

Letters to the Editor

The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.



A New Oath for Primary Care Physicians

To the Editor:

For the interest of the readership of the Journal, I am enclosing a "hippocratic" oath for primary care which I have evolved and which our faculty and residents have found appropriate for our time.

I pledge to my patient that I will help to teach him the ways of good health; but only he can practice healthful living.

I will try to know and to treat my patient as a friend.

I will respect my patient's intelligence and cultural values, and I will work with him in health care rather than impose my will.

I will be available to counsel with my patient and his family concerning life stresses.

I will treat his ills with competence that is kept current with medical advances, with compassion, and with continuing availability of myself or a colleague.

When I am confronted with problems beyond my skills or knowledge, I will seek consultation promptly, but I will continue to be involved as the patient's advocate and advisor.

I will consider costs of care and

attempt to spend my patient's money wisely and effectively.

I will encourage others to take up the art and I will teach them what I can.

When I cannot cure, I will always try to help, to relieve pain and suffering, and to comfort the family. I will never abandon my patient at the end of life.

Arthur U. Rivin, MD
Director, Medical Education
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Medical Center

Holistic Patient Care

To the Editor:

A vital concept of holistic patient care is unemphasized in "Patients with Psychogenic Pain" by DeVaul, et al (*De Vaul RA, Zisook S, Stuart HJ: Patients with Psychogenic Pain. J Fam Pract 4:53-55, 1977*). The dualistic approach that separates the psyche from the soma is almost never accurate. Our management may concentrate upon aspects of the symptom's etiology that stem from psychosocial

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HALOG® CREAM (Halcinonide Cream 0.1%)

Each gram of Halog Cream (Halcinonide Cream 0.1%) contains 1 mg. halcinonide (0.1%) in a cream base.

INDICATIONS: This product is intended for topical application for adjunctive therapy and symptomatic relief of inflammatory manifestations of acute and chronic corticosteroid responsive dermatoses.

CONTRAINDICATIONS: Topical steroids are contraindicated in vaccinia, varicella, and in those patients with a history of hypersensitivity to any of the components of the preparation. This preparation is not for ophthalmic use.

PRECAUTIONS: General—If local infection exists, suitable concomitant antimicrobial or antifungal therapy should be administered. If a favorable response does not occur promptly, application of the corticosteroid should be discontinued until the infection is adequately controlled. Although systemic side effects associated with absorption of topical corticosteroid preparations are rare, their possible occurrence must be kept in mind when these preparations are used over large areas or for an extended period of time. If irritation or sensitization develops, the preparation should be discontinued and appropriate therapy instituted. Although topical steroids have not been reported to have an adverse effect on pregnancy, the safety of their use during pregnancy has not been absolutely established; therefore, they should not be used extensively on pregnant patients, in large amounts, or for prolonged periods of time.

Occlusive Dressing Technique—The use of occlusive dressing increases the percutaneous absorption of corticosteroids; their extensive use increases the possibility of systemic effects. For patients with extensive lesions it may be preferable to use a sequential approach, occluding one portion of the body at a time. The patient should be kept under close observation if treated with the occlusive technique over large areas and over a considerable period of time. Occasionally, a patient who has been on prolonged therapy, especially occlusive therapy, may develop symptoms of steroid withdrawal when the medication is stopped. Thermal homeostasis may be impaired if large areas of the body are covered. Use of the occlusive dressing should be discontinued if elevation of the body temperature occurs. Occasionally, a patient may develop a sensitivity reaction to a particular occlusive dressing material or adhesive and a substitute material may be necessary. If infection develops, discontinue the use of the occlusive dressing and institute appropriate antimicrobial therapy.

ADVERSE REACTIONS: The following local adverse reactions have been reported with topical corticosteroids: burning, itching, irritation, striae, skin atrophy, secondary infection, dryness, folliculitis, hypertrichosis, acneiform eruptions, and hypopigmentation. The following may occur more frequently with occlusive dressings: maceration of the skin, secondary infection, skin atrophy, striae, and miliaria. Contact sensitivity to a particular dressing material or adhesive may occur occasionally (see PRECAUTIONS).

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