

understand how occupational mobility might affect continuity of care for other mobile Canadian families.

Dr Clark has also raised the point that many other occupations come with risks and that Canadian Armed Forces members experience lower mortality than the general population does.<sup>4</sup> Individuals who join the military and stay in the military are by definition healthier than individuals in the general population, given occupational eligibility and operational requirements. Health effects of service and acquired morbidity continue after the period of employment, with an effect on families. While it is true that the risk of mortality might be lower in particular employed subsets who do not deploy to conflict zones, no other occupation requires the employee to legally sign off on the risk of death and injury.

Five years ago, there were virtually no Canadian data on military families. Since our commentary was submitted some 14 months ago,<sup>2</sup> the field of military family health research has surged forward.<sup>3,5-10</sup> We now know through the analysis of routinely collected health administrative data more and more about the differences between the children and spouses in military families and those in civilian families, and how they access and use the publicly funded health care system. This information, along with discussions with families themselves, can help direct thinking about the barriers military families face in accessing health care.

Dr Clark has also pointed out that we have highlighted programs run by for-profit companies for military families. Calian Canada is a company with strong ties to the Department of National Defence. They also have an active program to create primary health care access for military families; we also mentioned Operation Family Doc, which has a similar mandate. Rather than endorsing a single organization, we are outlining available supports for military families that family physicians can access while facilitating access to primary health care, so the issues described in the vignette do not evolve.

Most military families do well. Yet, like any population of patients, there is a small proportion who do not. We would like to ensure that the military lifestyle factors are recognized and addressed within the family physician relationship so that the concern that families are paying a price for the serving member's service can be dampened.

—Heidi Cramm PhD OTReg(Ont)  
Kingston, Ont

—Alyson Mahar PhD  
Winnipeg, Man

—Cathy MacLean MD MCISc MBA FCFP  
Saskatoon, Sask

—Richard Birtwhistle MD MSc CCFP FCFP  
Kingston, Ont

#### Competing interests

Dr Birtwhistle has received research funding from Calian Canada through the Canadian Institute for Military and Veteran Health Research. This funded project is unrelated to this letter to the editor.

#### References

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## Correction

In the article "Caring for Canadian military families" that appeared in the January issue of *Canadian Family Physician*,<sup>1</sup> one of the authors omitted to declare a competing interest. Dr Birtwhistle received a research award from the Canadian Institute for Military and Veteran Health Research funded by Calian Canada for 3 years starting in 2015. This research project has provided 1 progress report to Calian Canada through Queen's University in Kingston, Ont, but Calian Canada has had no involvement with the project other than to connect researchers to Primacy medical clinics in several provinces.

#### Reference

1. Cramm H, Mahar A, MacLean C, Birtwhistle R. Caring for Canadian military families. *Can Fam Physician* 2019;65:9-11 (Eng), e1-4 (Fr).

The opinions expressed in letters are those of the authors. Publication does not imply endorsement by the College of Family Physicians of Canada.

## Correction

Dans l'article intitulé « Soigner les familles de militaires canadiens » publié dans le numéro de janvier du *Médecin de famille canadien*,<sup>1</sup> l'un des auteurs a omis de déclarer un intérêt concurrent. Le Dr Birtwhistle a reçu une bourse de recherche de l'Institut canadien de recherche sur la santé des militaires et des vétérans, financée par Calian Canada, pendant 3 ans à compter de 2015. Ce projet de recherche a produit 1 rapport d'étape qui a été remis à Calian Canada par l'intermédiaire de l'Université Queen à Kingston (Ontario), mais Calian Canada n'a eu aucune implication dans le projet, sauf celle d'avoir établi un contact entre les chercheurs et des cliniques médicales Primacy dans différentes provinces.

#### Référence

1. Cramm H, Mahar A, MacLean C, Birtwhistle R. Soigner les familles de militaires canadiens. *Can Fam Physician* 2019;65:9-11 (ang), e1-4 (fr).

Les opinions exprimées dans la correspondance sont celles des auteurs. Leur publication ne signifie pas qu'elles soient sanctionnées par le Collège des médecins de famille du Canada.