meaning in the purely biological struggle to survive. No matter what the approach, Viktor Frankl reminds us:

We must never forget that we may also find meaning in life even when confronted with a hopeless situation, when facing a fate that cannot be changed. For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one’s predicament into a human achievement. When we are no longer able to change a situation—just think of an incurable disease such as an inoperable cancer—we are challenged to change ourselves.¹

When the path to this transformation is difficult to discern in a busy office, I ask my patients to reflect upon it, and to write about it. This can help to define the suffering and to lend an understanding to it. One patient writes: “What is the point of living with this disability? I have become lazy, lonely and bored. But because I still feel these things means that I am alive. I need to move on.”

Our focus on physical pain as the only kind of suffering that we can remedy, and on treating disease without always considering patients’ interpretation of that disease, has weakened us as a profession. We can and must do better. Our countless research dollars cannot keep up with the ingenuity—and ultimately the immutable reality—of disease. We must not see this as a failure, for we are key to helping patients confront this reality. If we do not, suffering will continue to isolate our patients, and helping them will become increasingly pointless.

—David Ponka, MD, CCFP
Ottawa, Ont

Mandatory third-year training an unmanageable financial burden

Can we please put an end to the idea of a mandatory third-year training program for family medicine?¹ Have we forgotten that interest in family medicine is at an all-time low? Have we forgotten that almost all of the family medicine programs across the country were unmatched last year? Do people realize that medical students graduate with debt in excess of $100 000? Many students are turning to specialty programs for financial reasons. If we add another year, I believe many more will choose a 5-year program in order to secure financial independence. Wouldn’t you in this scenario?

I encourage access to flexible third-year funding for those who wish to pursue extra training. Mandatory third-year training will make family medicine even less appealing than it is at present. We will head toward the American experience where only 8% of physicians are family doctors, compared with the 50% that Canada currently boasts.

—Rupa Patel, MD, CCFP
Kingston, Ont
by e-mail

Reference

Physicians playing a role in health care reform

The editorial “Reinventing primary health care” in the October issue¹ is at best preaching to the converted, and at worst a waste of editorial space. What, after

References
all, would family physicians find new about taking on leadership roles, working collaboratively, partnering in health promotion, or providing high-quality medical care? These are traditional roles we have filled for the past 50 years.

The real need for an editorial such as this is in journals directed to health care administrators, health planners, regional health care chief executive officers, nurses and other health professionals, and yes, health and policy researchers who have a profound lack of understanding of the scope, philosophy, and practice of family medicine. These are the individuals and groups who need to be educated about what we do so that they will cease to blame us for being the roadblocks to reform and will engage us as partners in the process.

—Paul Bonisteel, MD, CCFP, FCFP
New Harbour, Nfld
by fax

Reference

Author stands by results of probiotics study

Commercially prepared probiotics continue to be unregulated here in Canada. In January 2004 Health Canada opened a new branch called the Natural Health Products Directorate (NHPD). Although the NHPD has set up guidelines for good manufacturing practices, the actual contents of health products sold commercially are not analyzed or tested for their authenticity.

Products chosen for the study\(^1\) contained lactobacillus, as this bacterium is the only probiotic to demonstrate some benefit in shortening bouts of diarrhea in large randomized control trials. The products were picked at random from various health stores in the lower mainland of British Columbia. All storage instructions were followed, and the contents were transferred aseptically for analysis. Both the person transferring the contents and the microbiologist were blinded to the ingredients of each product.

Regarding the culture media, the initials BAP should have been expanded as “blood agar plate” and CNA as “colistin naladisic agar,” which is especially good for growing Gram-positive organisms. All of the culture media used for cultivation are appropriate for growing anaerobic, aerobic, microaerophilic, and facultative microorganisms. The ingredients of the media and the US Pharmacopeia and Drug Identification Numbers are available on request.

There were no competing interests for this study. The results were similar in a UK study done in 1996,\(^2\) and I stand by the results of this study.\(^1\) The public is essentially buying products that have no proven benefit and that are not being regulated or analyzed by Health Canada at this time.

—Brenda Huff, MD, CCFP
Aiyansh, BC
by e-mail

References