the "recipe" for the enemas, which are easily manufactured by hospital pharmacies.

My final comment is about the target audience for this book. When I was invited to write the book, the goal was to create a user-friendly, comprehensive text for patients and their families. Reviews to date indicate that this objective was achieved. However, colleagues have pointed out to me that the book is also very useful for medical students, house staff, family practitioners, general internists and other health care professionals.

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Modifying prescribing of regulated analgesics

In response to our previous article "Effectiveness of notification and group education in modifying prescribing of regulated analgesics" (*Can Med Assoc J* 1996;154:31-9), by John F. Anderson, Kimberley L. McEwan and William P. Hrudey, it has been suggested that longer follow-up may reveal important differences between the education and the notification intervention with respect to reducing prescribing of regulated analgesics.[1] To this end, we have examined prescribing data for the 7 to 12 months after the intervention by conducting a 1-way analysis of variance (ANOVA) of the difference scores in prescribing between baseline and 1-year follow-up. The original article had examined prescribing patterns after only 6 months in 3 groups of physicians: those who underwent group education, those who were notified of their prescribing status, and those subject to no intervention (the control group). At that time, prescribing of analgesics was significantly reduced in both intervention groups compared with the control group, but no statistically significant difference was found between the education group and the notification group.

Results of the ANOVA based on 1-year follow-up data revealed no overall difference among the groups, suggesting that reductions in prescribing seen after 6 months diminished over time. Although at 1-year follow-up the prescribing practices of the physicians exposed to the interventions were no longer significantly different from those of the control group, there was a trend similar to that found in the first study. The mean difference scores were aligned with the intensity of the intervention, with education showing the greatest reduction and no intervention (the control group) showing the least. We also noted that 76% of the education group, 65% of the notification group and 53% of control group continued to prescribe narcotic analgesics at a rate lower than their rate at baseline. In a larger sample, these differences may have emerged as significant.

We attempted to determine whether group education was superior to notification in reducing prescribing of regulated analgesics over a 1-year period in a sample of 49 physicians and found no support for this hypothesis. We acknowledge, however, that our limited sample size may not have been adequate to test Britten's[1] hypothesis. The durability of interventions to alter prescribing warrants further investigation.

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When physicians' loved ones are patients

Dr. Michael C. Klein's thoughtful and courageously written article, "Too close for comfort? A family physician questions whether medical professionals should be excluded from their loved ones' care" (*Can Med Assoc J* 1997;156:53-5), struck a nerve. It has been 3½ years since my wife Kathy had a myocardial infarction, and we too had both good and bad experiences with the medical and nursing professions. I still cannot think about those experiences without feeling a great deal of anger toward those who treated us poorly and gratitude that we finally found a team that gave us high-quality care. Even now, it is hard for me to write about it.

I will not go into the details of our experience, but I will make some general observations. I am a pediatrician and my wife is a nurse who used to work in intensive care. When she became ill, the staff at the first hospital resented what they described as my "omnipresence." They could not