transfusion.[5] Any cases should be reported to the Laboratory Centre for Disease Control of Health Canada.

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A conclusion based on an unwise premise

I share Dr. Alexander Clark's grave concern about the report of the International Association for the Study of Pain Task Force on Pain in the Workplace, *Back Pain in the Workplace: Management of Disability in Non Specific Conditions*, which recommends that compensation for impairment or disability be restricted to conditions for which causation has been shown ("Back pain without apparent cause," *Can Med Assoc J* 1996;155:861-2). This conclusion is based on the unwise premise — and one that is also extremely patronizing and unfair to patients — that no physical cause for pain exists if current medical science cannot find it.

The fallacy of this premise may be illustrated by recent cervical spine research in Australia, which showed convincingly that 60% of patients with nonspecific chronic neck pain after automobile whiplash injuries, whom their doctors thought had largely psychosocial problems, in fact had an identifiable, specific source of pain.[1] This source was the facet or zygapophyseal joints at 1 or more vertebral levels. The researchers concluded that cervical facet joint pain is "extraordinarily common" and that this cause of pain "cannot be ignored" any longer. *Spine*'s expert commentator described the controlled study, which involved 10 years of research, as "rigorous and impeccable."

I suspect that similar problems affect the lumbar spine. All of this may explain why new evidence-based management guidelines for neck pain[2] and back pain[3,4] give spine manipulation, which improves range of motion in the facet joints, and early activation as the first line of management for patients with nonspecific pain.

In making decisions that have a major effect on our patients, such as whether a worker disabled by chronic nonspecific low-back pain should be compensated, we should pay due respect to the patient and be humble about the current state of medical science. Waddell and associates[5] have helped us all to understand that back pain is a biopsychosocial problem, but this does not mean that specific physical causes, such as biomechanical joint dysfunction not tested for or understood in most current medical practice, should be regarded as nonexistent.

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Consultation and counselling via e-mail

The recent article "Psychiatrist says counselling via e-mail may be yet another medical use for Internet" (*Can Med Assoc J* 1996;155:1606-7), by Cameron Johnston, suggests that counselling by e-mail may supplement office sessions between patients and psychiatrists.

I am a family physician who has recently obtained a few brief e-mail consultations from specialist colleagues. We have found e-mail to be a simple and convenient method of communication that avoids intrusive telephone disruptions.

I sometimes need to confer with a specialist to determine whether referral of a patient is necessary, to receive management advice or to ask a question about a specific topic. This usually leads to telephone tag or interrupts the specialist at a clinic. The same information can be exchanged more conveniently by e-mail, and all of the advantages mentioned in Johnston's article can apply to the family physician–specialist interaction too.

Consulting physicians can gather and present information or ask questions concisely and accurately. Consultants can review this information at their convenience and reply quickly. Information can be exchanged without identifying a patient by name, preserving confidentiality.

Family physicians can then pursue further investigation or treatment, or refer patients if needed. When appropriate, a copy of the correspondence can be filed with the patient's chart or included with the consultation referral letter.

This process does not replace referrals. It corresponds to a telephone inquiry or a quick corridor consultation and may allow more convenient and more specific transfer of information and advice with less disruption for both the consulting physician and the specialist. Of course, specialists have to agree to this type of correspondence and have to read their e-mail regularly. Perhaps a list of local specialists willing to offer advice this way would encourage more family physicians to use e-mail. If more people used it, it could save time and unnecessary referrals.

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I read this article with a sense of déjà vu. I would like to report a similar experience concerning the use of e-mail to facilitate continuing therapy for patients. In the last 12 months some of my patients, both children and adults, have communicated with me via e-mail. In particular, they have shared concern about drug management, and I have found that the medium provides an additional way of maintaining contact.

Clearly, issues of confidentiality are still a concern. However, the additional accessibility that e-mail provides, when used with caution, may be a useful support to patients above and beyond telephone contact. My patients have been quite solicitous about not wanting to receive "free" therapy and have appreciated the additional contact. Some made a point of telling me that it was sometimes easier to broach difficult subjects via e-mail before raising the topic during face-to-face therapy.

Have other clinicians had similar experiences?

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Malaria in Canada [correction]

In this article (*Can Med Assoc J* 1997;156:57) the online address for the US Centers for Disease Control and Prevention travel information web site should have been given as follows: **http://www.cdc.gov/travel/travel2.htm** — Ed.

Le paludisme au Canada [correction]

Dans cet article (*Can Med Assoc J* 1997;156:58), l'adresse du site web d'information à l'intention des voyageurs des US Centers for Disease Control and Prevention aurait dû se lire comme suit : **http://www.cdc.gov/travel/travel2.htm** — Réd.

U of Manitoba program delivers care to natives, hope to aboriginal students [correction]

The CMA Special Bursary Program for Aboriginal Medical Students is administered by the association. Incorrect information appeared in this recent article by David Square (*Can Med Assoc J* 1996; 155:1609-11). We apologize for this error. — Ed.

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