

Letters

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Information exchange between provider and patient

Carl van Walraven and colleagues recently presented a timely article about the information gaps that impede continuity of care for Canadian patients.¹ Both the article and the accompanying commentary² discussed the potential of electronic health records for facilitating provider-to-provider information sharing. This possibility is becoming a reality as the Canada Health Infoway works to establish interoperable electronic health records for 50% of Canadians by 2010.³

The use of electronic health records may also enhance provider-to-patient communication.⁴ If these records are made available to patients, either electronically or in print, this technology can improve patients' understanding of their condition or treatment and can enrich the patient self-management approach that is becoming popular in contemporary primary care.⁵

Adoption of these methods requires a philosophical shift in the way that patient information is conceptualized. Traditionally, patient information has been under the ownership of the provider; sharing health records with the patient transfers much of this ownership to the patient. Although the Supreme Court ruled that patients have the right to access their full medical record,⁶ a recent survey found that only 17.9% of chief executive officers of Canadian hospitals thought their staff would support partial patient access to electronic health records and only 3.6% thought that their staff would support full patient access to electronic health records.⁴

Patient demand for self-care options necessitates a reconstruction of the management and use of patient information. The aging of the population and the increase in the prevalence of chronic con-

ditions have brought about an increase in the number of providers involved in a patient's care.³ Emerging technologies such as patient-accessible electronic health records should be considered as a means of facilitating the transmission of information not only between providers but also between provider and patient to address gaps in the continuity of care.

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Mental health from the inside

Deirdre Maultsaid's poem¹ struck a warm chord within me, despite its icy cold message. It reminded me of a poem by Sylvia Plath entitled *Tulips*,² which provides an impression of mental health from the inside.

Plath's clear, vivid and personal images remain stamped in my memory: she describes a self that is lost, scared and bare, a nobody, longing for empty peacefulness held within white, impersonal, institutional walls of observing eyes that do not shut. I can still gain access to the hollowness of her stark impressions of mental illness and its sys-

tem: the previously calm air now filled with the loud noise of dangerous tulips that talk to her wound, swab her clear of the little smiling hooks of her family and deprive her of oxygen, leaving her faceless and extracted from a country far away as health.

For those in the grasp of mental illness, an outstretched hand can be interpreted as a cold, automatic, clinical reflex to a symbolic gesture from the outside. However, if it is accompanied by empathy and sympathy, its warmth can stir a glimmering soul, becoming an essential part of a more genuine and humane response to the significance of the truth of one's mental illness from the inside.

Sylvia Plath took her own life on Feb. 11, 1963, 2 years before her poem² was published.

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Competing interests: None declared.

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Correction

A recent News article¹ featured a photograph with a misleading caption. Although at least 1 advocacy group estimates that 90 Canadians die annually from drinking contaminated water, experts, including Steve Hrudefy, say that this figure is much too high.² *CMAJ* sides with the experts and apologizes for any inconvenience this information may have caused.

REFERENCES

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