Cost of warfarin versus direct oral anticoagulants

In Dr Wohlgemut's commentary "The 'direct' dilemma. Oral anticoagulants and the parameters of public prescribing," published in the November issue of *Canadian Family Physician*, his point about being fiscally responsible and recognizing the responsibility of physicians to help politicians be good stewards of the public purse is well taken[1]; however, we as physicians and as a society have to be very careful about not being penny-wise and pound-foolish. The Canadian Agency for Drugs and Technologies in Health report cited in Wohlgemut's article showed that outpatient treatment of atrial fibrillation with warfarin is cheaper than use of direct oral anticoagulants (DOACs).[2] This is not surprising given that DOACs are many times more expensive. However, we do have to recognize that effective primary care, as well as interventions that potentially improve outcomes in chronic diseases such as atrial fibrillation, ultimately save the health care system money in the long run by reducing use of acute care. The Canadian Institute for Health Information reported that in 2019, 26.6% of health spending would go toward hospitals, which is also the single biggest cost.[3] In fact, the combined cost of physicians and drugs is 30.4% of health care spending, while hospitals account for 26.6% alone. It is also worth noting that the cost of physician services increases for hospitalized patients versus patients seen on an outpatient basis. It is a complicated scenario, but others have more recently attempted to answer this question vis-à-vis DOACs: Ortiz-Cartagena and colleagues[4] conducted a study of patients enrolled in anticoagulation clinics who had hospital admissions related to anticoagulation treatment. Their findings reflected those of the earlier mentioned Canadian Institute for Health Information review,[3] in that for outpatient care alone, cost was less for warfarin, but when inpatient treatment was factored in as well, warfarin was actually less cost effective, as length of stay for the warfarin patients was substantially longer.

While the results of one study are by no means conclusive proof of superior cost efficacy in the Canadian system, it is worth noting these results. Ultimately it also raises another problem with these discussions: our health care system tends to be "siloed" in Canada. We talk about costs of primary care, or costs of acute care, but we don't always look at those systems together and the way they interact with each other. In order to provide the best care to our patients and be the best possible stewards of health care resources, we can no longer continue to do that.

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Competing interests
None declared

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Decreasing our carbon and environmental footprint at conferences

Thank you, Dr Ladouceur, for appealing to Canadian family physicians for strategies to fight climate change and preserve our planet in your November editorial, "Our fight against climate change."[1]

One idea is for the College of Family Physicians of Canada (CFPC) and its provincial and territorial counterparts to demonstrate leadership at conferences, starting immediately. Serving predominantly plant-based meals, avoiding single-use plastics, and offering and accrediting telepresence at conferences could all be done routinely. This would substantially decrease our carbon and environmental footprint as a group of health professionals.[2-4] These efforts could be publicized to set an example.

Regrettably, at the Wednesday lunch of the 2019 Family Medicine Forum in Vancouver, BC, in October, for every 3 rows of plant-based offerings, there were 10 rows of meat (roast beef or chicken). This is in line with neither Canada's Food Guide[5] nor the EAT-Lancet Commission.[6] Thankfully, the packaging and utensils were mostly compostable. A large number of physicians flew across the country to attend the conference and it is unclear (after having inquired at the CFPC) whether there were options for participating remotely.

In line with our CanMEDS–Family Medicine roles of leadership and advocacy, the Canadian public should view family physicians as exemplars in matters of health. We call on the CFPC and its provincial and territorial

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chapters to immediately organize conferences to be consistent with current scientific evidence.

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Competing interests
None declared

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Response

Thank you, Dr Tomislav Svoboda and Dr Kimberly Wintemute for your interest and constructive suggestions for Family Medicine Forum (FMF). We appreciate you taking the time to provide your feedback.

We will address each point you have mentioned. First, regarding plant-based meals, approximately 20% to 30% of vegetarian and vegan selections are included at each food service area within FMF. The boxed lunches containing meat are generally a few ounces of meat-based protein accompanied by vegetables, fruits, and grains. We make every effort to select healthy and fresh choices, while being mindful of budgets and efficiencies to serve thousands of meals and snacks in a limited window. We appreciate your suggestions and reference documents, and these will be reviewed and considered by our Conferences and Events committee. We will strive to continue to improve upon and stress the importance of healthy plant-based options to be offered efficiently and at reasonable prices, as we work with all our event venues across Canada.

In regard to single-use plastics, we are proud to say that at this past FMF in Vancouver, BC, we had no single-use plastics in our food and beverage program. Corn-based, fully compostable cups and containers were used by the Vancouver Convention Centre (VCC). The VCC has a complete in-house environmental team and all waste is hand-sorted and sent to 3 different processing companies to minimize and reduce actual garbage to extremely low levels. We were also able to come to an agreement with the facility to bring in our own Tetra Pak water cartons for instances requiring packaged water, and we confirmed in advance that these would be fully recycled through one of the VCC waste management partners; the lid was also corn based and