Children are our best teachers

I found Dr Sheri Klassen's Third Rail article[1] in the May issue of *Canadian Family Physician* to be thought provoking, facilitating a critical look at the biomedical and social model while providing an alternative thought. My favourite line is "shift from a fix-it to a fight-it to an embrace-it approach."[1] Also, the podcast[2] with the author adds new information. One of the take-home messages for me is how our children are our best teachers. They motivate us to listen and work passionately to make sense of the world.

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Competing interests
None declared

References

1. Klassen S. Doctor and parent. Thinking differently about difference. *Can Fam Physician* 2022;68:364-5.
2. Third Rail: doctor and parent. Thinking differently about difference. In: *CFP Podcast*. Mississauga, ON: Canadian Family Physician; 2022. Available from: **https://cfppodcast.libsyn.com/third-rail-doctor-and-parent-thinking-differently-about-difference**. Accessed 2022 Jun 14.

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Use problem formulation, not diagnostic formulation

Thank you, Dr Sheri Klassen,[1] for sharing your experience, perception, and impressions regarding being a parent of children who might not fit the "norm" and how to rethink the norm. Your story is a lived experience of many issues parents face, and of the challenges that arise when interacting with health care or education professionals about children who are neurodiverse.

I have found that the most effective approach to such situations is to use problem formulation, which captures strengths, abilities, and challenges, rather than diagnostic formulation. Unfortunately, at times a label (diagnosis) is required to access certain services or funding; nonetheless, education and health care professionals can use a combination of perspectives described in your article, with the main focus on assisting and helping the parent and child to develop and thrive within their realm of abilities, interests, and possibilities. Thank you again for a thought-provoking article!

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Competing interests
None declared

Reference

1. Klassen S. Doctor and parent. Thinking differently about difference. *Can Fam Physician* 2022;68:364-5.

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Focus on continuity of care

I am writing to draw attention to a recent report in *BMJ* regarding general practice.[1] Regional general practice leaders from across the United Kingdom (UK) made a strong case for a shift in policy to promote continuity of care. We should learn from their experience. Although the National Health System has its own warts and blemishes, one of its strengths is the capitation funding model that traditionally promoted continuity of care. The resolution[1] is based on a recognition of both the value of continuity of care and the erosion of continuity of primary care in the UK over recent years.

I am concerned about the current focus in Canada on access to primary care rather than the importance of continuity of high-quality care. Care fragmentation has a huge impact on patient experience, cost of care, health outcomes, and physician burnout, all of which represent the Quadruple Aim.[2]

As a long-time preceptor of family medicine residents, I have witnessed how much even a short period of continuity contributes to improving the resident and patient experience. The physician-patient relationship (1 of the 4 principles of family medicine) is fundamental to high-quality primary care. That relationship is built through continuity of care. I am encouraged by this debate in the UK and hope family medicine in Canada can learn from the experience of our colleagues across the pond.

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Competing interests
None declared

References

1. Waters A. General practice: policy makers must value continuity of care over access and targets, GP conference hears. *BMJ* 2022;377:o1202.
2. Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. *Ann Fam Med* 2014;12(6):573-6.

Can Fam Physician 2022;68:0483. DOI: 10.46747/cfp.6807483_2