

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.

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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 editorial¹ 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!

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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).
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Choosing to practise telemedicine

Dr Ladouceur's editorial¹ outlines the very awkward position in which many patients have found themselves during the pandemic.