

# Common colds

## *Reported patterns of self-care and health care use*

Evelyn Vingilis, PHD, CPSYCH Unnur Brown, MN Brian Hennen, MD, CCFP

### ABSTRACT

**OBJECTIVE** To describe the self-reported prevalence and patterns of self-care and health care use for colds and flu.

**DESIGN** Using the expert panel method, a questionnaire was developed to explore self-care practices, attitudes, pharmaceutical use, and health care use for a range of cold and flu symptoms.

**SETTING** London and Windsor, Ont.

**PARTICIPANTS** Using a random-digit-dialing survey method, 210 residents were interviewed between November and December 1993. Of 1484 telephone numbers called, 1179 calls were ineligible. Two hundred ten questionnaires were completed for 305 eligible respondents.

**MAIN OUTCOME MEASURES** Demographic data, typical self-care practices, actual practice during respondents' last cold, opinions on appropriate practices, and knowledge of how to treat colds.

**RESULTS** Self-care was respondents' treatment of choice, and most respondents use over-the-counter drugs. Prescription drug use was low. Only 1% reported seeing a physician for their last cold. As the number of symptoms increased, however, reported use of over-the-counter drugs and calls or visits to doctors increased.

**CONCLUSIONS** Results are congruent with other studies showing that the health care practices of most respondents are consistent with low use of the health care system and high levels of self-care for colds and flu.

### RÉSUMÉ

**OBJECTIF** Décrire la prévalence, dans le cas du rhume ou de la grippe, de se soigner soi-même et du recours aux services de santé, et les habitudes dans l'autogestion des soins, telles que déclarées par les intéressés.

**CONCEPTION** Un questionnaire a été élaboré en suivant la méthode du groupe d'experts en vue d'examiner les pratiques d'autogestion des soins, les attitudes, l'usage de produits pharmaceutiques et le recours aux soins de santé pour une gamme de symptômes du rhume et de la grippe.

**CONTEXTE** London et Windsor, en Ontario.

**PARTICIPANTS** À l'aide d'une méthodologie de sondage par composition numérique au hasard, 210 résidents ont été interviewés entre novembre et décembre 1993. Des 1 484 numéros de téléphone appelés, 1 179 répondants aux appels n'étaient pas admissibles. Un total de 210 questionnaires ont été complétés sur les 305 répondants admissibles.

**PRINCIPALES MESURES DES RÉSULTATS** Les données démographiques, les pratiques typiques d'autogestion des soins, les pratiques suivies à l'occasion du dernier rhume des répondants, les avis concernant les différentes pratiques et les connaissances sur les façons de traiter un rhume.

**RÉSULTATS** Se soigner soi-même était la méthode préférée des répondants et la majorité d'entre eux utilisaient des médicaments sans ordonnance. Le recours aux médicaments prescrits était faible. Seulement 1% des répondants ont rapporté avoir consulté un médecin lors de leur dernier rhume. Par ailleurs, le recours aux médicaments sans ordonnance et le nombre d'appels ou de visites auprès du médecin augmentaient proportionnellement à la hausse du nombre de symptômes.

**CONCLUSIONS** Les conclusions sont comparables à celles obtenues dans d'autres études selon lesquelles les pratiques en matière de santé de la majorité des répondants se traduisent par un faible recours au régime des soins de santé et à une forte tendance à se soigner soi-même dans les cas de rhume ou de grippe.

