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
Halifax, NS

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

more days per week, having likely spent many years struggling toward licensure as international medical graduates, and are trying to recoup income for all the lost years after having moved from their home countries? Is dividing our physician work force into Canadian-born and non–Canadian-born physicians even appropriate? I think this sort of rhetoric only fuels division, at a time when division is rampant and more destructive than ever. I am disappointed.

—*Grant Lum MD CCFP(SEM) FCFP*
Toronto, Ont

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, 173. DOI: 10.46747/cfp.6803171_3

Virtual care not a replacement for continuity

In Dr Nicholas Pimlott's editorial in the January issue,[1] I believe the resolution that most clinical care can be delivered most efficiently virtually should not have been supported. Most clinical care can be delivered most efficiently via the telephone, not by audiovisual means. Virtual care should be an adjunct to in-person care. I am a firm believer that continuity of care does enhance clinical quality. Virtual care via audiovisual means, just like care via telephone, e-mail, texting, etc, is a technological tool that family physicians should use to improve access and communication with their patients, which will support continuity.

—*Lo Fu Tan MD MS CCFP FCFP*
Henderson, Nev

Competing interests
None declared

Reference

1. Pimlott N. Continuity in the age of virtual care [Editorial]. *Can Fam Physician* 2022;68:7 (Eng), 8 (Fr).

Can Fam Physician 2022;68:173. DOI: 10.46747/cfp.6803173

Virtual and in-person care both here to stay

In response to Dr Nicholas Pimlott's editorial,[1] I believe virtual care married with in-person care will be here to stay. Virtual care has strong benefits in a pandemic, but in-person care is still the bedrock of family medicine. Some patients I have had for more than 30 to 40 years actually prefer virtual care, as it is difficult to get to the office owing to distance, age, and infirmity. A workable solution is possible with responsible doctors and their patients. I am in an urban setting, and those in rural settings may find a different workable solution in their practices. I hope it will be our choice and will not be a mandated, one-size-fits-all solution.