Competing interests
Dr White is President of the College of Family Physicians of Canada (CFPC), **Dr Lemire** is Executive Director and Chief Executive Officer of the CFPC, and **Dr Cervin** is Chair of the Foundation for Advancing Family Medicine at the CFPC

Choosing Wisely Canada

I thank the College of Family Physicians of Canada President, Dr David White, for his thoughtful message in the February 2017 issue.[1] In discussing the "delicate

art" of deprescribing, he touched on an important expectation around professionalism, as described in CanMEDS–Family Medicine: to "demonstrate a commitment to reflective practice."[2] There is true humility required to stop ordering tests, treatments, or procedures that offer more harm than good.

Implementing Choosing Wisely Canada recommendations can be challenging, as in the case of the recommendation to avoid using benzodiazepines and other sedative-hypnotic medications in the elderly.[3-5] When we endeavour to tackle these kinds of recommendations, we draw on 5 CanMEDS–Family Medicine areas: scholar, family medicine expert, communicator, manager, and professional. The support we give each other around this work is therefore essential. Choosing Wisely Canada can connect family physicians and teams who are working on similar implementation projects—e-mail **info@choosingwiselycanada.org**.

—Kimberly Wintemute MD CCFP FCFP
Toronto, Ont

Competing interests
Dr Wintemute is Primary Care Co-Lead of Choosing Wisely Canada.

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No evidence for benefit of medication for obesity

The goals of the College of Family Physicians of Canada include patient-centred care and social equity. In the debate published in the February issue,[1] Drs Bourns and Shiau quote 2 randomized controlled trials.[2,3] The rest of their references were to guidelines. Bourns and Shiau state that orlistat can cause oily stool, fecal urgency, and fecal leakage.[1] The liraglutide product monograph says that it has been associated with tachycardia, first-degree atrioventricular block, nausea, vomiting, diarrhea, dehydration, renal failure, and pancreatitis (including 1 fatality).[4]

Wadden et al found that enhanced weight loss counseling helps about one-third of obese patients achieve clinically meaningful weight loss.[2] They did not show that the treatment prolonged life or decreased hospitalization. Pi-Sunyer et al found that 3.0 mg of liraglutide as an adjunct to diet and exercise counseling was associated with reduced body weight and improved metabolic control.[3] They did not show that the treatment was associated with prolonged life or decreased hospitalization. A secondary end point included health-related quality of life: "Liraglutide treatment was associated with higher scores on the SF-36 [36-Item Short Form Health Survey] for overall physical and mental health."[3] Substantially more patients taking liraglutide had nausea, diarrhea, and vomiting compared with those taking placebo.[3] The cost of 3.0 mg of liraglutide a day is $200 a month.[5]

Bourns and Shiau have not shown that medication for obesity prolongs life or improves patient quality of life. Nonetheless, they recommend that we prescribe orlistat or liraglutide. Liraglutide is expensive and causes nausea, vomiting, and diarrhea, while the use of orlistat forces the patient to use diapers and to know the location of all the bathrooms in the neighbourhood in an attempt to limit the consequences of urgent leakage of oily fecal matter.

The evidence suggests that we should not prescribe medications for obesity.

—Robert W. Shepherd MD CCFP
Victoria, BC

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Competing interests
None declared

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Fallacy of yes or no choices

The debate "Should family physicians prescribe medication for obesity?"[1,2] misses the mark completely in both points of view. As is too often the case, the question is too simple and does not address the reality of actual patient care. There is no good evidence at all, so we are left with making sense of a clinical picture and acting in the best interest of an individual patient with no good scientific reference point.

The correct answer to the debate is "sometimes." I have patients who are obese by body mass index standards, but who are fit, exercise regularly, have