*This article has been peer reviewed.*

*Cet article a fait l'objet d'une évaluation externe.*

*Can Fam Physician 1999;45:2644-2652*

**S**elf-care for illnesses is not rare, but the norm. Many studies have reported that between 75% and 95% of medical symptoms are not medically attended.<sup>1,5</sup> Yet the Ontario Ministry of Health (MOH) reported that, based on Ontario Health Insurance Plan (OHIP) billing codes, 12.6% of office visits to physicians from January to March 1991 were coded as the common cold, a finding consistent with a previous Ontario Medical Association (OMA) family practice study.<sup>6</sup>

Both the MOH and the OMA considered this percentage high. Moreover, OHIP data indicated that walk-in clinics and after-hours services are used more than emergency departments and regular office visits,<sup>7</sup> leading to concerns about "appropriate use of health care services."<sup>7</sup>

Despite the Ontario MOH's perceived high degree of health care use for the common cold, self-care is the treatment of choice for people with respiratory problems.<sup>5,7,9</sup> Raymond<sup>5</sup> reported that people with respiratory or musculoskeletal complaints sought medical care less than 4% of the time, and during the 5-week study period, women averaged about 18 days of reported symptoms and men about 13 days before seeking medical care. The extensive use of self-care for colds is not surprising given their high annual incidence; 12 colds for kindergarten-age children, seven for school-age children, and three for adolescents and adults.<sup>10</sup>

This paper describes self-reported prevalence and patterns of self-care and health care use for colds and flu among a sample of telephone-surveyed residents in London and Windsor, Ont. Although colds are common, no detailed, population-based information is available on knowledge, patterns and types of self-care, and health care use. The survey was conducted to gather in-depth information on self-care methods, drug and health care use for various symptoms, and knowledge of and attitudes toward cold and flu self-care. Part of the survey also provided baseline data for evaluating a pilot study of a public education program on self-care for colds.<sup>11,12</sup> The MOH chose London as the pilot region for the campaign because it is

*Dr Vingilis is Director of the Population and Community Health Unit and a Professor in the Departments of Family Medicine and Epidemiology and Biostatistics at The University of Western Ontario in London. Mrs Brown is a contract researcher in London, Ont. Dr Hennen is now Dean of the Faculty of Medicine at the University of Manitoba in Winnipeg.*

considered by market researchers to be representative of the country as a whole.

## METHOD

A random-digit-dialing telephone survey was conducted in November and December 1993 by the Telephone Survey Unit of the Department of Epidemiology and Biostatistics at The University of Western Ontario, with two of this paper's authors participating. Telephone numbers were randomly generated for London and Windsor and calls were made from 9 AM to 9 PM (Sunday noon to 9 PM), 7 days a week.

Content validity of the self-care and health care use part of the survey was established using the expert panel method.<sup>13,14</sup> Using the principles of questionnaire design,<sup>15-17</sup> a panel of eight researchers or practitioners with nursing, family medicine, clinical immunology and allergy, epidemiology, psychology, and survey design backgrounds generated and reviewed a pool of questions using the following criteria: focus, brevity, clarity, readability, vocabulary, completeness, and adequacy of response options.<sup>18</sup>

In addition, sociodemographic, lifestyle, and health questions were incorporated to elicit age, sex, marital status, education, occupational history, smoking behaviour, respiratory and chronic health problems, and perceived health status. Questionnaire items for most of these measurements were drawn from the Ontario Health Survey.<sup>19</sup> The questions were primarily closed-ended, although some open-ended questions were included to gather contextual understanding, as in the case of some attitudinal questions or where there were too many response options, as in the case of drugs used for symptom relief. The open-ended questions were coded or classified (eg, drugs used) into categories and ordered by rank. The questionnaire was both pretested and pilot-tested with 20 respondents (10% of the sample size). Results of this pretest were further incorporated into the questionnaire. The study was approved by the Review Board for Health Sciences Research Involving Human Subjects at the University of Western Ontario.

The sample size calculation<sup>20</sup> was based on the assumption that 90% of the general population have experienced at least one cold in the previous year.<sup>10</sup> With the  $\alpha$  set at .05 and the power set at .80 ( $z = 1.96$ , E [acceptable error] = 5%), minimum sample size was 138.

## RESEARCH

.....

### Common colds

## RESULTS

A total of 1484 random-digit-dialing telephone numbers were generated and called. Of those, 1179 consisted of "not in service" number changed, business, fax line, answering machine, or other problems; 305 eligible calls (London=153, Windsor=152) were conducted. A total of 210 questionnaires were completed (46 refused in London and 50 refused in Windsor) for a response rate of 68.5%. The survey included respondents 18 years and older. A maximum of six attempts were made to reach residents with home numbers.

