

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](http://www.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 pain¹ and misuse of and dependence on opioids² 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

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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

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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

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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.