Thinking outside the box

To the Editor: I read your editorial¹ and whole-heartedly agree with your stance; however, I object to your attack on the knowledge level of family physicians. Over half your article goes on and on about what little FPs can or can’t do, in a very cynical manner I might add. I think you forget that FPs provide the bulk of emergency care across our country in rural hospitals, secondary and some tertiary care centres. I disagree with your comment that emergency physicians and FPs are different animals. As a person who practices in both areas I can tell that there is a lot of crossover. FPs are not dummies; most perform very well in emergency situations and have been trained to do so by people like you.

Your commentary started out well, but then you attacked your colleagues instead of continuing to focus on the real problem: bureaucrats who make uninformed decisions.

Alex Brothers, MSc, MD, CCFP(EM)
Canmore, Alta.

Reference

[The Editor responds:] I believe that the worst person to staff an ED is someone who has to be legislated there, and that the best person is an EP. To make this point, I listed some key knowledge and skills that I did not possess after completing my family medicine residency, and that I acquired during EM training. My intention was not to suggest that FPs are “dorks;” it was to point out that EPs have a deeper knowledge of EM than non-EPs. And all of the skills listed — from recognizing methanol poisoning to managing difficult airways — are important EM skills. They are not intellectual drivel that you forget about all the children on the planet that die of dehydration?

All of us must work together to make this system work. If we continue to throw up our arms and walk away or wait for more money from the government then we are doomed not because we may miss an unstable C-spine, but because we have forsaken a centuries-old unwritten code of our profession to work together and look after the sick.

Dave Laroque
Castlegar, BC
PS: I enjoy reading the Journal.

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