In general, photography is useful for documentation, follow up, defensive medicine, peer and specialist consultation, and patient education. Although it fulfills many of these needs, standard photography has several drawbacks. Mounting costs of good-quality film and of developing colour prints are a serious consideration. Delays in receiving images, inability to alter resulting pictures, and restricted storage space are a few limitations of standard photography.

I used standard photography in the past mainly to document rare findings, and I shared my prints with colleagues for teaching or consultation purposes. The expense of each picture led me to think twice about whether obtaining a photograph was justified in each case.

Digital photography has recently evolved into a very useful tool that greatly assists physicians in several ways. Instant production of virtual images and our ability to take a snapshot whenever desired has broadened its use. The cost is virtually negligible, and producing a photo takes almost no time.

Verbally describing many clinical conditions (e.g., gynecologic diseases; anal findings; lesions on any part of the dorsal surface of the body, such as the back, glutei, upper thighs, or ears; and even deep oral lesions) to patients will not always suffice. No other technique seems to demonstrate to patients the disease or ongoing processes in these areas as well (Figure 1). As time allows, you can display images by downloading them onto your computer screen or view them directly from the back of the camera.

Other benefits of digital photography are the ability to share images via electronic mail, to duplicate images as many times as you like, to crop and adjust images received, to alter contrast in reproduction, to project images for lectures or staff meetings, to enlarge to accentuate details, to select only

Figure 1. Interdigital tinea pedis revealed using real-time digital photography

We encourage readers to share some of their practice experience; the neat little tricks that solve difficult clinical situations. Canadian Family Physician pays $50 to authors upon publication of their Practice Tips. Tips can be sent by mail to Dr Tony Reid, Scientific Editor, Canadian Family Physician, 2630 Skymark Ave, Mississauga, ON L4W 5A4; by fax (905) 629-0893; or by e-mail tony@cfpc.ca.

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the best of a series of photographs of moving subjects or subjects photographed when conditions were less than ideal, to have simple and rapid access to a large library of images without need for storage space, and obviously to use as a means of patient education in the office.

I do not have to think twice about shooting a picture with an uncooperative child or worry about poor illumination because, at worst, low-quality images can be deleted by pressing a button. Changing medical problems can be documented during progression until complete evolution. Objective comparisons of images can help you judge the outcome of interventions, for instance, for acne, pigmented lesions, or scars.

I am personally fully satisfied with the digital photography that we have been using in our practice for the past 2 years. I strongly recommend incorporating real-time digital photography into clinical practice.

References