Practitioner's role in implementing varying guidelines

I read with great interest the article "Cervical cancer screening for young women. First do no harm" by Dr Phillips and colleagues in the January issue of *Canadian Family Physician*.[1]

Physicians often get mixed messages from various organizations regarding specific tests, screening or otherwise. For example, for cervical cancer screening, how is it possible that different countries or provinces have different guidelines for the same issue? Is it clinically possible for a cervix to change across the border from Ontario to Alberta? Of course not! The article touches on this fact.

Part of the reason guidelines differ is because they are made by different people with different experiences, expertise, and values. However, the article fails to mention another barrier in implementing evidence-based medicine: the practitioner. Individual physicians might have different perspectives on, experiences with, or knowledge of the guidelines, for example. They might be hesitant to not follow their province's guidelines out of the fear of litigation, and they might have time constraints preventing them from discussing screening in the detail required with the patient in front of them. Some suggestions are presented to help my colleagues overcome these barriers in order to serve their patients better.

First, when a difference in guidelines exists, it might be sensible to follow the guideline with the best evidence. This includes the guideline having a thorough discussion about the harms and benefits. Conflicts of interest must also be clearly disclosed. The 2018 article by Dr Dickinson and colleagues helps provide a framework for this.[2]

Second, while I am not a lawyer and I cannot comment definitively on the concerns about litigation, an article by Dr Wilson regarding cancer screening and litigation states that people must be told about the benefits, harms, limitations, and expectations of a screening test before being screened.[3] This resonates with the guidelines from several regulatory colleges in Canada around informed consent. This commentary by Dr Phillips and colleagues is particularly exemplary, as it highlights this need for shared decision making.

It should also be mentioned that the culture of the nation matters, and studies show a trend toward "defensive medicine" in countries with high litigation rates. This is not surprising, and neither is the fact that such medicine comes with unnecessary tests and overdiagnosis leading to harm.[4]

Finally, it is understandable that a family physician might wonder how a shared and informed decision can be made in a 15-minute consultation. Physicians might want to consider having pictorials at hand, such as the Canadian Task Force on Preventive Health Care 1000-person tool (not currently available for cervical cancer, but it is available for breast cancer and prostate cancer),[5,6] or they might consider giving eligible patients information leaflets ahead of their periodic health examinations. They can get feedback from colleagues about their communication skills (eg, are they using lay terms to explain concepts clearly).

For undecided patients, family physicians can consider discussing concerns and delaying a screening Papanicolaou test if it is safe to do so. Patients should be given time to decide, if possible, as the information conveyed is often new and complex. While it is unfortunate that different guidelines exist, part of the solution lies in acknowledging this and understanding these guidelines and then tailoring the solution to the person in front of you.

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Competing interests
None declared

References

1. Phillips SP, Bates S, Mavriplis C, Greiver M, Patel T, Hayes MJ, et al. Cervical cancer screening for young women. First do no harm. *Can Fam Physician* 2020;66:14-8 (Eng), 19-23 (Fr).
2. Dickinson JA, Bell NR, Grad R, Singh H, Groulx S, Szafran O. Choosing guidelines to use in your practice. *Can Fam Physician* 2018;64:357-62 (Eng), e225-31 (Fr).
3. Wilson RM. Screening for breast and cervical cancer as a common cause for litigation. A false negative result may be one of an irreducible minimum of errors. *BMJ* 2000;320(7246):1352-3.
4. Woodward C. Defensive medicine starts at the top in United States. *CMAJ* 2010;182(8):E335-6. Epub 2010 Apr 19.
5. Canadian Task Force on Preventive Health Care. *Breast cancer screening for women not at increased risk*. Montreal, QC: Canadian Task Force on Preventive Health Care; 2018. Available from: **https://canadiantaskforce.ca/wp-content/uploads/2019/01/CTFPHC_Breast_Cancer_1000_Person-Final_v10.pdf**. Accessed 2020 Mar 9.
6. Canadian Task Force on Preventive Health Care. *Benefits and harms of PSA screening*. Calgary, AB: Canadian Task Force on Preventive Health Care; 2014. Available from: **https://canadiantaskforce.ca/wp-content/uploads/2016/05/2014-prostate-cancer-harms-and-benefits-colour-en.pdf**. Accessed 2020 Mar 9.

Advocating for planetary health in medical education

Adding to the huge response to Dr Ladouceur's editorial on climate change,[1] we wish to emphasize one further role for family physicians in planetary health (PH) promotion: leadership in medical education.

