

The Bridge Hospice

Thank you for featuring The Bridge Hospice in the August edition of *Canadian Family Physician*.¹ The Bridge Hospice was an amazing accomplishment from dream to fruition. Unfortunately, the article essentially misses the point of building a rural hospice.

It took 3 women with a vision and an entire community to build and staff the hospice. In 2006, Lynda Pecora, Pauline Faull, and Rosaleen Dunne held a meeting in Warkworth, Ont, and invited the community to participate in their dream of a residential hospice. These passionate and committed nurses inspired a community of 700 people to create a physical and emotional space for those with terminal illnesses in their community. This was a formidable task, but they accomplished it by demonstrating a profound belief in the importance of end-of-life care.

A board of directors was formed in 2006 and by 2009 they had laid the groundwork for a charitable organization and started fundraising. Within a year they had raised more than \$350 000 for capital expenses. That was augmented by another \$100 000 over the next 2 years. A Trillium grant of \$187 000 for operating expenses allowed the board to start hiring staff. This staff trained more than 70 volunteers from the community, who continue to provide emotional and physical support to residents and their families.

Dr Henderson joined the board in 2010 and should rightly be commended for doing a wonderful job getting The Bridge Hospice up and running, but it was the entire community that built the hospice by contributing money and volunteer labour to its construction.

I hope that the take-away message from the article is that a community can build a hospice. It took a dream, passion, and a committed community in rural Ontario to make The Bridge Hospice a reality. As a former resident of the area, I have experienced the outgoing nature and support of these people and highly commend their team effort.

—Claire Grant
Belleville, Ont

Competing interests

Ms Grant played no part in the project other than contributing money.

Reference

1. De Leeuw S. A family way of dying. The story of a residential palliative care facility [Cover Story]. *Can Fam Physician* 2016;62:660-3 (Eng), e495-8 (Fr).

In SPRINT, it is all about the question

Thank Allan et al for their summary of the evidence concerning blood pressure (BP) targets,¹ but SPRINT (Systolic Blood Pressure Intervention Trial) illustrates a dilemma that we often face, in which the answer we are given does not answer the question we are asking.² In this case, it does not even answer the question that the SPRINT authors were asking. I would like to know whether a target systolic BP of less than 120 mm Hg is superior to a target of less than 140 mm Hg. The SPRINT researchers actually answered the question of whether a target of less than 120 mm Hg is superior to a target of 135 to 139 mm Hg. In SPRINT, a participant with a systolic BP of 128 mm Hg would have had his or her medication either increased or decreased, depending on which arm he or she was in. In real life, I would have likely said, "Your BP is good. Let's keep your pills where they are." This would not have been an option in SPRINT. We often have to make real-life decisions based on evidence that does not answer our question. The SPRINT authors gave us useful information. We just have to remember that SPRINT did not really answer the question it appeared on the surface to be studying.

—David Allen MD FCFP
Sudbury, Ont

Competing interests

None declared

References

1. Allan GM, Garrison S, Padwal R. SPRINT to evidence for specific blood pressure targets. *Can Fam Physician* 2016;62:638 (Eng), e437-8 (Fr).
2. SPRINT Research Group, Wright JT Jr, Williamson JD, Whelton PK, Snyder JK, Sink KM, et al. A randomized trial of intensive versus standard blood-pressure control. *N Engl J Med* 2015;373(22):2103-16. Epub 2015 Nov 9.

Top 5 recent articles read online at cfp.ca

1. **RxFiles:** Dual antiplatelet therapy for secondary stroke prevention. *Use of clopidogrel and acetylsalicylic acid after noncardioembolic ischemic stroke* (August 2016)
2. **Letters:** But what do you mean by "public health training"? (August 2016)
3. **Clinical Review:** Early identification of motor delay. *Family-centred screening tool* (August 2016)
4. **Tools for Practice:** SPRINT to evidence for specific blood pressure targets (August 2016)
5. **Cover Story:** A family way of dying. *The story of a residential palliative care facility* (August 2016)

— * * * —