City data were subjected to  $\chi^2$  analyses to check for possible sociodemographic and response differences between cities. Results showed only one sociodemographic difference between cities; somewhat fewer 56- to 65-year-olds were interviewed in London than Windsor. No other significant differences were found between the two cities.<sup>11,12</sup> Therefore, the data were analyzed as a single sample.

**Table 1** presents sociodemographic characteristics of respondents. Compared with 1990 census data, this sample was younger, more educated, and more likely to be female.

Two types of self-reported behaviours were investigated; typical self-care practices in response to general cold and flu symptoms and respondents' actual practices during their last cold. Respondents were asked what they did for specific cold symptoms. **Table 2**<sup>21</sup> presents the percentage of respondents who reported various practices for the listed symptoms.

Self-care questions further asked about the use of medications and practices for a variety of symptoms. Most (70.5%) reported using medications for their colds (4.3% reported not getting colds). The most common self-care practice was use of over-the-counter (OTC) drugs (multiple action, self-prescribed). **Table 3**<sup>21</sup> lists medications commonly reported by respondents. Of those who used cold and flu medicines (N = 148), 40.5% reported using multiple-action, 33.1% single-action, and 26.4% both types of medications. When asked about their source of advice for taking particular medications, 38.5% said themselves, 32.4% said other (such as family, media, or friend), and 29.1% said physician or pharmacist. Vitamin C was not commonly used; 39.8% said they took vitamin C, primarily to prevent colds.

Respondents were also asked about nourishment; they most commonly reported taking fluids (soups, juices, etc). When asked when they would stay home

**Table 1. Sociodemographic characteristics of survey sample: N = 210.**

RESPONDENT CHARACTERISTICS	FREQUENCY	
	N	%
<b>SEX</b>		
Male	79	37.6
Female	131	62.4
<b>AGE (Y)</b>		
18-25	43	20.5
26-35	59	28.1
36-45	37	17.6
46-55	19	9.0
56-65	18	8.6
Older than 65	34	16.2
<b>MARITAL STATUS</b>		
Married	104	49.5
Single	62	29.5
Separated	11	5.2
Divorced	9	4.3
Widowed	24	11.4
<b>HIGHEST EDUCATION</b>		
No schooling	1	0.5
Elementary	6	2.9
Some high school	24	11.4
Completed high school	65	31.0
Some community college	13	6.2
Completed community college	36	17.1
Some university	26	12.4
Completed university	39	18.6
<b>EMPLOYMENT STATUS</b>		
Working	95	45.2
Looking for a job	15	7.1
Student	28	13.3
Retired	31	14.8
At home	34	16.2
Other	7	3.3
<b>TYPE OF WORK (N = 95)</b>		
Blue collar	14	14.7
White collar	9	9.5
Skilled	41	43.2
Managerial or professional	31	32.6

**Table 2. Reported practices for various cold symptoms: N = 210.**

TREATMENT OR PRACTICE	COLD* % (95% CI) <sup>†</sup>	STUFFED UP* % (95% CI) <sup>†</sup>	CONGESTION AND COLD* % (95% CI) <sup>†</sup>	HEADACHE, FEVER, COLD* % (95% CI) <sup>†</sup>	RUNNY NOSE* <sup>†</sup> % (95% CI) <sup>†</sup>
Over-the-counter drugs	29 (23.2-35.4)	49 (42.3-55.7)	56 (49.2-62.5)	78 (71.9-83.0)	21 (16.0-27.0)
Bed rest	6 (3.5-10.0)	0 (0-1.7)	0 (0-1.7)	4 (2.0-7.5)	0 (0-1.7)
Call doctor	0 (0-1.7)	0 (0-1.7)	1 (0.2-3.4)	0 (0-1.7)	0 (0-1.7)
See doctor	0 (0-1.7)	0 (0-1.7)	4 (2.0-7.5)	2 (1.4-7.5)	0 (0-1.7)
Nothing	12 (8.2-17.0)	20 (16.0-27.0)	14 (9.9-19.3)	3 (1.4-6.2)	19 (14.2-24.8)
Other	13 (9.1-18.2)	24 (18.7-30.2)	18 (13.3-23.7)	6 (3.5-10.0)	5 (2.7-8.8)
Combination of practices	37 (30.7-43.7)	2 (1.4-7.5)	2 (1.4-7.5)	2 (1.4-7.5)	5 (2.7-8.8)
Do not get colds	4 (2.0-7.5)	4 (2.0-7.5)	4 (2.0-7.5)	4 (2.0-7.5)	4 (2.0-7.5)

