

4. College of Family Physicians of Canada, Canada Health Infoway. *Advanced and meaningful use of EMRs*. Ontario: College of Family Physicians of Canada, Canada Health Infoway; 2018. Available from: https://patientsmedicalhome.ca/files/uploads/BAG_EMR2_ENG_intro.pdf. Accessed 2019 Sep 17.

Potential additions to the Greig Health Record for Young Adults

The Greig Health Record for Young Adults is a terrific resource and I applaud the authors of the article in the August issue of *Canadian Family Physician* for putting it together.¹ Two potential additions missing from the current iterations of this record are the inclusion of extragenital testing for gonorrhea and chlamydia (throat or rectal swabs, indicated for at-risk individuals including men who have sex with men) and HIV prevention methods for individuals at risk of HIV (nonoccupational post-exposure prophylaxis counseling and HIV preexposure prophylaxis counseling for at-risk men who have sex with men). The 2017 HIV preexposure prophylaxis guidelines by Tan et al in *CMAJ* have further details on the latter.²

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Competing interests

None declared

References

1. Greig AA, Tellier PP. Greig Health Record for Young Adults. Preventive health care for young adults aged 18 to 24 years. *Can Fam Physician* 2019;65:539-42 (Eng), e325-8 (Fr).
2. Tan DHS, Hull MW, Yoong D, Tremblay C, O'Byrne P, Thomas R, et al. Canadian guideline on HIV pre-exposure prophylaxis and nonoccupational postexposure prophylaxis. *CMAJ* 2017;189(47):E1448-58.

Disappointing choice of cover image

I was disappointed by your choice of cover image for the August issue of *Canadian Family Physician*.¹ It depicts an attractive young woman, heavily but tastefully made up, holding up a blue procedure mask stained with her lipstick. On her face is a neutral expression that could be interpreted in various ways. The title underneath it reads, "Unique challenges faced by early career female physicians."

While the article highlighted in the cover story accurately and insightfully identifies some of these challenges, this poor choice of cover image suggests to any outside observer who might encounter the publication that female physicians consider makeup transfer onto procedure masks to be an important issue in their practice, and that the article itself (in the vein of a 1950s women's magazine) is dedicated to helping circumvent this. Not only does this diminish the College of Family Physicians of Canada's position on its female membership in the eye of the public, but it also ridicules the article and one of the main points it is trying to make: that female physicians (especially young ones) often have difficulty being taken seriously.

I do not wish to impugn the photo itself, or the photographer. Entitled *Defiantly Feminine*, the photograph itself is well composed, and taken separately from the article it depicts a strong message that I interpret as "I'm a doctor and a young woman, and I have no apologies to make for either."

A more apt cover image could have depicted a woman torn between her roles as a mother and a physician, or even a *New Yorker*-style cartoon of a man and woman in a hospital elevator, both with their identification badges clearly visible (hers reading Dr Woman, and his, Nurse Man), and a patient entering greeting them as “Hello Nurse; hello Doctor,” respectively.

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Competing interests

None declared

References

1. Cover image. *Can Fam Physician* 2019;65:521.
2. Bogler T, Lazare K, Rambihar V. Female family physicians and the first 5 years. In pursuit of gender equity, work-life integration, and wellness. *Can Fam Physician* 2019;65:585-8 (Eng), e372-5 (Fr).

Correction

In the clinical practice guidelines published in the May 2019 issue of *Canadian Family Physician*, “Managing opioid use disorder in primary care. PEER simplified guideline,”¹ an error was inadvertently introduced. The scoring on the last line of the Clinical Opiate Withdrawal Scale in **Figure 2** (“Gooseflesh Skin”) was not accurate.

The online version has been corrected. The authors apologize for the error.

Reference

1. Korownyk C, Perry D, Ton J, Kolber MR, Garrison S, Thomas B, et al. Managing opioid use disorder in primary care. PEER simplified guideline. *Can Fam Physician* 2019;65:321-30 (Eng), e173-84 (Fr).

Correction

Dans les lignes directrices de pratique clinique publiées dans le numéro de mai 2019 du *Médecin de famille canadien*, intitulées «Prise en charge du trouble de consommation d’opioïdes en première ligne. Lignes directrices simplifiées de PEER»¹, une erreur s’est glissée par inadvertance dans la **Figure 2**, à la dernière ligne du score de la Clinical Opiate Withdrawal Scale («Chair de poule»). Le score indiqué n’était pas exact, et il a été corrigé dans la version en ligne. Les auteurs présentent leurs excuses pour cette erreur.

Référence

1. Korownyk C, Perry D, Ton J, Kolber MR, Garrison S, Thomas B, et coll. Prise en charge du trouble de consommation d’opioïdes en première ligne. Lignes directrices simplifiées de PEER. *Can Fam Physician* 2019;65:321-30 (ang), e173-84 (fr).

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