

## Are doctors territorial? When it comes to quality care, we better be



Being a doctor is no walk on the beach. Certainly it's rewarding work and it's a privilege to serve others, but recent headlines suggest that we

have had sand thrown in our faces:

- The public is told that nurse practitioners can provide the same care as family doctors.<sup>1</sup>
- Naturopaths are legitimized through funding to treat patients after a car accident.<sup>2</sup>
- Some pharmacists want to give a diagnosis and then sell the treatment.<sup>3</sup>

Given the expected pushback from our profession, I was recently asked by a reporter why doctors are so territorial. My initial thought was, who is more collaborative than doctors? We work (most importantly) with our patients and their families, but also with pharmacists, kinesiologists, physio- and occupational therapists, social workers, speech and language therapists, administrators, staff, and many other health care professionals. We are asking for support to develop team-based care<sup>4</sup> so we can work together complementarily and practice to scope.<sup>5</sup>

But I have further reflected on this question. While we aren't necessarily territorial over who provides care to our patients, happily sharing it with other health care professionals in team-based settings, we are protective of our patients and of the health care system we work in. We are ardent about giving the best care—one need only look at the many online forums to see how passionately doctors advocate to protect patients from unproven or unlikely investigations and treatments such as magnetic field therapy,

chelation therapy, or consuming herbs such as kava kava. (On a side note, although language is important and there are historical reasons for its use, we ought to find another term for *alternative* medicine, because the alternative to medicine is not medicine.)

We are also territorial in advocating for our health care system,<sup>6</sup> or at least some improved form of it. Through initiatives like the Guidelines and Protocols Advisory Committee,<sup>7</sup> continuing education, and many quality-focused organizations, we do not have space for those who promote unnecessary tests<sup>8</sup> or incorrect or imaginary diagnoses.<sup>9</sup> We recognize cultural humility<sup>10</sup> but strive to balance that with science, even as movements with malicious intent<sup>11</sup> aim to erode our societal constructs of science and medicine.

It is through this lens of advocating for our patients that we can understand recent actions. We are happy to work with nurse practitioners and do so in many settings, but the skills—and, quite frankly, the value—of doctors are unparalleled. Pharmacists are our medication experts and an important part of the health care team, but the question of conflict of interest<sup>12</sup> diverges from the principle of patient-centredness.

And although much online debate eventually degrades to prove Godwin's Law, we as doctors cannot stand by while some naturopaths and functional medicine doctors encourage people to pressure medical doctors to order tests<sup>13</sup> so that insurance will pay for it.

We enjoy serving our patients and putting them first. We want better ways to collaborate in teams where each health care professional works to their full scope. But when it comes to the well-being of our patients and

our communities, we fiercely protect against wasteful investigation, shamanistic treatments, and fear-provoking propaganda. And if doing that makes us territorial, then let me be the first to draw a line in the sand.

—Eric Cadesky, MDCM,  
CCFP, FCFP  
Doctors of BC President

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world.com, and looked for diaries, novels, short stories, historical stories, poetry, and theatrical plays published between the early 1800s and recent times. I looked for reading material that was relatively slow paced, interesting but not exciting or anxiety provoking, and long enough to get sleepy—or bored—while reading it.

Here are 10 books I recommend, written by some of our physician colleagues, in alphabetical order by author:

Burris HL. *Medical Saga: The Burris Clinic and Early Pioneers*  
 Cheadle WB. *Cheadle's Journal of*

*Trip across Canada: 1862–1863*  
 Duncan AC. *Medicine, Madams, and Mounties: Stories of a Yukon Doctor*

Emmott K. *How Do You Feel?* (1992 poetry collection)

Karlinsky H. *The Evolution of Inanimate Objects: The Life and Collected Works of Thomas Darwin (1857–1879)*

Kenyon A. *The Recorded History of the Liard Basin, 1790–1910*

Lee E. *Scalpels and Buggywhips*

Leighton K. *Oar and Sail: An Odyssey of the West Coast*

Swan A. *House Calls by Float Plane: Stories of a West Coast Doctor*

Tolmie WF. *The Journals of William Fraser Tolmie: Physician and Fur Trader*

Dear Dr DRR, have a good read and a good sleep!

—George Szasz, CM, MD  
 West Vancouver

*Thank you for your concern, and I really appreciate your book suggestions.*—ED.

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<sup>1</sup> Ranked 2nd out of 1,235 balanced mutual funds in Canada. Source: Morning Star Advisor Workstation, January 31, 2019.

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