Letters
Correspondance

Approaching spider bites

I appreciated the publication of your CME article[1] on spider bites in the August issue. Within a day of reading your summary, I had yet another patient presenting with an alleged "spider bite." It was a joy to pull out your "British Columbia–based" article and discuss the pictures and key points with the medical student who was about to assess the patient. My compliments to both Robert Bennett and Richard Vetter for a well written, well presented review article.

—George Pugh, MHSC, MASC(EE), MD
Vancouver, BC
by e-mail

Reference

1. Bennett RG, Vetter RS. An approach to spider bites. Erroneous attribution of dermonecrotic lesions to brown recluse or hobo spider bites in Canada. *Can Fam Physician* 2004;50:1098-101.

Poverty and health care reform

I thank Dr Powles for his editorial[1] in the July issue. His article struck a chord with me. I have often cited the facts regarding income spread and health of populations when discussing such things as taxes and potential health care reforms in Canada with friends, family, and colleagues. I appreciate his positive and rational message: improvement in health is possible and comes by giving people tools and the support to use them.

A pervasive view of health care simplistically seems to see only the immediate bottom line, not the long-term implications. Economically, can we afford to ignore the poor?

—Helena Swinkels, MD, CCFP
West Vancouver, BC
by e-mail

Reference

1. Powles WE. Peering down the vortex [editorial]. Poverty and human health. *Can Fam Physician* 2004;50:963-5 (Eng), 969-71 (Fr).

The suffering of all patients

I would like to raise a few points in response to Dr Daneault and Dr Dion's exploration of the nature of suffering and our profession's approach to it.[1] Every clinical encounter, whether with a family physician or a specialist, is initiated because a patient is suffering in some way, and it is remarkable that we do not explicitly teach a basic approach to suffering in our medical schools. I hope Dr Daneault and Dr Dion's introduction will initiate many discussions in undergraduate lecture halls and hospital corridors throughout the country.

Although it is natural to focus on the nature of suffering of severely ill patients, it is also important to recognize that all patients suffer. Even a minor cosmetic injury can be devastatingly disfiguring to an actor, and a sprain that seems trivial to us might put an athlete's career in jeopardy. Unless we recognize that all patients seek our counsel because of a genuine affliction, we risk dismissing their complaints and thereby dismissing their integrity as individuals. If we accept Cassell's view,[2] this paradoxically increases their suffering.

Recognizing suffering and the reason for it is crucial, but we should also challenge ourselves to help patients come to terms with it. Invariably, this means assigning some meaning to the suffering. This is a very personal endeavour; however, we as physicians can aid patients in examining, and thereby accepting, an apparently random misery. Some will find solace in their religious traditions, whether they explain suffering as retribution for a previous offence or as a necessity that only a greater power can understand. Some will see the potential for growth through suffering, or the potential to teach and inspire others. Even the most cynical might see some value and