ever possible through primary prevention and access to effective rehabilitation services. But it also recognizes that this goal will not always be realized. A supportive approach often reduces the occurrence of the negative aspects of addiction — criminal activity, social disorganization, needle sharing and sexual transmission of diseases.

It is time to implement this harm-reduction approach for the drug abuse problem and to develop policies on the basis of evidence, not the stale rhetoric and worn-out battle cries of the failed "war on drugs."

John S. Millar, MD
Vice President
Canadian Institute for Health Information
Ottawa, Ont.

Watch out for drug–drug interactions, too!

Evelinda Trindade and colleagues report on the important issue of adverse effects related to the use of antidepressant medications.[1] Although their meta-analysis yielded helpful information that might be used by the clinician in making choices about antidepressant medications, it did not address the important issue of drug–drug interactions.

In choosing the "right" antidepressant for an individual it is imperative to consider carefully any concurrently prescribed medications. The selective serotonin reuptake inhibitors (SSRIs) are known to interact with many medications, including benzodiazepines, some antipsychotics, tricyclic antidepressants and antihistamines.

When the potential for drug–drug interactions exists, the decision as to which antidepressant will be most appropriate acquires another level of complexity. Physicians who prescribe SSRIs must be well acquainted not only with the adverse effects commonly experienced when the drugs are given in isolation, but also with their particular drug–drug interaction profiles.

George Dresser, MD
Fellow
Clinical Pharmacology and Therapeutics
University of Western Ontario
London, Ont.

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Improving communication skills

We would like to add to Victor Neufeld's list of actions under way in Canada to improve physicians' communication skills.[1] Medical schools are continuing to develop and improve their communication programs for medical students. Residency programs are following suit with an eye toward reinforcing the foundations laid in the earlier years. Canadian resources provide research and conceptual foundations that influence program development in Canada and elsewhere.[2–4]

Activity has been burgeoning at medical schools across the country. On Oct. 16 and 17, 1998, 50 people from across Canada and from Norway, Britain and South Africa participated in the first Canadian Patient-Centred Faculty Development Conference on the theme of "Communication Skills Education — How to Prepare Faculty." The purpose of the conference, sponsored by the Centre for Studies in Family Medicine and the Faculty of Medicine and Dentistry at the University of Western Ontario and the Faculty of Medicine at the University of Calgary, was to enhance the ability of faculty to teach communication skills to undergraduate and postgraduate medical students. The Division of Medical Education at Dalhousie University trains faculty in communication skills and maintains the Dalhousie Medcom Collection, a database of research and resources in communication skills relating to medical education and practice. The University of Manitoba medical school has been conducting in-house workshops for faculty development. During the Conjoint Medical Education Conference of the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada (CFPC), held in Toronto in September 1998, several sessions were devoted to communication skills, an indication that medical educators across the country want to teach these skills.

Several other programs have been developed to improve the skills of physicians already in practice. The Collège des médecins du Québec and the Quebec chapter of the CFPC provide workshops (by request) on topics related to physician–patient relationships. In a similar effort, 2 representatives from each of Cancer Care Ontario's 8 clinics attended several days of training with the Bayer Institute for Health Care Communication in the US, returning home to begin a variety of communication programs for staff at their institutions.

The federally funded Canadian Breast Cancer Initiative, in collaboration with the Royal College and the CFPC, has been developing tools and strategies to enhance the communication skills of practising physicians in response to the expressed need of women with breast cancer. Health Canada has produced *Talking Tools I*, a 1-hour presentation kit to remind physicians that communication skills can be taught and learned, and *Talking Tools II*, which contains material for a 3-hour training session. Finally,

the journal *Cancer Prevention and Control* is publishing a supplement on communication skills early in 1999.

Jean Parboosingh, MB, ChB
Senior Medical Consultant
Adult Health Division
Health Canada
Ottawa, Ont.
Suzanne Kurtz, PhD
Professor
Faculties of Education and Medicine
University of Calgary
Calgary, Alta.
Toni Laidlaw, PhD
Director
Communication Skills Program
Dalhousie University
Halifax, NS
Gail Schnabl, MSW, MEd
Coordinator
Communication Skills
Faculty of Medicine
University of Manitoba
Winnipeg, Man.

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I was pleased to see that the Oct. 6 issue of *CMAJ* focused on the role of clinical teachers in the education of medical students.[1] The recent Educating Future Physicians for Ontario project identified a number of roles to which medical students can aspire during their training. The role of effective communicator, which entails being sensitive to the needs of patients, is one of these. On entry into medical school, students are often unprepared to deal with the complex health issues, both physical and psychological, that affect a patient's life. Having an empathetic instructor who delivers patient-centred care can be both educational and inspirational.

Victor Neufeld[2] asks "what more can be done by the medical community in Canada" to address the issue of doctor–patient communication. There is something that medical students can do. During the first few years of undergraduate medicine, clinical teachers appointed by the faculty instruct students both in lectures and in the hospital setting. Students are often asked to evaluate their clinical instructors in terms of level of knowledge, approachability and other characteristics. However, there should be an opportunity for students to identify those physicians who exemplify patient-centred care. I recently passed on an evaluation to a course coordinator praising an orthopedic surgeon who took the time to address the needs of his patients. While teaching us how to treat basic orthopedic problems, he was also teaching us how to look at the whole person, not just "the case." I hope that my evaluation will encourage the faculty to ask this surgeon to return as an instructor.

It is becoming increasingly important for medical students to take part in their education. Evaluating clinical teachers and commenting positively when a teacher displays humanistic qualities is one way to address this "educational challenge."

Bindu Kumar
Class of 2000
University of Western Ontario
London, Ont.

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