

Letters

Correspondance

Good enough

As a physician and life coach, I read the article "To be good enough" by Drs Ratnapalan and Batty¹ with great interest. Ironically, physicians, like other professionals, are often driven by a compulsion to be perfect, yet seldom slow down to examine the quality of their lives and practices. But busy people cannot afford *not* to take time to make intentional decisions about how they will bring their personal and professional lives in line with their ideals. Questions we doctors need to ask ourselves from time to time include the following: What does *good enough* mean to me? What do I value most, personally and professionally? What boundaries must I establish to protect what I value? In light of my talents and skills, in what way can I affect the lives of my patients? What is my vision of an ideal life or practice? How will I get there?

A trusted partner, such as an insightful friend or professional life coach, can help a person gain self-awareness by asking such questions, then help creatively apply the insights, maintain focus, and overcome resistance to change through objective feedback, encouragement, and accountability.

—W. Joseph Askin MD FCFP CLC
Calgary, Alta

Reference

1. Ratnapalan S, Batty H. To be good enough. *Can Fam Physician* 2009;55:239-40 (Eng), 241-2 (Fr).

Worth doing

When I attended University of Ottawa in Ontario many years ago, we had a guest lecturer in anatomy (who happened to be the author of our textbook), who quoted G.K. Chesterton: "When a thing is worth doing, it's worth doing poorly." At the time, I probably didn't know what it meant, but now I live by that saying. As a rural physician for more than 3 decades, I have done many things poorly, but I hope they were all worth doing. It's great to have been freed from the tyranny of perfection! Thanks for the practical support.¹

—Art Wiebe MD
Kincardine, Ont

Reference

1. Ratnapalan S, Batty H. To be good enough. *Can Fam Physician* 2009;55:239-40 (Eng), 241-2 (Fr).

Side effects and risks of rabies vaccine

I thought the article "Approach to management of suspected rabies exposures"¹ was extremely helpful and practical. The absence of any mention of the potential risks and side effects of both the vaccine and the immune globulin is the only major weakness of the article.

Hence, my obvious question is, what are the respective risk and side effects I should disclose to patients

before administering the vaccine and the immune globulin?

—Olivier Sabella MDCM
Montreal, Que

Reference

1. Grill AK. Approach to management of suspected rabies exposures. *Can Fam Physician* 2009;55:247-51.

Response

The most common side effects associated with the administration of the rabies vaccine are local reactions, such as pain, redness, swelling, and induration at the injection site. Mild systemic reactions, including headache, nausea, abdominal pain, myalgia, and dizziness have also been reported in up to 40% of recipients. Systemic allergic reactions (eg, urticaria, angioedema, fever) as well as anaphylactic reactions are rare. Local pain and low-grade fever might follow the administration of rabies immune globulin.^{1,2}

It is important to emphasize that considering the rabies virus is fatal once symptoms develop, the benefits of administering both the rabies vaccine and immune globulin to a patient with a suspected exposure far outweigh any risks.

—Allan Grill MD CCFP MPH
Toronto, Ont

References

1. National Advisory Committee on Immunization, Rabies vaccine. In: *Canadian immunization guide*, 7th ed. Cat No HP40-3/2006E. Ottawa, ON: Public Health Agency of Canada; 2006. p. 285-97. Available from: www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php. Accessed 2009 Jan 21.
2. Manning SE, Rupprecht CE, Fishbein D, Hanlon CA, Lumlertdacha B, Guerra M, et al. Rabies prevention—United States, 2008: recommendations of the Advisory Committee on Immunization Practices. *MMWR Recomm Rep* 2008;57(RR-3):1-28. Available from: www.cdc.gov/mmwr/preview/mmwrhtml/rr5703a1.htm. Accessed 2009 Jan 21.

The top 5 articles read on-line at cfp.ca last month

1. **Rx Files:** Taking the stress out of acne management (March 2009)
2. **Clinical Review:** Approach to management of suspected rabies exposures. *What primary care physicians need to know* (March 2009)
3. **Clinical Review:** Complementary and alternative medicine for treatment of irritable bowel syndrome (February 2009)
4. **Editorial:** In defence of a "good-enough" family physician (March 2009)
5. **Clinical Review:** Home blood testing for celiac disease. *Recommendations for management* (February 2009)