

“Reconciliation is not an Aboriginal problem—it is a Canadian problem. It involves all of us.”⁶

—Daniel McKennitt MD CCFP MPH
Sandy Bay Ojibway First Nation
Treaty One
Turtle Island, Man

Competing interests

None declared

References

1. White D. Indigenous health: time for action. *Canadian Family Physician* 2017;63:413 (Eng), 414 (Fr).
2. Honouring the truth, reconciling for the future. Summary of the final report of the Truth and Reconciliation Commission of Canada. Winnipeg, MB: Truth and Reconciliation Commission of Canada; 2015. Available from: www.myrobust.com/websites/trcinstitution/File/Reports/Executive_Summary_English_Web.pdf. Accessed 2017 Mar 15.
3. BC Gov News [website]. Dr. Evan Adams named Deputy PHO for Aboriginal health. Vancouver, BC: Government of British Columbia; 2012. Available from: <https://news.gov.bc.ca/stories/dr-evan-adams-named-deputy-pho-for-aboriginal-health>. Accessed 2017 Jul 12.
4. Chandler MJ, Lalonde C. Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcult Psychiatry* 1998;35(2):191-219.
5. Statistics Canada [website]. Health indicator profile, by Aboriginal identity, age group and sex, four year estimates, Canada, provinces and territories, occasional (rate). Ottawa, ON: Statistics Canada; 2016. Available from: www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=1050512&&pattern=&stByVal=1&p1=1&p2=31&tabMode=dataTable&csid=. Accessed 2017 Jul 12.
6. Fedio C. Truth and Reconciliation report brings calls for action, not words. *CBC News* 2015 Jun 2.

Time off work

I disagree with Dr Karazivan admonishing the resident for not giving the patient the 3 weeks off work that the patient requested in the May Cover Story, “Thinking like a rebel.”¹ Refusing a patient’s request for time off from work has nothing to do with systemic power, inequities, or capitalism, as Dr Karazivan suggests. In fact, refusing a request for time off from work, in the absence of evidence to support the need for time off, is practising good medicine.

The Choosing Wisely Canada occupational medicine recommendation 1 is “Don’t endorse clinically unnecessary absence from work.”² The rationale for the recommendation includes the “substantial evidence to support the positive link between work and health (physical, mental and social health).”² Absence from work slows recovery and prolongs disability. Rather than giving time off the work, the physician should give restrictions that are “objective, specific, and listed only when absolutely medically indicated.”²

Dr Karazivan asks who is winning by not granting a patient 3 weeks off work if that’s what he or she is asking for. He concludes that the patient’s boss is winning. In fact, by not granting 3 weeks off from work, the patient is winning.

—Jordyn Lerner MD
Winnipeg, Man

Competing interests

None declared

References

1. De Leeuw S. Thinking like a rebel. Listening to patients, partnering with disease, finding the inspiration in suffering. *Can Fam Physician* 2016;63:392-5 (Eng), e291-4 (Fr).
2. Choosing Wisely Canada [website]. Occupational medicine. Toronto, ON: Choosing Wisely Canada; 2017. Available from: <https://choosingwiselycanada.org/wp-content/uploads/2017/02/Occupational-medicine.pdf>. Accessed 2017 Jul 12.

Correction

In the article “Community-associated methicillin-resistant *Staphylococcus aureus* infection,” which appeared in the July issue of *Canadian Family Physician*,¹ an error was inadvertently introduced in **Table 2**. The correct version of the table appears below.

Table 2. Treatment of outpatient SSTI in the era of CA-MRSA

SSTI	TREATMENT
Simple cutaneous abscess (in a low-risk patient not involving face, hands, or genitalia)	Incision and drainage alone; obtain culture
Purulent cellulitis (without abscess): treat for CA-MRSA if risk factors present	Tetracycline, trimethoprim-sulfamethoxazole, or clindamycin
Nonpurulent cellulitis (no exudate): treat for β-hemolytic streptococcus	β-Lactam antibiotic (cloxacillin or first-generation cephalosporin)

CA-MRSA—community-associated methicillin-resistant *Staphylococcus aureus*, SSTI—skin and soft tissue infection.

*A detailed management algorithm is available within the Infectious Diseases Society of America guidelines 2014 update on SSTIs.⁷⁴ All recommendations are level II evidence, adapted from the Infectious Diseases Society of America 2011 guidelines.⁶⁵

Canadian Family Physician apologizes for this error and any confusion it might have caused.

Reference

1. Loewen K, Schreiber Y, Kirlew M, Bocking N, Kelly L. Community-associated methicillin-resistant *Staphylococcus aureus* infection. Literature review and clinical update. *Can Fam Physician* 2017;63:512-20.

Make your views known!

To comment on a particular article, open the article at www.cfp.ca and click on the eLetters tab. eLetters are usually published online within 1 to 3 days and might be selected for publication in the next print edition of the journal. To submit a letter not related to a specific article published in the journal, please e-mail letters.editor@cfpc.ca.

Faites-vous entendre!

Pour exprimer vos commentaires sur un article en particulier, accédez à cet article à www.cfp.ca et cliquez sur l’onglet eLetters. Les commentaires sous forme d’eLetters sont habituellement publiés en ligne dans un délai de 1 à 3 jours et pourraient être choisis pour apparaître dans le prochain numéro imprimé de la revue. Pour soumettre une lettre à la rédaction qui ne porte pas sur un article précis publié dans la revue, veuillez envoyer un courriel à letters.editor@cfpc.ca.