



Pulse

Few family physicians go it alone

A 1997 survey by the College of Family Physicians of Canada found that less than one-third (31%) of FPs and GPs are in solo practice. Less than half (49%) said a private office was their only practice setting, 22% reported practising in 2 settings, such as an office and an emergency department, and 29% said they practised in more than 2 settings.

Procedure	Family physicians who perform procedure (%)
Pap smears	82.1
Suturing	79.1
Musculoskeletal injection/aspiration	69.1
Minor surgery	58.5
Biopsy	50.1
Casting/splinting	44.9
ECG interpretation	41.6
Needle aspiration	38.8
Lumbar puncture	19.4
Pulmonary function testing	19.0
Audiometry	9.0
D+C aspiration	8.6

This information is from the College of Family Physicians of Canada's National Family Physician Workforce Database

Respondents indicated that Canada's FPs offer diverse services. More than half (53%) provide obstetrical care, although only 20% still deliver babies. Of those performing deliveries, the average number for male respondents was 32.7 per year, compared with 54.6 per year for their female colleagues.

A significant proportion (27%) reported that surgical procedures such as appendectomies and hysterectomies accounted for a small part of their practice time, and 35% offer alternative and complementary medicine. Well over half (59%) perform minor surgery; of these, 52% performed surgery on the skin and more than 1 in 5 (21%) repaired lacerations or wounds.

On average, family physicians surveyed work a total of 50.3 hours per week (excluding on-call services), with males working 53.2 hours per week compared with 44.2 hours for female FPs. Almost three-quarters (72%) of family physicians said they regularly participate in on-call activities.

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Let's hear it for old wives . . .

The approach of a new book, *Do I Need To See The Doctor?*, is summed up on page 3. The authors, gastroenterologist Brian Murat and family physician Greg Stewart, have dedicated their 74-page book to their mothers, "whose practice of commonsense, home-based therapy is an inspiration. They swear that we are alive today as a direct result of the therapeutic application of a tincture of time, a mustard poultice, or a Graval suppository whenever needed."

According to the 37-year-old physicians, their mothers were good at making sensible decisions about minor illnesses and always waited a couple of days before taking their children to the doctor. Many of these home-based health skills have disappeared since then, complains Stewart,

and Canadians have become accustomed to having professionals make decisions for them. This means they head to the doctor's office at the slightest sign of sickness.

Stewart reckons that between 25% and 40% of the problems he deals with could be handled at home. "The system is as much to blame as them," he says. "Over the past 2 or 3 decades, we haven't helped people take responsibility for elementary health care."

The 2 physicians, who have shared an office in Huntsville, Ont., for 3 years, decided to create a guide to help patients, particularly parents, deal with minor ailments (see *CMAJ* 1998;159:561). They chose 14 common conditions (including fever, sore throat and earache) and described how they can be handled without a physician's advice. "We kept it simple," says Stewart.

The guide, which took 3 years to produce, relies on flow charts and a no-nonsense approach to drugs. "We picked the products we use," explains Stewart.

The physicians decided to self-publish after talking with David Chilton, of *Wealthy Barber* fame. Within 3 months of publication, the 2 doctors were able to reprint the guide with the magic word "best-seller" on the cover: it had already sold more than 10 000 copies. Feedback from colleagues has been positive, and they're now planning a similar publication for seniors.

The authors say their guide should help save money by eliminating inappropriate visits and prescribing. "A doctor feels under pressure to prescribe even if the patient only has a cold," says Stewart. — © Charlotte Gray