\*Percentages might not total 100 because of rounding.

<sup>†</sup>46.2% said "blow it."

<sup>‡</sup>Confidence intervals: Glass and Hopkins.<sup>21</sup>

with a cold, the most common responses were for severe symptoms (feeling miserable), for symptoms that could spread the cold (cough, sneeze), and never.

Those remembering their last cold (N=186) were asked how they treated it (Table 4<sup>21</sup>). Again, those using OTC medications reported using more multiple-action (45.6%), than single-action (31.6) or both (22.8), and almost half (49.4%) chose the medications themselves while 21.5% were advised by their doctors or pharmacists.

Respondents were also asked if and when they should go to a doctor with cold or flu symptoms. More than four fifths (81.4%) believed that people should not go to the doctor when they have a cold. Common reasons cited for not going to a doctor were that they could not be cured, the contagion to others, and people should engage in self-care. Of the 16.7% who thought that people should go to a doctor when they have a cold, most qualified the response by stating that a doctor's visit was justified if symptoms persisted or worsened, or if children, older people, or people with chronic or prior health problems were ill. Other, far less common, responses focused on the need to relieve patients' anxiety or insecurity, to get advice regarding appropriate medications, to visit for fever or high temperature, or to not self-diagnose.

Respondents were also asked *when one should see a doctor*. Respondents' most common responses, in order of frequency, were persisting symptoms, increasing severity of symptoms, and very high tem-

perature. Of those who identified persisting symptoms, 32.9% said longer than 2 to 4 days, while most (58.6%) said longer than 7 days. They were also asked when they should take a child to a doctor. The most common responses, in order of frequency, were for fever or high, persistent fever; immediately; and for persistent, unusual, or severe symptoms.

Knowledge questions consisted of eight questions on causes of colds and flu; length of symptoms; contagion; and whether chicken soup, garlic, or antibiotics cure colds or flu. Almost 70% answered at least five questions correctly, although only 51.0% and 51.9% knew that viruses caused colds and flu, and 26.2% and 35.7% believed that antibiotics cured colds and flu, respectively. When asked whether more people should know how to treat themselves, 89.0% said yes and 6.2% said no. Respondents were also asked whether they are satisfied if a doctor gives advice instead of a prescription for treatment. Most (89.0%) responded affirmatively, while 11% thought that the problem was such that more than advice was needed. They were also asked whether the MOH, doctors, and other professionals should be educating people on how to treat colds. Again most (88.1%) said yes.

## DISCUSSION

Results of this survey confirm previous findings that self-care is the method of choice for treating colds.<sup>5,8,9</sup> In particular, OTC medications are the preferred

## RESEARCH

### Common colds

**Table 3. Percentage of respondents reporting medications used for various cold and flu symptoms:** *Generic totals include both name-brand medications and generic medications (eg, "nose sprays," "cough medicines") reported by respondents. Percentages add to more than 100% because of multiple responses.*