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Replies have highlighted the importance of this issue to learners as expressed by the International Federation of Medical Students[2] and more locally the efforts of the Canadian Federation of Medical Students,[3,4] which include student contributions to resources developed by the Canadian Association of Physicians for the Environment (**CAPE.ca**). To respond to these calls, family physicians need to equip themselves with strong foundational knowledge about PH and lead through example. As the largest single group of physicians in Canada, we have the greatest front-line advocacy effect, not only with patients but with our learners, too. All medical schools in Canada have a department of family medicine, and family physicians are influential across the continuum of medical school and in undergraduate, postgraduate, and continuing medical education. Here we outline some ways family physicians can advocate for PH in medical education.

With students: PH training can and should take place in family medicine (FM). Family medicine clerks at the University of Calgary in Alberta participate in a workshop that focuses on PH foundational knowledge. This includes encouraging students to think proactively about meaningful change they can offer patients, communities, and society. Our focus is on empowering students to promote eco-action rather than to graduate eco-anxious, despondent doctors.

Within the school: Embedding FM representation in other medical school courses provides opportunities to advocate for inclusion of PH concepts along with FM principles in these typically "organ-centric" courses. This integration of PH and FM with other courses, in turn, informs the other physician educators within an institution. And we are excited that Canadian Federation of Medical Students has been invited to develop LMCC (Licentiate of the Medical Council of Canada) questions on PH.

With our preceptors: We should focus on greening our patient medical homes. Practically, we can green our teaching clinics to lead by example—many others have contributed excellent ideas regarding approaches to this.[1,5] We can engage our inspiring and motivated medical student trainees to help drive sustainable change across the primary care landscape. Faculty development is a great opportunity to equip preceptors with foundational language and expertise by providing evidence-based interactive practical workshops.

Finally, the challenges of the Canadian Resident Matching Service are already a topic of nationwide interest.[6] We query the carbon footprint generated by thousands of medical students as they travel back and forth across Canada. Can family medicine lead the way in reducing the planetary effects of postgraduate program selection?

Canadian family physician educators are well positioned to take leadership on PH education within medicine, similar to initiatives in the United Kingdom, and by the United Nations Education, Scientific and Cultural Organization and the World Organization of Family Doctors.[7-9] Long have family doctors been the stalwarts of the medical system with our compassion, our holistic approach, and our focus on relationships. It is time to apply that lens to the biggest community we serve: the planet of which we are a part. Family medicine in Canada has a history of innovation and global effects in medical education; let's continue to lead that tradition and help our communities—and our Earth—flourish together.

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None declared

References

1. Ladouceur R. Our fight against climate change. *Can Fam Physician* 2019;65:766 (Eng), 767 (Fr).
2. Veidis EM, Myers SS, Almada AA, Golden CD; Clinicians for Planetary Health Working Group. A call for clinicians to act on planetary health. *Lancet* 2019;393(10185):2021. Epub 2019 Apr 19.
3. Health and Environment Adaptive Response Task Force. *CFMS HEART: national report on planetary health education 2019.* Ottawa, ON: Canadian Federation of Medical Students; 2019. Available from: **https://www.cfms.org/files/HEART/CFMS%20HEART%20REPORT-Final%20(2).pdf**. Accessed 2020 Jan 15.
4. Hackett F, Got T, Kitching GT, MacQueen K, Cohen A. Training Canadian doctors for the health challenges of climate change. *Lancet Planet Health* 2020;4(1):e2-3. Epub 2020 Jan 8.
5. Blau E, Asrar FM, Arya N, Schabort I, Abelsohn A, Price D. Greener medical homes. Environmental responsibility in family medicine. *Can Fam Physician* 2016;62:381-4 (Eng), e226-30 (Fr).
6. Wilson CR, Bordman ZN. What to do about the Canadian Resident Matching Service. *CMAJ* 2017;189(47):E1436-47.
7. Thompson T, Walpole S, Braithwaite I, Inman A, Barna S, Mortimer F. Learning objectives for sustainable health care. *Lancet* 2014;384(9958):1924-5.
8. United Nations Education, Scientific and Cultural Organization. *Shaping the education of tomorrow: 2012 report on the UN Decade of Education for Sustainable Development, abridged*. Paris, Fr: United Nations Education, Scientific and Cultural Organization; 2012. Available from: **https://sustainabledevelopment.un.org/content/documents/919unesco1.pdf**. Accessed 2020 Jan 15.
9. WONCA Working Party on the Environment, Planetary Health Alliance, Clinicians for Planetary Health Working Group. *Declaration calling for family doctors of the world to act on planetary health*. Bangkok, Thailand: World Organization of Family Doctors; 2019. Available from: **https://www.wonca.net/site/DefaultSite/filesystem/documents/Groups/Environment/2019%20Planetary%20health.pdf**. Accessed 2020 Jan 15.

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