It is likely that immediate prescription use has many causes (and some of these are too painful to start listing). It does appear that some patients expect a prescription and will use one despite having a minor complaint and despite their doctors' instructions. I do not know about utilization, but for antibiotic use I think that the simple solution is not to give a prescription "just in case!"

— Kevin Hay, MRCPI, CCFP
Wainwright, Alta

Who were the family physicians?

Brotman and Yaffe's recent study[1] found that 38.9% of the 86 caregivers who responded to their questionnaire experienced physicians as noncompassionate or non-supportive. They speculate that this might be due to lack of physician interest, current physician payment mechanisms in Quebec, physician stress, or physician discomfort in dealing with caregivers.

However, the authors did not describe these physicians in detail. How many physicians were studied? What are their practice patterns? Were some or all of them family physicians? If so, how many were residency-trained, how many certificants, members, or non-members of the College of Family Physicians of Canada? Without access to this information, I think it is difficult to either generate hypotheses to explain the findings or generalize these findings to other physicians and locations.

— J.A. Moran, MB, MCISc, CCFP
Winnipeg

Reference

1. Brotman SL, Yaffe MJ. Are physicians meeting the needs of family caregivers of the frail elderly? *Can Fam Physician* 1994; 40:679-85.

Response

The data we reported were part of a larger study oriented from the perspective of the caregivers, not the physicians. As such, what was important was how caregivers perceived or experienced support, and our discussion of generalizability of results was made with the caregivers, not the physicians, as the reference point.

We agree with Dr Moran that it would be valuable to know more about the treating physicians, and one of us (M.J.Y.) has a study in progress that will both test the hypotheses from the research cited above and supply the physician characteristics in which Dr Moran is interested.

— S.L. Brotman, MSW, PSW
— M.J. Yaffe, MD, FCFP
Montreal

No stereotypes in sexual abuse

Although I found Dr Martha Bala's article[1] on survivors of child sexual abuse excellent, I am distressed that it was published in an issue devoted to women's health. Childhood sexual abuse is not a trauma known only to female patients. It can be just as devastating to boys and their subsequent adult lives. The author herself states that as many as one third of all men might have been victims of sexual offenses at some point in their lives. Until physicians realize that this problem is common among male as well as female patients, it will not be diagnosed; therefore, therapy will be delayed or missed altogether.

— Thomas Mills, MD
Edmonton

Reference

1. Bala M. Caring for adult survivors of child sexual abuse. Issues for family physicians. *Can Fam Physician* 1994;40:925-31.

Providing appropriate care to both sexes

In her May editorial,[1] Dr Shelley Rechner identifies a number of systemic issues facing women family medicine faculty and contributions of female faculty to female patient health in the context of research into such health care. The health care of women is *not* "a peripheral issue to family medicine."

As Rechner notes astutely, there is a strong political influence on individual researcher's interests and biases. Although such political biases might affect the directions of research, they should not compromise the quality of the research itself.

The term "women's health" is often used politically in a different way than "women's health care." The former refers not only to traditional delivery of patient care to women, but also to positively influencing broader societal and cultural factors potentially affecting health, such as poverty, lack of education, unemployment, family violence, marital breakdown, and other societal barriers to the advancement of women. Female family physicians, in particular, have advocated powerfully for such changes.

Women's health or women's health care is becoming a subspecialty of sorts in family medicine programs, as evidenced by scholarly publication, fellowships and training programs, and patient care programs. I am unaware of any educational literature that suggests health care issues of women are uniquely neglected in family medicine curricula.

As a practising family physician, I realize the importance of psychosocial influences on a patient's health. As a caregiver, I will attempt