

LETTERS ♦ CORRESPONDANCE

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waning of family crises. Inevitably, physicians engaged in research or those with academic appointments, those who are politically active or "prominent in the community" will be less available to meet the needs of their patients. As a resident in family medicine 20 years ago, I became convinced that academic family physicians were generally the poorest of practitioners, and despite my current, and largely meaningless, university appointment, my views have not changed.

As a resident I was also certain that emphasis on research and academic position in family medicine reflected the continuing sense of inferiority of family physicians in comparison with specialists. I have no doubt that, as a family physician, I have a special ser-

vice, "gift" if you like, that I can bring to all my patients, whether in the clinic where I work, as a consultant in palliative care in a tertiary care hospital, or on a specialized team dealing with victims of sexual assault at another tertiary care hospital. I also have no doubt that my professional priority lies in caring for my patients, and that takes every hour I am able to prize from my family. My own family doctor expresses a similar sense of priority, as do my most admired peers, and I wish the bureaucracy of family medicine to consider what we most value in our own physicians.

There are so many devoted family physicians across the country, going to extraordinary lengths to serve their patients and reaping their rewards from the bond they form with them, that I

believe an award of "Family Physician of the Year" is utterly meaningless.

—*Bertha Fuchsman, MD, CCFP*
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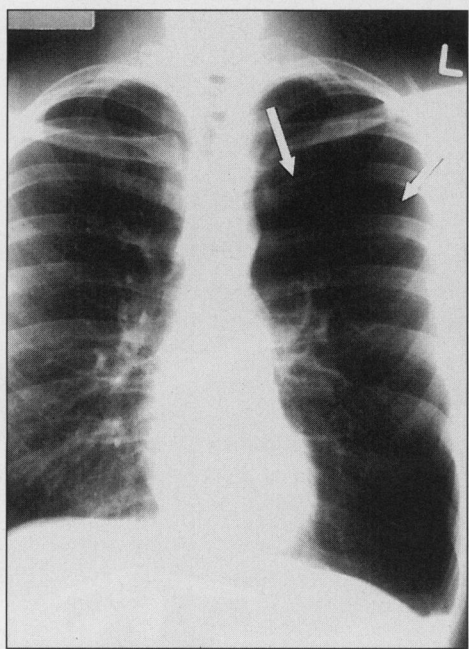
Correction

In the article "Case report: Pneumothorax and asthma" by D'Urzo et al (*Can Fam Physician* 1999;45:1524-5), the radiographs shown in Figure 1 were printed back to front. A corrected version of **Figure 1** appears below.

Canadian Family Physician apologizes for any inconvenience or embarrassment this error might have caused the authors, Dr Anthony D. D'Urzo, Dr Deborah K. D'Urzo, and Dr Kenneth R. Chapman.

Figure 1. Presence of pneumothorax is confirmed: A) Chest radiograph of patient with SSP on the left during inspiration. Arrows point to visceral pleural surface of lung. Beyond the visceral pleura is air within the pleural space; no lung markings are seen in this region. B) In this chest radiograph during expiration, arrows point to visceral pleural surface.

A



B

