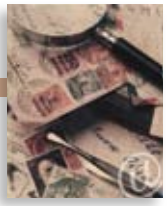
Letters
Correspondance



Shared objections to NAOMI

I congratulate Drs Kahan, Srivastava, and Shen on their editorial[1] in the June issue of *Canadian Family Physician,* where they rightly criticize the North American Opiate Medication Initiative (NAOMI project).

I have been prescribing methadone for 16 years, and experience prompts my complete agreement with their arguments. Far more money needs to be allocated to providing methadone services in rural Ontario and to educating physicians about substance abuse, particularly iatrogenic opioid addiction, which is no small problem.

Well done.

—Martyn Judson, MD, CCFP, FCFP
London, Ont
by mail

Reference

1. Kahan M, Srivastava A, Shen K. Why we object to NAOMI. Heroin maintenance in Canada. *Can Fam Physician* 2006;52:705-6 (Eng), 709-11 (Fr).

Helpful when traditional therapies fail

I thank Dr Lloyd-Smith for his thoughtful review of my book.[1] Bringing the *Auto Accident Survivor's Guide for British Columbia* to the attention of family physicians and recommending it for use with patients involved in motor vehicle accidents will help reduce the considerable anguish many patients have in dealing with the medical-legal-insurance system after an accident.

My only quibble is with Dr Lloyd-Smith's perception that alternative therapies are overemphasized in the book and traditional treatments understated. I've alluded to alternative therapies only briefly (once in a section on common rehabilitation and once in discussing late down-the-line treatment for those with spinal cord injury), noting that these treatments "can be helpful when traditional therapies fail to eliminate physical and psychological problems." Traditional therapies are discussed more extensively, with physiotherapy noted to be the most frequently recommended treatment after motor vehicle accidents. Further mentions of alternative therapy refer solely to the difficulty of getting insurers to cover it, even when it is recommended by family physicians.

I bring up this relatively minor point because of what I perceive to be an automatic rejection of alternative therapies by many physicians. Clearly, as I note in the *Auto Accident Survivor's Guide,* these shouldn't be the first approaches taken. They have, however, been helpful to many people who have already exhausted the remedies available through traditional channels and are still seeking relief. Whether these therapies work to the degree they do only because of the placebo effect is irrelevant to patients who are finally getting a measure of relief. I'm very grateful to my family physician in Vancouver, BC, for recommending alternative approaches to me when I was still in considerable pain many years after sustaining multiple fractures and soft tissue injuries when struck by a car while crossing the street. Some of her other patients had found relief through these treatments; I did as well.

Dr Lloyd-Smith helpfully pointed out my erroneous mention of orthopedic surgeons as a resource in evaluating soft tissue injuries. This is, of course, the physiatrist's role; this will be corrected in the next printing.

—Jill Franklin
author of Auto Accident Survivor's Guide for British Columbia
Providence, RI
by e-mail

Reference

1. Lloyd-Smith R. Auto Accident Survivor's Guide for British Columbia. Navigating the medical-legal-insurance system [Book Reviews]. *Can Fam Physician* 2006;52:1115-6.

E-mail guidelines

We are writing about Dr Michelle Greiver's article, "Practice Tips. E-mailing patients," in the September 2006 issue.[1] E-mail communication between physicians and patients is indeed a growing trend, and clear guidelines are required to ensure patient safety and confidentiality are maintained. For these reasons, in February 2005, the Canadian Medical Association (CMA) created a policy on *Physician Guidelines for Online Communication with Patients* that outlines the best Canadian practices. The policy is available in English and French on the CMA website

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at **http://policybase.cma.ca/dbtw-wpd/PolicyPDF/PD05-03.pdf.** In addition the CMA has also developed a privacy tool called the CMA Privacy Wizard, which allows physicians to rapidly create a personalized patient confidentiality policy for their practice. This tool is also available free in both official languages on the CMA website at **www.cma.ca/index.cfm/ci_id/40833/la_id/1.htm**. (Please note that registering for **cma.ca** is free for all physicians in Canada.)

