

## Decrease in energy expenditure in transportation

In his article in the March issue of *Canadian Family Physician*, Dr Bosomworth writes that occupational energy expenditure has dropped by 140 calories per day since the 1960s, and he postulates that this might be a contributing factor to increasing obesity rates.<sup>1</sup> But I was disappointed that his otherwise excellent article failed to address a substantial decrease in energy expenditure related to transportation. My guess is that it would average far greater than 140 calories per day, as personal motor transport over the past 5 decades has defaulted to the mode of choice for most Canadians for almost all of their displacement. The medical community should favour all political intervention to make driving less convenient, slower, and more expensive to motivate citizens to consider walking, cycling, using electric bikes, or taking transit, all of which not only constitute more physical activity but also benefit the environment and contribute to safer streets and roads for all users.

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**Competing interests**  
None declared

### Reference

1. Bosomworth NJ. Impediments to clinical application of exercise interventions in the treatment of cardiometabolic disease. *Can Fam Physician* 2019;65:164-70 (Eng), e79-86 (Fr).

## Narrative-based medicine skills

I just caught Dr Zaharias's crucial article on learning narrative-based medicine skills in the May 2018 issue of *Canadian Family Physician*<sup>1</sup> and added it as a reference to a "premise article," soon to be published in the June issue of the *British Columbia Medical Journal*.<sup>2</sup> Dr Zaharias's article is a ray of hope in a system drifting steadily toward harvesting "measurables" and the appearance of health management in our broader systems. Also, in the context of operant conditioning to seek the next link or "tick box" and losing the meaning of our work, I recommend an important episode of CBC Radio's *Sunday Edition*: [www.cbc.ca/player/play/1385247811595](http://www.cbc.ca/player/play/1385247811595).<sup>3</sup> It features an interview with the author of a recently published book summarizing

her research,<sup>4</sup> including using functional neuroimaging. It has shown that substantial interaction with information technology is associated with potential residual detrimental effects on our making of meaning and even experiencing feelings. As I have been contending, this is highly relevant to the physician-patient relationship.

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**Competing interests**  
None declared

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4. Wolf M. *Reader, come home. The reading brain in a digital world*. New York, NY: HarperCollins Publishers; 2018.

## Importance of sympathy

I found Dr Ladouceur's comments in the April editorial on the qualities (or at least experiences) demonstrated by family medicine applicants—and those qualities of family doctors that appear to be valued by patients—highly enlightening!<sup>1</sup> I very much suspect the same divergence applies to medical school applicants in general. Beyond the need to guard against the "superwoman" or "superman" bias in selecting medical applicants, I would actually suggest that such candidates could well make worse doctors. Although their strengths make them successful applicants, by definition they will be less able to sympathize with the "ordinary ... not mediocre"<sup>1</sup> patient before them. And that the quality of sympathy, an "understanding and care for someone else's suffering,"<sup>2</sup> might be the single most important quality a physician can possess.

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**Competing interests**  
None declared

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1. Ladouceur R. On the human family physician. *Can Fam Physician* 2019;65:238 (Eng), 239 (Fr).
2. Sympathy. In: *Cambridge dictionary* [dictionary online]. Cambridge, UK: Cambridge University Press. Available from: <https://dictionary.cambridge.org/dictionary/english/sympathy>. Accessed 2019 May 9.

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