Finally, the reality is that for many, the practice of family medicine does mean running a business, and those businesses have been undercut in many places—this year in Alberta in particular. There are many ways in which physicians are not trained for the businesses we must run successfully to sustain our clinics for our communities—from governance, to human resource management, to financial management, rental agreements, and supply management … the list goes on. In this past year there were so many disruptions to the business side of medicine that it would not be surprising if family doctors in many practice settings were overwhelmed. The "business management" side of family practice is a reality that we need to acknowledge. We need to equip family physicians to manage well and with accountability, not condemn them.

Perhaps it is time to review the way that the journal is governed, to find the line between "editorial independence" and ensuring that the journal, as the official journal of the CFPC, reflects the tone that the CFPC and its board want to set for Canadian family physicians.

—*Sarah Newbery MD CCFP FCFP*
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Competing interests
None declared

Reference

1. Ladouceur R. Family medicine is not a business. *Can Fam Physician* 2021;67:396 (Eng), 397 (Fr).

Can Fam Physician 2021;67:562-3. DOI: 10.46747/cfp.6708562_1

Focus on concrete solutions

Dr Ladouceur's editorial on the important and pressing issues related to the recovery and restoration of primary care services in the third wave of the coronavirus disease 2019 (COVID-19) pandemic missed the mark.[1] While important issues were raised, such as ensuring access to in-person care and appropriate use of virtual care, the commentary and tone were disrespectful and based mainly on anecdote rather than evidence.

As a member of Ontario's Primary Care Advisory Table on COVID-19 I have been working alongside colleagues from many diverse practice contexts, sharing our insights with each other and the Ministry of Health. These are complex issues related to a range of factors including access to personal protective equipment, Infection Prevention and Control Canada limitations on how practices can operate, local prevalence of COVID-19, etc. Temporary changes to payment structures for physicians have been put in place that may have had unintended consequences. Some of these, like funding models that support virtual care, have the potential for long-term benefit but may need adjusting to ensure they do not disrupt continuity of care or provide patients false reassurance for situations where virtual care is not appropriate.

We also need to look to the future and consider how we can carefully and safely lift some of the burdensome restrictions around active screening, physical distancing, disinfection practices, etc, as COVID-19 infection rates drop and levels of immunization rise. These are the issues that need addressing; we do not need sweeping

statements that suggest it is simply the payment models or financial imperatives that are driving the challenges we observe in access to in-person care. In our health care system there is no choice but for most practices to be both businesses and places of care, so these should not be seen as incompatible concepts. A bankrupt practice cannot deliver care to the patients it serves. We should be supporting all of our colleagues with the recovery and restoration of more usual service delivery with concrete advice on how to move forward, rather than pointing fingers.

—Michael E. Green MD CCFP FCFP
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Competing interests
None declared

Reference
1. Ladouceur R. Family medicine is not a business. *Can Fam Physician* 2021;67:396 (Eng), 397 (Fr).

Can Fam Physician 2021;67:563-4. DOI: 10.46747/cfp.6708563

Benefits of salaried model

Reading Dr Ladouceur's June editorial[1] reminded me of a story from about 20 years ago, when I worked at a community health centre as a salaried family physician. I was asked by the executive director to meet with a group of medical students who were visiting from across the border at a nearby university in upstate New York.

Thinking that this was my chance to enlighten them on the benefits of universal, single-payer health care, I spent some time describing the salaried model, which allowed me to spend the necessary time with the patients at our clinic who lived in an impoverished community and had complex medical problems that often required attention to the broadest possible determinants of health. All of these benefits were made possible by the multidisciplinary team in which I had the privilege of working.

In summing up, I made a statement to the effect that "If you want to practice medicine without having to worry about overhead and billing and measuring productivity, this is the way to practise; otherwise, you might as well have studied for an MBA rather than an MD!" There was a moment of awkward silence, followed by a few nervous laughs. I asked the students whether I had said something they disagreed with, at which point one of them informed me that they were all enrolled in a joint MD-MBA program, and had come to learn about the pitfalls of socialized medicine!

Plus ça change ... thank you, Dr Ladouceur!

—Adam I. Newman MD CCFP(AM) FCFP
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Competing interests
None declared

Reference
1. Ladouceur R. Family medicine is not a business. *Can Fam Physician* 2021;67:396 (Eng), 397 (Fr).

Can Fam Physician 2021;67:564. DOI: 10.46747/cfp.6708564

Choosing to practise telemedicine

Dr Ladouceur's editorial[1] outlines the very awkward position in which many patients have found themselves during the pandemic.