

with the same primary care provider or team. As such, Rocket Doctor appears to conform to this subtype of virtual care.^{3,4} We appreciate Dr Cherniak's description of the company's different approaches to integration and billing across Canada, which we believe highlights the broad variation in models of service provision, justifying the importance of a clear typology of virtual care.

We agree Canadian physicians who work in the commercial models are often contractors, not employees. It is worth noting that in this model of care, the for-profit corporations manage the platform and thus are in the position to oversee the delivery of care.³ For example, if physicians working in the commercial models had full autonomy, within each jurisdiction we would expect some to bill privately and some publicly. Instead, billing practices are uniform within a jurisdiction and do not vary by individual physician.

We would also expect variations in advertising, websites, data handling practices, private billing rates, and platform interfaces. The lack of variation in all these aspects indicates corporate oversight of care delivery through the platform.

We also note the article cited in support of fully virtual care was conducted by employees of the same virtual care platform being studied.³ In contrast, there exists a robust body of literature developed by authors free of financial conflicts of interest, indicating stand-alone virtual care leads to discontinuity of care, inappropriate prescribing, and increased health system use.⁵⁻¹¹

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None declared

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Correction

Dans l'article « Avoir des conversations difficiles. La planification préalable des soins, les conversations sur les maladies graves et les objectifs thérapeutiques avec les patients en oncologie »¹ paru dans le numéro de février 2025 du *Médecin de famille canadien*, la deuxième phrase de l'encadré gauche de la Figure 1 à la page e29 est apparue en anglais par inadvertance. La phrase aurait dû se lire comme suit : « Confirmation du décideur substitut et de la présence de directives préalables ».

La version en ligne de cet article a été corrigée.

Référence

- O'Shea L, Wilkinson AN. Avoir des conversations difficiles. La planification préalable des soins, les conversations sur les maladies graves et les objectifs thérapeutiques avec les patients en oncologie. *Can Fam Physician* 2025;71:117-20 (ang), e29-32 (fr).

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