

## Very much in our backyard

I would like to thank Drs Nowak and Mulligan for their thoughtful and on-point article “Social prescribing. A call to action.”<sup>1</sup> They have accurately reflected the lived experience of family physicians who face the myriad clinical problems that have social underpinnings. The responses by our colleagues might be viewed on a spectrum from those who respond with a nihilistic “not my problem; not in my backyard,” to well-connected physicians entrenched in the resources of their communities. The case the authors describe illustrates the power of simple interventions that have far-reaching consequences.

I have been struck by the manner in which the simplest of interventions can effect powerful change. A community garden and collective condition address both food security and isolation. A linguistically specific immigrant women’s group helps isolation while addressing acculturation and sharing resources for gender-based violence. A recreational program for inner-city youth addresses mental health and prevents violence.

There is currently a 2-tiered system in primary care, where those who belong to family health groups and family health organizations do not have access to the transdisciplinary care that is so crucial to the provision of holistic care available in family health teams. In this context it becomes even more crucial to be aware of and connected with services in the community that address social isolation, poor access to mental health services, food insecurity, and poverty.

These issues are very much “in our backyard” and deserve our compassionate attention.

—*Bhooma Bhayana MD FCFP*  
London, Ont

### Competing interests

None declared

### Reference

1. Nowak DA, Mulligan K. Social prescribing. A call to action. *Can Fam Physician* 2021;67:88-91 (Eng), 96-9 (Fr).

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## Fantastic creative work

The poem “Air hunger” by Marisa Webster, published in the August 2019 issue of *Canadian Family Physician*,<sup>1</sup> demonstrates extraordinary facility in translating sensations between senses; in making ordinariness

extraordinarily beautiful through very carefully considered similes; in elevating the lead-up to a tragedy into a ceremony, illuminating epic qualities. All of it transmits to us how the poem’s speaker feels about the scene: the persona of the poem is one of great empathy and humanism. Fantastic creative work.

—*Laurie Anne Fuhr*  
Calgary, Alta

### Competing interests

None declared

### Reference

1. Webster M. Swimming against the current. *Can Fam Physician* 2019;65:567.

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## Excessive applications unnecessary

I heartily agree with Dr Delva’s article in the January 2021 issue of *Canadian Family Physician*<sup>1</sup> about the excessive number of Canadian Resident Matching Service (CaRMS) applications, and how this is often not necessary. When I applied to family medicine through CaRMS in 2002 (and, admittedly, family medicine was less popular back then), I only applied to a few programs. As a result, my interview weeks were quite relaxed and even enjoyable as I discovered the schools and the cities in which they were located.

I would argue that it does not really matter where you train. A family medicine residency is only 2 years. You are going to be busy reading and working. You will learn from any patients you see, and you will learn something from any teachers you get. You will meet new people. Even if you are far away from home, there are ways to stay connected to people you care about. Even in my day there were ways! After the 2 years are over, you can choose to move somewhere else, or stay.

As preceptors, we might give some advice to medical students who intend to apply to family medicine: do not let the CaRMS match dominate your life!

—*Colin G. Stevenson MD CCFP FCFP*  
Hamilton, Ont

### Competing interests

None declared

### Reference

1. Delva D. Helping to improve the CaRMS match. *Can Fam Physician* 2021;67:15-6 (Eng), e1-2 (Fr).

*Can Fam Physician* 2021;67:229. DOI: 10.46747/cfp.6704229\_2

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