—William Pascal
Chief Technology Officer, CMA
—Dr Alexandra Tcheremenska-Greenhill
Director, CMA Office for Leadership in Medicine
Ottawa, Ont
by e-mail

Reference

1. Greiver M. E-mailing patients [Practice Tips]. *Can Fam Physician* 2006;52:1074.

Does chronic opioid use really reduce pain?

The articles by Kahan and colleagues on opioids for managing chronic non-malignant pain[1] and misuse of and dependence on opioids[2] in the September issue of *Canadian Family Physician* contained much useful information. They did not, however, address the problem of developing tolerance. I have seen many patients who have developed such tolerance and have been struck by the fact that, if they have an injury or even undergo venipuncture, they seem to have as much pain as other people who are not taking narcotics. I wonder whether chronic opioid use really does reduce pain.

—David Howe, MD, CCFP, FCFP
Parrsboro, NS
by e-mail

References

1. Kahan M, Srivastava A, Wilson L, Mailis-Gagnon A, Midmer D. Opioids for managing chronic non-malignant pain. Safe and effective prescribing. *Can Fam Physician* 2006;52:1091-6.
2. Kahan M, Srivastava A, Wilson L, Gourlay D, Midmer D. Misuse of and dependence on opioids. Study of chronic pain patients. *Can Fam Physician* 2006;52:1081-7.

Response

Patients taking long-term opioid therapy will develop partial analgesic tolerance over time. In addition, they might develop permanent hyperalgesia (lowered pain threshold) even if opioids are discontinued. Thus, as Dr Howe observed, these patients will often need higher opioid doses for acute analgesia than patients not taking opioids need. Physicians can minimize this problem by avoiding excessive opioid doses and tapering the opioid dose if no longer needed.

—Meldon Kahan, MD, CCFP, FRCPC
Toronto, Ont
by e-mail

Functional medicine

Congratulations to Dr Sherman on his editorial regarding complementary and alternative medicine.[1] I believe that he makes important points about the need for physicians to be more open to and understanding of complementary and alternative approaches.

I would like to point out that a huge body of research literature supports complementary and alternative medicine and that this information can now be easily accessed through the recent publication of the first *Textbook of Functional Medicine*.[2] Functional medicine is the brainchild of Dr Jeffery Bland, a nutritional biochemist who has pioneered evidence-based integrative medicine for more than 25 years. This textbook, a combination of the work of many of us who have practised in this area over the last generation, is a "must-read" for anyone interested in broadening their vision for healing in our troubled medical milieu. The textbook is extensively referenced with peer-reviewed literature that supports the biochemistry and nutrition that form the infrastructure of integrative medicine.

In addition, some physicians might be interested in a monthly tape series entitled "Functional Medicine Update," which reviews the ongoing peer-reviewed research regarding integrative medicine and is authored by Dr Jeffery Bland himself. Both of these products can be obtained by visiting the Institute of Functional Medicine at **www.functionalmedicine.org** and clicking on the bookstore and publications menu or by phoning 800 228-0622.

I hope that some physicians will take up the challenge offered by Dr Sherman in his editorial. The suggestions above would be an excellent starting point for anyone interested in this area.

—Edward Leyton, MD, FCFP, CGPP
Kingston, Ont
by e-mail

References

1. Sherman M. Integrative medicine. Model for health care reform. *Can Fam Physician* 2006;52:832-3 (Eng), 838-9 (Fr).
2. Jones D, editor. *Textbook of functional medicine.* Gig Harbor, Wash: Institute of Functional Medicine; 2005.

Correction

In the article "Health supervision from 0 to 5 years using the Rourke Baby Record 2006" (*Can Fam Physician* 2006;52:1273-4), we inadvertently omitted the following note. "This article was published jointly by the College of Family Physicians of Canada and the Canadian Paediatric Society. It also appears in *Paediatr Child Health* 2006;11(8):487-8."

Canadian Family Physician apologizes for this omission.