MEDICATIONS	COLD N = 60 % (95% CI)*	STUFFED UP N = 102 % (95% CI)*	COLD AND COUGH N = 118 % (95% CI)*	COLD AND FEVER WITH HEADACHE N = 163 % (95% CI)*	RUNNY NOSE N = 44 % (95% CI)*
Single action	98 (90.6-99.5)	65 (55.3-73.5)	58 (48.9-66.5)	100 (97.6-99.9)	59 (44.3-72.2)
Analgesics	88 (77.4-94.0)	8 (4.1-14.9)	1 (0.1-4.8)	100 (97.6-99.9)	5 (1.4-15.7)
Antihistamines	3 (0.7-10.8)	5 (2.1-11.0)	No response	No response	9 (3.5-21.0)
Decongestants	No response	4 (1.5-9.7)	1 (0.1-4.8)	No response	11 (4.7-23.5)
Nasal decongestants	No response	42 (32.8-51.6)	No response	No response	34 (21.8-48.7)
Expectorants	5 (1.7-13.7)	2 (0.5-6.9)	17 (11.2-24.7)	No response	No response
Inhalers	No response	No response	3 (1.1-7.8)	No response	No response
Lozenges	2 (0.4-9.3)	2 (0.5-6.9)	31 (23.3-39.8)	No response	2 (0.3-11.3)
Prescription medications	No response	No response	4 (1.6-9.2)	1 (0.2-4.0)	No response
Multiple-action medications	95 (86.2-98.2)	36 (27.3-45.6)	55 (46.0-63.6)	6 (3.2-10.7)	52 (37.6-65.9)

\*Confidence intervals: Glass and Hopkins.<sup>21</sup>

therapy. Research shows that patients who self-medicate first are less likely to consult a doctor.<sup>22,23</sup> A higher percentage of respondents reported self-selecting and using multiple-action remedies. Although most were taking pharmacologically appropriate treatment (insofar as expectorants and lozenges were taken more commonly for coughs, while decongestants were taken more commonly for "runny nose" and "stuffed up" symptoms), frequent use of multiple-action drugs suggests the need for doctors and phar-

**Table 4. Self-reported treatment of last cold:**  
N = 186

TREATMENT	% (95% CI)*
Over-the-counter drugs	43 (36.0-50.1)
Bed rest	4 (1.9-7.8)
Used prescription drugs	4 (1.9-7.8)
Saw a doctor	1 (0.2-3.7)
Nothing	11 (7.2-16.3)
Combination of practices	28 (22.0-34.8)
Other	9 (5.6-13.9)

\*Confidence intervals: Glass and Hopkins.<sup>21</sup>

macists to give patients more information on OTC drugs.

The study also found adequate knowledge and awareness of when to visit a doctor, which was consistent with reported self-care and doctors' visits. Although only half the respondents knew that colds and flu are viral and about a quarter thought that antibiotics cure colds, international research finds that knowledge is neither necessary nor sufficient to change health practices.<sup>22,24-26</sup> In fact, knowledge-seeking behaviour has been associated with increased health care use.<sup>22</sup> As Tones<sup>24</sup> states, public health education can successfully perform important functions, such as providing information, and in so doing, can produce new understanding. Where information requires complex processing or where it threatens existing motivational and belief structures, however, public education has little effect on people's behaviour and personalized approaches are more successful.<sup>23</sup>

This telephone survey sample suffered somewhat from the traditional problems plaguing surveys of retrospective self-reports and of representative sampling in that the sample was biased toward women and younger, more educated, people, which could overrepresent self-care practices. Yet it is important



**Key points**

- This is the first in-depth, prospective, community-based study of knowledge, attitudes, types of self-care, and health care use for colds and flu in Canada.
- Self-care was the norm, with few people reporting visiting a physician (1%) unless they perceived the number of symptoms was increasing.
- Over-the-counter medications were the most commonly used treatments. Most people used multiple-action medications.
- About 50% of people knew viruses caused colds and flu, but 26.2% thought antibiotics cured colds.

