

educators in public health or are sole practitioners. They work in various facilities and also in people's homes.

Exercise is Medicine Canada is an excellent promotional program<sup>3</sup> but it is not a substitute for the protection and assurance of competence achieved through regulation. As your members evaluate the needs of their patients, it is hoped that they will refer them to practitioners who are regulated health professionals committed to public protection and safe, competent health care.

—Brenda Kritzer  
Toronto, Ont

#### Competing interests

Ms Kritzer is Registrar and Chief Executive Officer of the College of Kinesiologists of Ontario.

#### References

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3. Exercise is Medicine Canada. *EIMC exercise prescription and referral tool*. Ottawa, ON: Canadian Society for Exercise Physiology. Available from: [www.exerciseismedicine.org/canada/support\\_page.php/eimc-exercise-prescription-and-referral-tool/](http://www.exerciseismedicine.org/canada/support_page.php/eimc-exercise-prescription-and-referral-tool/). Accessed 2019 Jan 15.

## Focused practices are complementary to comprehensive care

I take issue with Dr McElroy's letter published in the December issue of *Canadian Family Physician*, "Erosion of comprehensive care and professionalism."<sup>1</sup>

Many of our colleagues have already taken to Twitter and other social media to express their concerns. I will, however, reserve my comments for his take on focused practice, which I have provided below:

One can still play a very important role in primary health care while having an office-only practice. Unfortunately there seems to be a trend of too many FPs opting for a narrow field of practice (a field that might not deserve focus), thus reducing the number of FPs providing comprehensive care. I am not

referring to emergency medicine physicians or hospitalists. Family physicians who wish to offer focused care should only be permitted to do so after 5 years of comprehensive care. They should then be obliged to also continue to provide comprehensive care to their core patients.<sup>1</sup>

In November 2018, I was honoured that the Hospice of Windsor and Essex County was named as the Ontario College of Family Physicians Family Practice of the Year for focused practices. It is the first time ever that a focused practice was recognized for this achievement. Providing high-quality palliative and end-of-life care 24 hours a day, 7 days a week, 365 days a year to community-based and hospice patients is a privilege. I and the other 9 focused-practice family physicians in our group see nothing unfortunate about this. By mentioning only emergency and hospitalist medicine, Dr McElroy either does not approve of a focused practice in palliative care or simply omits to mention it. While Dr McElroy might not feel that some fields are deserving, my patients are certainly deserving of the care we provide for them. I, for one, see all focused-practice physicians as complementary to our comprehensive care colleagues and find these type of comments to be unproductive, maybe even unprofessional themselves. We would all be better off moving forward together and working toward providing the best possible care for our patients.

—Darren Cargill MD CCFP(PC) FCFP HMDC  
Windsor, Ont

#### Competing interests

None declared

#### Reference

1. McElroy R. Erosion of comprehensive care and professionalism [Letters]. *Can Fam Physician* 2018;64:875, 877.

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