

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,<sup>1</sup> 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,<sup>1</sup> 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.

—*Maris Andersons MD CCFP(AM) FCFP*  
Toronto, Ont

**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).

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*Can Fam Physician* 2022;68:173-4. DOI: 10.46747/cfp.6803173\_1

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## Correction

In the editorial “Silence of Francophone family physicians” published in the February issue of *Canadian Family Physician*,<sup>1</sup> the text was unclear with regard to the number of Francophone family physicians. We wish to clarify that although approximately 10,000 family physicians in Canada are Francophones, only 4458 of them are members of the College of Family Physicians of Canada.

**Reference**

1. Ladouceur R. Silence of Francophone family physicians. *Can Fam Physician* 2022;68:87 (Eng), 88 (Fr).

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*Can Fam Physician* 2022;68:174. DOI: 10.46747/cfp.6803174

## Correction

Dans l'éditorial intitulé « Le silence des médecins de famille francophones » et publié dans le numéro de

février du *Médecin de famille canadien*, le texte était imprécis quant au nombre de médecins de famille francophones. Nous tenons à préciser que, même si le nombre de médecins de famille francophones au Canada se situe à environ 10,000, seulement 4458 d'entre eux sont membres du Collège des médecins de famille du Canada.

**Référence**

1. Ladouceur R. Le silence des médecins de famille francophones. *Can Fam Physician* 2022;68:87 (ang), 88 (fr).

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*Can Fam Physician* 2022;68:174. DOI: 10.46747/cfp.6803174\_1