

## Irreparable scars

Further to Dr Ladouceur's August editorial, one point that has not been mentioned<sup>1</sup> is that the response to coronavirus disease 2019 (COVID-19) has brought clinical medicine as we know it to an end.<sup>2</sup> This scar might be irreparable.

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### Competing interests

None declared

### References

1. Roger L. Lasting scars of the pandemic. *Can Fam Physician* 2020;66:546 (Eng), 547 (Fr).
2. Heneghan C, Jefferson T. Covid-19 and the end of clinical medicine as we know it. *The Spectator* 2020 Sep 7. Available from: <https://www.spectator.co.uk/article/covid-19-and-the-end-of-clinical-medicine-as-we-know-it>. Accessed 2020 Oct 16.

## Pandemics are not worse than natural disasters

Thank you for the editorial entitled "Lasting scars of the pandemic."<sup>1</sup> It certainly hit many valid points and communicated how difficult this year has been for all of us all during the coronavirus disease 2019 (COVID-19) pandemic. I feel that a comment is needed to rebut the notion that a pandemic is worse than other disasters, such as a natural disaster. I have worked in humanitarian response for more than 20 years—from post-genocide Rwanda to post-tsunami northwest Indonesia, to Bangladesh, Pakistan, Haiti, Mozambique, and more. Although natural disasters go away, the long-term, life-long effects for those affected often do not. Life is often not the same as it was before. Those who are vulnerable and marginalized are affected even more than the average person, as we have seen in Canada during this pandemic. Let us not downplay any type of disaster, because for those affected, life is too often never the same again.

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### Competing interests

None declared

### Reference

1. Roger L. Lasting scars of the pandemic. *Can Fam Physician* 2020;66:546 (Eng), 547 (Fr).

## The history of family medicine practice management

I read the President's Message on practice management<sup>1</sup> by Dr Shirley Schipper with great interest. I applaud the

important initiative on a neglected topic for family medicine (FM) residents as they prepare for FM practice.

However, someone reading this article might get the wrong impression, especially if they do not have previous knowledge about what has taken place for teaching practice management to FM residents in various Canadian FM programs. They might think it was not taught or it was not a priority before this initiative. This is not the case.

In December 2001, Dr Paul Humphries was Director of Postgraduate Education in the Department of Family Medicine residency program at the University of Alberta (UA) in Edmonton. Being a bit of a visionary, he saw the need for practice management to be taught to FM residents at UA. Knowing my passion for teaching medical students and FM residents about FM and practice management, he asked me to be Coordinator of Practice Management Education for the program. I continued this role until 2018 when the new initiative was started and my position was dissolved.

With the aid of great support staff and with the support of the faculty at UA, we successfully presented a 2-day seminar to the second-year FM residents and were available for consultation during the year if needed. This seminar was accomplished with the additional support of a family physician from the practice arm of the Canadian Medical Association, later called *Joule*.<sup>2</sup> We were careful to avoid any bias by my presence throughout the seminar. Each year until 2017, an updated family medicine FM practice management booklet was prepared and sent electronically to each of the UA FM residents. This included sample locum tenens contracts, guidelines on how to start and write a medicolegal letter, and a checklist of things to do before starting an FM practice. The generic form of this checklist was adapted with my permission in 2017 and is now part of a Joule practice management module in both English and French.

I know it was not the intent of Dr Schipper to underplay the role that other FM preceptors have played in teaching practice management before this new initiative. I know this as I have read about her own positive experiences, and she supported my attendance at the aforementioned seminars during her time as former Postgraduate Family Medicine Director at UA. My point is that those across Canada who have been quietly

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