

More tools against misinformation

The excellent article on preventive health care and the media in the November issue of *Canadian Family Physician*¹ reminded me of the degree to which many medical practitioners (me included) might be conned into swimming with the tide of misinformation, especially with regard to some screening tests. This often surreptitious acquiescence to media hype and sales talk comes with a huge price tag to health care, apart from patient implications. Besides the book *Conspiracy of Hope* by Renée Pellerin² (relating to breast cancer) recommended in the article, I also recommend *Overdiagnosed* by Dr H. Gilbert Welch and colleagues,³ which covers a wide spectrum of diseases. The Canadian Task Force on Preventive Health Care (<https://canadiantaskforce.ca>), as mentioned in the article, is a worthy go-to resource for user-friendly advice, and their various 1000-patient tools should be near at hand in the clinic room. I highly recommend this article as a breath of fresh air for an often confusing medical milieu.

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Competing interests

None declared

References

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Power of words and expectation

I thank Dr Kalpit Agnihotri¹ for his commendable article on the immense power we as care providers and prescribers can wield when it comes to how our patients respond to medication. The placebo and nocebo effects are inextricably linked to how we frame our discussions about therapeutic options, and the conscious or unconscious expectations that are thereby created. One particular approach that I have found tremendously helpful to navigate these tricky waters in my own practice is the medication interest model, described in detail in Dr Shawn Christopher Shea's book of the same name.² Dr Shea, a psychiatrist with decades of expertise in the

careful art of interviewing, illuminates with many practical examples how we can tailor our discussions to respond to patients' concerns and overcome the barrier of medication indifference that often seems endemic. I suspect that such an approach might yield promising results with respect to decreasing the nocebo effect as well, and I would recommend this publication to all my colleagues who have an interest in more effective therapeutic counseling.

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Competing interests

None declared

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1. Agnihotri K. The nocebo effect in current practice. *Can Fam Physician* 2020;66:862-4 (Eng), e295-7 (Fr).
2. Shea SC. *The medication interest model: how to talk with patients about their medications*. 2nd ed. Philadelphia, PA: Wolters Kluwer; 2018.

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Disappointed in platform

I read Dr Dale Dewar's letter in the December issue¹ and I am disappointed to see that she was given a platform to express her views, as she has publicly expressed discriminatory remarks against Jewish people and Israelis.² She diminishes the importance of the Holocaust and belittles its effect on the Jewish people. Her lack of remorse for her comments and lack of understanding of Jewish history and cultural sensitivity make her a terrible choice for presenting any viewpoint concerning injustice.

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Competing interests

None declared

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1. Dewar D. Recognizing white privilege. *Can Fam Physician* 2020;66:879-82.
2. Brunskill J. Strongly worded posts by Regina Green candidate decried by Holocaust studies group. *CBC News* 2019 Sep 13. Available from: <https://www.cbc.ca/news/canada/saskatchewan/dale-dewar-green-party-1.5282368>. Accessed 2021 Jan 22.

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Methadone is methadone

As a pharmacist who has been dispensing methadone for more than 20 years to patients in and out of Ontario provincial jails, I read the article by Raski et al in the November issue¹ with interest (and gratitude to one

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