**Points de repère**

- Il s'agit de la première étude prospective en profondeur dans la collectivité des connaissances, des attitudes, du genre d'autogestion des soins et du recours aux services de santé dans les cas de rhume et de grippe à être réalisée au Canada.
- L'autogestion des soins représentait la norme. Quelques personnes seulement (1%) ont rapporté avoir consulté un médecin, à moins qu'elles aient eu l'impression que le nombre de symptômes augmentait.
- Les médicaments sans ordonnance étaient les traitements les plus couramment utilisés. La majorité des gens prenaient des médicaments à action multiple.
- Environ 50% des personnes savaient que le rhume et la grippe étaient causés par des virus, mais 26,2% croyaient que les antibiotiques pouvaient guérir le rhume.

to realize that this population-based survey is consistent with other research. As McWhinney<sup>27</sup> states: "Studies of illness in the community have revealed that physicians see only a small fraction of the health problems experienced by the population at large." Thus, although surveys of family and general practitioners might indicate upper respiratory infection as the most commonly reported condition,<sup>6</sup> population-based surveys find that most people care for themselves and limit their visits to doctors.<sup>28</sup>

**Conclusion**

This study confirms that most people report attending their physicians infrequently and using self-care practices to deal with colds and flu. There is, however,

a continued role for physicians in educating and supporting their patients to make informed and appropriate choices for medication use, self-care, and visits to physicians for cold and flu symptoms. ♦

**Acknowledgment**

The authors thank Drs M. Bass, M. Stewart, and K. Payton for their assistance in developing the questionnaire and in the evaluation.

**Correspondence to:** Evelyn Vingilis, PhD, Director, Population and Community Health Unit, Faculty of Medicine and Dentistry, The University of Western Ontario, London, ON N6A 5C1; telephone (519) 858-5063; fax (519) 858-5029; e-mail [evingili@julian.uwo.ca](mailto:evingili@julian.uwo.ca)

**References**

1. Russell W, Shepperd M. The health and attitudes of people who seldom consult a doctor. *Med Care* 1965;3:6-10.
2. Roghmann KJ, Haggerty RJ. The diary as a research instrument in the study of health and illness behavior: experiences with a random sample of young families. *Med Care* 1972;10:143-63.
3. Dean K. Self-care responses to illness: a selected review. *Soc Sci Med* 1981;15:673-87.
4. Fleming GV, Giachello AL, Andersen RM, Andrade P. Self-care; substitute, supplement, or stimulus for formal medical care services? *Med Care* 1984;22:950-66.
5. Raymond CA. Survey adds evidence that office visits indicate 'just tip of the iceberg' of medical problems. *JAMA* 1988;259:647-8.
6. Weinkoff DJ, Rowland GC. Patient conditions at the primary-care level: a commentary on resource allocation. *Ont Med Rev* 1992;Jan;59(1):11,13-5.
7. Ontario Ministry of Health, Health Strategies Office. *Ontario public education program on health care*. Toronto, Ont: Ontario Ministry of Health; 1993.
8. Berg AO, LoGerfo JP. Potential effect of self-care algorithms on the number of physician visits. *N Engl J Med* 1979;300:535-7.
9. Estabrook B. Consumer impact of a cold self-care center in a prepaid ambulatory care setting. *Med Care* 1979;17:1139-45.
10. Saroea HG. Common colds. Causes, potential cures, and treatment. *Can Fam Physician* 1993;39:2215-20.
11. Vingilis E, Brown U, Koeppen R, Hennen B, Bass M, Stewart M, et al. *Evaluation of the Ministry of Health's cold self-care public education project*. Working Paper. London, Ont: Faculty of Medicine, University of Western Ontario; 1994.
12. Vingilis E, Brown U, Koeppen R, Hennen B, Bass M, Peyton K, et al. Evaluation of cold/flu self-care public education campaign. *Health Educ Res* 1998;13(1):33-46.
13. Kirshner B, Guyatt G. A methodological framework for assessing health indices. *J Chronic Dis* 1985;38:27-36.
14. Weiler RM, Shiepevich EM, Sarvela PD. Development of the >

## RESEARCH

.....

