



**[The Editor-in-Chief responds:]**

Most smokers we know would like to quit and live longer lives. We know how to help people quit smoking and it doesn't cost much. The funds saved could be applied to preventing other illnesses or perhaps to improving health care for conditions that we don't know how to prevent, such as degenerative hip disease, to mention something of interest to Dr. Harris.

As for the figures, they are widely available. We found them at [www.who.org/toh/worldnotobacco99/teaser.htm](http://www.who.org/toh/worldnotobacco99/teaser.htm) (last accessed 1999 July 6).

**John Hoey, MD**

## Whiplash cultures

The recent *CMAJ* piece on the increase in the cost of seat-belt-related injuries<sup>1</sup> reveals the seriousness of the whiplash problem in the United Kingdom. It is a medicolegal and social problem in many other countries as well.

There is a stark contrast, however, between the experience of whiplash in areas such as the United Kingdom and North America and that in Lithuania, Greece and Germany. In the latter countries, acute whiplash injury does occur frequently, but despite the use of seat belts, whiplash patients do not appear to have an increased risk of chronic pain compared with the uninjured population.<sup>2</sup> The acute whiplash injury is not even associated, in most cases, with short-term disability; time off work (if any) is usually 2 weeks or less. This is despite the fact that in both Greece and Germany, for example, accident victims have full insurance and disability coverage and are fully entitled to and do (especially in Germany) engage in litigation if they so desire. Yet in these same countries, recovery routinely occurs in 6 weeks or less, and treatment costs are usually less than Can\$100-200. It has been shown that this profoundly different outcome is not due to a failure to report symptoms or cultural stoicism.<sup>2</sup>

The reasons for these cross-cultural differences are many and complex, but their elucidation is the basis for new paradigms for the management of this problem in "whiplash cultures."<sup>3</sup> The problem may not be, as Charles Galasko suggests, a lack of attention to whiplash in countries where it is epidemic,<sup>1</sup> but rather our lack of attention to whiplash in countries in which it is not.

**Robert Ferrari, MD**  
Edmonton, Alta.

### References

1. LeBourdais E. Cost of seat-belt-related whiplash injuries rising. *CMAJ* 1999;160(10):1425.
2. Obelieniene D, Schrader H, Bovim G, Miseviciene I, Sand T. Pain after whiplash — a prospective controlled inception cohort study. *J Neurol Neurosurg Psychiatry* 1999;66:279-83.
3. Ferrari R, Kwan O, Russell AS, Schrader H, Pearce JMS. The best approach to the problem of whiplash? One ticket to Lithuania, please. *Clin Exp Rheumatol* 1999;17:321-6.

### Pour écrire à la rédaction

Prière de faire parvenir vos lettres par la poste, par messenger, par courrier électronique ou par télécopieur. Chaque lettre doit porter la signature de tous ses auteurs et avoir au maximum 300 mots. Les lettres se rapportant à un article doivent nous parvenir dans les 2 mois de la publication de l'article en question. Le *JAMC* ne correspond qu'avec les auteurs des lettres acceptées pour publication. Les lettres acceptées seront révisées et pourront être raccourcies.

### Aux usagers du courrier électronique

Les messages électroniques doivent être envoyés à l'adresse [pubs@cma.ca](mailto:pubs@cma.ca). Veuillez écrire «Lettre à la rédaction du *JAMC*» à la ligne «Subject». Il faut envoyer ensuite, par télécopieur ou par la poste, une lettre signée pour confirmer le message électronique. Une fois une lettre reçue par courrier électronique acceptée pour publication, elle paraîtra dans la chronique «Tribune des lecteurs du *JAMC*» d'*AMC En direct* ([www.cma.ca](http://www.cma.ca)) tout de suite, ainsi que dans un numéro prochain du journal.