

the role of the doctor-patient relationship in different treatment contexts—is urgently needed.⁶ Our study indicated that the degree to which men feel their family physician cares for and understands them is associated with their motivation to pursue treatment. We hope this finding will stimulate further interest in investigating men’s experience of the doctor-patient relationship, while bolstering family physicians’ confidence in the time-honored practice of forging responsive therapeutic relationships.

David Kealy, PhD, and John S. Ogrodniczuk, PhD
Department of Psychiatry, University of British
Columbia, Vancouver, Canada

Simon M. Rice, PhD
The National Centre of Excellence in Youth Mental
Health, Centre for Youth Mental Health, The
University of Melbourne, Melbourne, Australia
Olivier Ferlatte, PhD, and John L. Oliffe, PhD
School of Nursing, University of British Columbia,
Vancouver, Canada

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Re: Impact of a Rapid Point of Care Test for Influenza on Guideline Consistent Care and Antibiotic Use

To the Editor: Dear Editor, we read the publication on “Impact of a Rapid Point of Care Test for Influenza on Guideline Consistent Care and Antibiotic Use” with a great interest.¹ Dale concluded that, “independent of test outcome, patients who received the test were more likely to receive an antiviral and less likely to receive an antibiotic or have a return visit within 2 weeks.”¹ We

would like to share ideas on this report. In our setting in tropical Indochina, influenza is very common and the diagnosis is usually primarily done by clinical decision. In primary health care center, the PCR point of care testing is usually not available and the cost of the test is considered high and not affordable. Most patients are examined and if there is any suspicious clinical feature viral infection, the anti-influenza drug might be used. This practice might result in unnecessary use of antiviral drug but it is better than waiting for a very long time for getting the confirmation of influenza test result from referring referencing laboratory. Regardless of final diagnosis, the patients usually inquire for getting antiviral drug.² Nevertheless, another important problem is the effectiveness of antiviral drug due to the problem of drug resistance.² How to implement the low cost point of care PCR test for influenza is usually a big question. To serve the need in primary health care center, a cost-effective point of care test should be searched for.

Sora Yasri, PhD
KMT Primary Care Center, Bangkok Thailand
Viroj Wiwanitkit, MD
Dr DY Patil University, Pune, India

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The above letter was referred to the author of the article in question, who offers the following reply.

Response: Re: Impact of a Rapid Point of Care Test for Influenza on Guideline Consistent Care and Antibiotic Use

To the Editor: We thank Yasri and Wiwanitkit for their response regarding our publication on “Impact of a Rapid Point of Care Test for Influenza on Guideline Consistent Care and Antibiotic Use.”¹ A cost-effective point of care test is necessary to increase guideline consistency of care. Yasri and Wiwanitkit make an excellent point about the transferability of our findings to other primary care settings throughout the world where access to point of care testing may be limited. The emerging issue of drug resistance is an important consideration, particularly when diagnoses must be made solely on clinical judgment. Currently, drug

resistance to neuraminidase inhibitors remains uncommon²; clinicians have the opportunity to continue this trend through guideline consistent treatment. When feasible, one option is to use a highly accurate point of care test, or to integrate a clinical decision rule with a point of care test³ to improve diagnostic accuracy.

Ariella P. Dale, PhD, MPH
Communicable Disease Branch, Colorado Department
of Public Health and Environment, Denver, CO
Mark H. Ebell, MD, MS
Department of Epidemiology and Biostatistics,
University of Georgia, Athens, GA

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The above letter was referred to the author of the article in question, who offers the following reply.