Uplifting article

I thank you for the thought-inspiring, warm, wonderful, and, yes, uplifting article by Dr Elizabeth Niedra in the January issue of *Canadian Family Physician*.[1] You have captured many of my and my colleagues' thoughts and feelings beautifully. You have provided food for thought as we navigate new ways of working within our clinical, educational, and academic settings to forge respectful, productive working relationships with all our colleagues.

—Karen Schultz MD CCFP FCFP
Kingston, Ont

Competing interests
None declared

Reference
1. Niedra E. Soft bodies. Feminized care labour is remaking medical leadership. *Can Fam Physician* 2022;68:51-2.

Can Fam Physician 2022;68:171. DOI: 10.46747/cfp.6803171

Creating space

Thank you for the article by Dr Elizabeth Niedra.[1] I feel seen in this piece and cried a little as I read. I hope more pieces like this are coming to help create spaces for everyone in medicine.

—Kimberly McRae MD CCFP
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Competing interests
None declared

Reference
1. Niedra E. Soft bodies. Feminized care labour is remaking medical leadership. *Can Fam Physician* 2022;68:51-2.

Can Fam Physician 2022;68:171. DOI: 10.46747/cfp.6803171_1

Inconvenient truth

I thank Dr Warren Bell for his letter to the editor in the January issue of *Canadian Family Physician*.[1] I am so relieved and grateful to see this inconvenient truth addressed.

The other missing piece of payment model reform is the simplified measurables approach to our top-down silos of accountability; within these, the quantification of assumptions about patients seen and problems "addressed" are just as flawed as the "quality" of care measurables apparently assured with guidelines and chronic disease or complex care tick boxes. There is nothing more complex than nature, including human nature and living systems. Unexamined and unknown components affect the therapeutic relationship, the understanding of the unique nature of each problem and carrier thereof, and the outcome; examples of these components include nonverbal signals, adverse childhood experiences, whether the patient feels heard, and disappointment with misunderstood science and with authority or change. Without the time and patience to build this kind of relationship the tick boxes are about appearances and run contrary to free-market incentives.

Fee-for-service thus functions at odds with the best outcomes and obtaining the most meaning and satisfaction for participants. Yes, the underlying need to resolve so many years of accumulated debt among younger colleagues needs to be addressed. When I started in practice an average rural house cost $35,000 and the fee-for-service was $16 per visit. One has increased 20-fold and the other has doubled. Family physicians are responsible for everything and are overwhelmed—even more so where there is no easy and quick access to specialists (eg, in rural locations). Little surprise that we are retiring early and replacements are not available.

—Andre C. Piver MD CCFP FCFP
Harrop, BC

Competing interests
None declared

Reference
1. Bell WR. Payment model reform requires a frank exploration of values [Letters]. *Can Fam Physician* 2022;68:9, 11.

Can Fam Physician 2022;68:171. DOI: 10.46747/cfp.6803171_2

Rhetoric fuels division

I am a Canadian-born family physician (and sport medicine physician) of Chinese descent, and am very concerned about Dr Warren Bell's following comment: "Non–Canadian-born physicians, perhaps more utilitarian in their approach to the Canadian health care system, [billed more than Canadian-born physicians]."[1] Am I wrong to say that Dr Bell is implying that those not born in Canada can all be lumped together and that he is able to discern that *they* have a different attitude than *we* do? Is it possible that the reason non–Canadian-born physicians billed more is that they work longer hours or