Climate change in common

I would like to draw attention to another challenge that both Brazilian and Canadian family physicians will have to face in upcoming years, one that was not addressed in the article by Ponka et al in the December issue of *Canadian Family Physician*[1]: climate change. This is timely given Dr Roger Ladouceur's recent call for involvement by family physicians.[2] Both countries have large areas with vast natural areas inhabited by Indigenous populations whose ways of life and local environment are threatened.[3,4] In addressing health inequity, we need to act to address climate change, and it stands to affect Indigenous populations heavily. As health care is being increasingly recognized as a contributor to greenhouse gas emissions, telemedicine and electronic consultations to bolster care in rural areas are important low-emission alternatives to traveling in person to attend consultations, or to traveling consultants.[1,5] We should also count on our family physicians to advocate for action against the disease that is climate change. The Besrour Centre could be an effective communication tool to share interventions against climate change across continents. The Besrour Centre could also put pressure on 2 large governments that need to do more for their people and their people's health.

—Adrian Stacy MBSc MD CCFP
London, Ont

Competing interests
None declared

References

1. Ponka D, Pinto LF, Whalen-Browne M, Meuser A, Prado JC Jr, Michaelides O, et al. Contrasting current challenges from the Brazilian and Canadian national health systems. The Besrour Papers: a series on the state of family medicine in Canada and Brazil. *Can Fam Physician* 2019;65:890-6.
2. Ladouceur R. Our fight against climate change. *Can Fam Physician* 2019;65:766 (Eng), 767 (Fr).
3. Schnitter R, Berry P. The climate change, food security and human health nexus in Canada: a framework to protect population health. *Int J Environ Res Public Health* 2019;16(14):E2531.
4. Brake J. Inuit express solidarity with Indigenous peoples in Amazon as Brazil fires rage. *APTN News* 2019 Aug 31. Available from: **https://aptnnews.ca/2019/08/31/inuit-express-solidarity-with-indigenous-peoples-in-amazon-as-brazil-fires-rage**. Accessed 2019 Dec 25.
5. Ponka D, Pinto LF, Michaelides O, Rouleau K. Challenges facing efforts to strengthen primary health care. The Besrour Papers: a series on the state of family medicine in Canada and Brazil. *Can Fam Physician* 2018;64:795-6 (Eng), e471-2 (Fr).

Balancing breast cancer screening limitations

We thank Bell et al[1] for their article in the November issue of *Canadian Family Physician*. This informative article captures key considerations for developing quality indicators or performance measures for primary care to support quality improvement initiatives.

The authors reference the mammogram screening indicator definition featured in the "MyPractice: Primary Care report technical appendix"[2] by Health Quality Ontario (now part of Ontario Health):

> The Health Quality Ontario "MyPractice: Primary Care report technical appendix," version 4, provides an example of a performance measure for screening with mammography. This was defined as the "percentage of screen eligible female patients aged 52 to 69 years who had a mammogram within the past two years." However, for most screening maneuvers there is a narrow trade-off between the potential for benefit and the potential for harm.[1]

Ontario Health, the government agency responsible for ensuring Ontarians receive high-quality health care services where and when they need them, agrees that benefits of mammograms for breast cancer screening in this age group might not always outweigh potential harms. Moreover, we fully acknowledge the critical roles that patient values, preferences, and choice play in clinical care. Ontario Health uses administrative databases to generate the MyPractice: Primary Care reports to minimize the burden of new data collection, understanding these databases do not capture patient choice, preferences, or values.

To balance this limitation and reflect the importance of shared decision making for breast cancer screening,[3] the MyPractice: Primary Care report explicitly states the importance of discussing care options with patients:

> We recognize that the current recommendation is to have an active discussion with women about the benefits and limitations of breast screening. Some women who are eligible to be screened choose not to. Thus, the data need to be interpreted in that context.[4]

Our MyPractice: Primary Care physician sample report can be found at **https://hqontario.ca/quality-improvement/practice-reports/primary-care**; page 13 specifically discusses breast cancer screening.

—David M. Kaplan MD MSc CCFP FCFP
—Jonathan M.C. Lam
—Sharon M. Gushue
Toronto, Ont