

We're number one

Meet three of Canada's best-reviewed family doctors and find out what it takes to stand out on RateMDs.com • BY MARK CARDWELL

Dr. Fred Hui used to worry that other physicians looked down on him for employing a mix of alternative and conventional medicine in his Toronto family practice. But those fears vanished when he learned he is ranked No. 1 among 3,308 family doctors in Canada's biggest city on RateMDs.com. "I

feel honoured by it," said Dr. Hui, who has held the top ranking in the city for the past three years. "It gives me validation of my path, which is different from others and sometimes lonely."

Since 2009, 159 people have posted mostly five-star reviews about him on RateMDs.com. The website is North America's

first and largest physician ratings service, with more than two million doctors listed and ranked according to specialty and geographic location.

"RateMDs is not a medical authority," reads a disclaimer on the U.S.-based website. "Our mission is to provide reliable tools and resources, including firsthand patient reviews of medical professionals, (to give) consumers the information they need to make informed choices."

Dr. Hui's patients use words such as "dedicated," "devoted," "compassionate" and "generous" to describe him and his holistic approach to medicine, which employs treatments such as hypnosis and acupuncture. Many of those reviews are long, heartfelt essays in which patients express gratitude for Dr. Hui bringing relief to chronic pain and other life-altering conditions that left other physicians baffled. "I feel my patients' urgency and predicament," said Dr. Hui, a medical lecturer at the University of Toronto who devotes most Wednesdays to researching new ideas in both conventional and alternative medicine. "I think their reviews reflect their appreciation."

'New word of mouth'

The reviews also reflect the power of social media to enable people to share non-expert opinions, pictures and even video about the products and services they use. "They are the new word of mouth," said Dr. Jui Ramaprasad (PhD), an associate professor in information systems at McGill University in Montreal. "People are exposed to more diversity and niche stuff (and) get recommendations they wouldn't normally get in their personal circles."

However, she added that, unlike with restaurants and hotels, both the dynamics and fallout of review websites are different for Canadian family doctors because they work in a public health-care system and are often in short supply. "Many Canadians are just happy to have a family doctor," said Dr. Ramaprasad. "Still, a review website allows people to understand their qualities and discover outliers with exceptional



Three of Canada's top-rated family doctors: Winnipeg's Dr. Martin Fogel (above), Montreal's Dr. Léo Lasalle (below) and Toronto's Dr. Fred Hui (bottom).



skills and ratings."

She added that people who write reviews usually do so to express levels of extreme satisfaction and gratitude or disappointment and anger. "I would think it's a trade-off for family doctors because they have limited time to provide care and patients may have unrealistic expectations," said Dr. Ramaprasad.

"That could easily result in a bad review or two. But a lot of bad reviews likely says as much about a doctor's attitude and respect toward their patients as many positive ones do."

'Patients aren't dumb'

Dr. Léo Lasalle agrees. "Patients aren't dumb," said Dr. Lasalle, who is ranked No. 1 among 2,684 family doctors in Montreal, based on 89 reviews. "They know when doctors respect them and sincerely care about them and their problems." That's why he considers rankings on RateMDs.com to be more a measure of humanity than medical skills.

"I look at the ratings for colleagues who are not very empathetic and they tend to be rated very low, so there is definitely some correlation," said Dr. Lasalle, who has a clinic in the working-class Montreal suburb of Verdun and also works at the Villa Medica, a private rehabilitation hospital in Montreal that treats roughly 80 burn victims a year.

The son of the first dean of medicine of the University of Sherbrooke, Que., and a member of the school's first cohort of graduates in the early 1970s, Dr. Lasalle said being humble, working hard and having a positive attitude are the keys

to both a fulfilling career as a family doctor and a high ranking on RateMDs.com. "I feel extremely fortunate to have a job that pays well and permits me to play an important role in people's lives," said Dr. Lasalle, who has been publicly honoured in recent years for both his volunteer and medical work. "I get up every morning and can't wait to get to work. And every patient who leaves my office leaves with a smile."

Know your limits

Another top-rated family doctor, Dr. Martin Fogel of Winnipeg, brings an equally upbeat and down-to-earth attitude to his practice. "The No. 1 rule in medicine is, of course, not to harm our patients through our actions or inactions," said Dr. Fogel, who has migrated in recent years from family medicine to aviation, occupational and refugee medicine. "I think one of the strengths of good doctors is not knowing how brilliant they are, but their limits. Rather than jumping right in, you have to realize that you can't and don't know everything."

Dr. Fogel learned a few months ago from his teenage daughter Leah that he was top-rated among 1,178 family physicians in the Manitoba capital, thanks to 28 glowing reviews. "I'm not afraid to tell patients that I don't know something. But I also tell them I'll find out and get back to them, and I do," said Dr. Fogel, who also considers honesty and punctuality to be prized attributes of family doctors. "People hope to see somebody who cares and gives them the appropriate amount of time to listen and treat their concerns," said Dr. Fogel. "I book fewer people to allow for more time to see each patient, and to return calls. That way I don't keep people waiting, and I'm available for as long as they need me." **MP**

Other relevant warnings and precautions:

- May increase the risk of infection and should be used with caution in patients with clinically important chronic or active infection.
- Tuberculosis (TB): Should not be given to patients with active TB. Evaluate for TB infection prior to initiating treatment. Initiate treatment of latent TB infection prior to administering Taltz. Consider anti-TB therapy in patients with a history of latent or active TB and in whom an adequate course of treatment cannot be confirmed. Monitor patients closely for signs and symptoms of active TB during and after treatment with Taltz.
- Serious hypersensitivity reactions, including angioedema and urticaria, have been reported in Taltz-treated patients in clinical trials.
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- Prior to initiating therapy, consider completion of all age appropriate immunizations; patients treated with Taltz should not receive live vaccines.
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- Caution should be exercised when administered to nursing women.
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† UNCOVER-2: 12-week, multicenter, randomized, double-blind, placebo-controlled, active-comparator study with 48 week follow-up for patients who achieved sPGA (0,1) (responders). Patients were randomized to Taltz 80 mg Q2W subcutaneously (n=351; initial dose 160 mg), Taltz 80 mg Q4W subcutaneously (n=347; initial dose 160 mg), etanercept 50 mg twice-weekly subcutaneously (n=358), or placebo subcutaneously (n=168). After 12 weeks, responders were re-randomized to Taltz 80 mg Q4W or Taltz 80 mg Q12W. Co-primary endpoints were the proportion of patients who achieved at least a 75% reduction in PASI score (PASI 75) from baseline to Week 12 and the proportion of patients with an sPGA (0,1) (clear or minimal) with at least a 2-point improvement from baseline.

‡ UNCOVER-1: 12-week, multicenter, randomized, double-blind, placebo-controlled study with 48-week follow-up for patients who achieved sPGA (0,1) (responders). Patients were randomized to Taltz 80 mg Q2W subcutaneously (n=433; initial dose 160 mg), Taltz 80 mg Q4W subcutaneously (n=432; initial dose 160 mg), or placebo subcutaneously (n=431). Weeks 12-60, responders were randomized to Taltz 80 mg Q4W (n=229); Taltz 80 mg Q12W (n=227), or placebo (n=226). Co-primary endpoints were the proportion of patients who achieved at least a 75% reduction in PASI score (PASI 75) from baseline to week 12 and the proportion of patients with an sPGA (0,1) (clear or minimal) with at least a 2-point improvement from baseline.

References: 1. Taltz Product Monograph. Eli Lilly Canada Inc., May 25, 2016.

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