- adolescent health concerns inventory. *Health Educ Q* 1993;20:569-83.
15. Bradburn NM, Sudman S. *Improving interview method and questionnaire*. San Francisco, Calif: Jossey-Bass; 1979.
16. Sudman S, Bradburn NM. *Asking questions. A practical guide to questionnaire design*. San Francisco, Calif: Jossey-Bass; 1982.
17. Converse JM, Presser S. *Survey questions. Handcrafting the standardized questionnaire*. Beverly Hills, Calif: Sage Publications; 1986.
18. Steckler A, McLeroy KR, Goodman RM, Bird ST, McCormick L. Toward integrating qualitative and quantitative methods: an introduction. *Health Educ Q* 1992;19:1-8.
19. Premier's Council on Health, Well-Being and Social Justice. *Ontario Health Survey 1990 highlights*. Toronto, Ont: Ministry of Health; 1992.
20. Hully S, Cummings S, editors. *Designing clinical research*. Baltimore, Md: Williams and Wilkins; 1988.
21. Glass GV, Hopkins KD, editors. *Statistical methods in education & psychology*. 3rd ed. Boston, Mass: Allyn and Bacon; 1996.
22. Campbell SM, Roland M. Why do people consult their doctor? *Fam Pract* 1996;13(1):75-83.
23. Van de Kar A, Knottnerus A, Meerteens R, Dubois V, Kok G. Why do patients consult the general practitioner? Determinants of their decision. *Br J Gen Pract* 1992;42(361):313-6.
24. Tones BK. The use and abuse of mass media in health promotion framework. *Health Educ Res* 1985;Pilot issue:9-14.
25. Wilde GJS. Effects of mass media communications upon health and safety habits of individuals: an overview of the evidence. Paper presented at Alcohol-Related Accidents and Injuries International Symposium. Yverdon-les-Bains, Switzerland; 1991 December 2-5.
26. Gabrielson TS. Action oriented health education: a critical review of health campaigns in Denmark. *Health Promot Int* 1993;8:13-9.
27. McWhinney IR. Illness in the community. In: McWhinney IR. *A textbook of family medicine*. 2nd ed. New York, NY: Oxford University Press, Inc; 1989. p. 27-34.
28. McIsaac WJ, Levine N, Goel V. Visits by adults to family physicians for the common cold. *J Fam Pract* 1998;47(5):366-9.



The College of  
Family Physicians  
of Canada

Le Collège des  
médecins de famille  
du Canada

## GROUP LIFE & DISABILITY INSURANCE

FOR MEMBERS OF  
THE COLLEGE OF FAMILY PHYSICIANS  
OF CANADA



### GROUP PROGRAMS

The CFPC offers a variety of programs to members. Coverage details and rates are available directly from the carrier listed below.

### INSURANCE

#### Resident members participating in a family medicine residency training program

- Enhanced package with a low first-year annual premium of \$26.50
- \$25 000 term life insurance benefit
- \$1000 monthly income replacement benefit

#### Term life

- \$1 000 000 coverage for member and spouse
- Waiver of premiums during total disability of member
- "Continuance" benefit commences at age 70 without further premiums
- "Living" benefit paid to member or spouse when diagnosed as terminally ill

- Reduced rates for non-smoking member and spouse under age 30

#### Accidental death and dismemberment

- Coverage available with purchase of term life
- Education benefit
- Rehabilitation benefit

#### Income replacement/personal disability

- Maximum benefit \$6000/month
- Cost-of-living allowance
- Guaranteed purchase option
- Reduced rates for non-smoking member under age 30

#### Business overhead expense

- Maximum benefit \$6000/month
- Pays up to three years
- Pays for up to three months following death



Contact **Westbury Canadian Life Insurance Company**  
at 1-800-461-1413,

or at (905) 672-6535 in Mississauga, Ont.,  
for information on any of the above programs.

For further information write to  
**COLLEGE OF FAMILY PHYSICIANS OF CANADA**  
Administration Department  
2630 Skymark Avenue, Mississauga, Ontario  
Canada L4W 5A4