



standing of the severity and permanence of injuries caused by firearms, or may be so lost in fantasy play that they forget any previous instruction about the dangers of firearms. Adolescents may be impulsive and have feelings of invulnerability. They are subject to peer pressure and may experiment with drugs and alcohol.

Chapdelaine and Maurice make an elegant argument for the effectiveness of the licensure, registration and safe-storage provisions of the new law in reducing unauthorized or inappropriate use of firearms. This decreased availability and accessibility of firearms is likely to reduce related mortality, particularly in younger people, who are greatly affected by measures that reduce the availability of firearms.^{2,3}

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Psychotherapy and chronic illness

I was moved by Dr. R. Peter Uhlmann's story, "Learning to let go: one physician's experience with cancer" (*Can Med Assoc J* 1997;156:1029-31). He reminded us of "a real deficiency of Western medicine: it can treat my *cancer*, but it can't heal *me*." What is missing?

It is now well established that psychologic therapy can alleviate distress and improve quality of life in patients with cancer and heart disease. Such treatment even appears to prolong survival.¹⁻³ Despite this, less than 10% of patients receive such therapy. It seems that professionals may endorse such treatment but seldom recommend it.⁴ Only 1 of the patients I have seen for chronic illness was referred by a physician!

Perhaps such "low-tech," medication-free treatment is simply too unglamorous; to what extent do physicians fulfil themselves by offering tangibles such as tests? There is also an information gap. Most colleagues incorrectly believe that psychotherapy consists mainly of listening and offering advice, and there also seems to be a widely held notion that the depression and anxiety

experienced by some patients with chronic physical illness are as refractory to treatment as the precipitating disease. I find the opposite to be true: these symptoms often lift much more quickly in ill patients. There is every reason to believe that patients with any chronic illness would similarly benefit.

In light of the efficacy and safety of such treatment, it has been suggested that we deem it "adjuvant therapy"⁴ and consider it routinely. It is time to advocate this as vigorously as we do cholesterol management.

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