



major national priority. However, we doubt that even the best palliative care would eliminate all requests for euthanasia or assisted suicide.

Kreyes' appeal to "common sense," no matter how attractive, is unlikely to provide a solution to the complex and pressing social problems of euthanasia and assisted suicide. This is an issue on which people of common sense disagree.

James V. Lavery, MSc

PhD Candidate
University of Toronto Joint Centre
for Bioethics
University of Toronto
Coordinator
HIV Ontario Observational Database
Sunnybrook Health Science Centre
North York, Ont.

Peter A. Singer, MD, MPH

Sun Life Chair in Bioethics
Director
University of Toronto Joint Centre
for Bioethics
Toronto, Ont.

Reference

1. *Special Senate Committee on Euthanasia and Assisted Suicide. Of life and death. Report of the Ottawa: Supply and Services Canada; 1995:A80-3. Cat no YC2-351/1-OIE.*

Gender sensitivity a sensitive issue

One of the excellent reviews concerning gender sensitivity, "Gender sensitivity in medical curricula" (*Can Med Assoc J* 1997;156:1297-1300), by Barbara Zelek and associates, neglected very important terminology that has been used in the US but was not included in this article.

The term "seminar" should be reserved for teaching presentations involving male faculty members, with "ovular" being used for presentations by female faculty members.

Jack H. Walters, MD

St. Louis, Mo.
Received via email

I read the article by Zelek and colleagues with what I felt was genuine sensitivity. I have been educating young women and men to become physicians for the past 30 years and have been conscious for most of that time of the problems facing both sexes. I do not believe the problem to be as complex as the authors suggest. It is real but it is also simple: it is a matter of choosing the right words. In health care we are notorious for creating new words and giving old ones new meanings. A lot of our problems would be solved if instead of creating new words we made use of well-established ones. The article asks us to be sensitive to "genderizing" medical curricula. Gender is defined in this paper as "both the real relations between the sexes and the cultural renderings of those relations." I do not agree. The word gender refers to a grammatical classification of objects roughly corresponding to the two sexes and sexlessness (for example, masculine, feminine, neuter). Ships are a good example: for eons they have been of the feminine gender.

Gender has nothing to do with real relations between the sexes or their cultural renderings. Two simple words are enough to define this: respect and equality. And what this requires is the right attitude. The creation of new words and the misunderstandings of old ones are not the answer.

Lawrence J. Clein, MB

Professor
Division of Neurosurgery
Royal University Hospital
University of Saskatchewan
Saskatoon, Sask.

I read this article with dismay, and I am concerned that there is a tendency for our prestigious journal to be involved in subject matter best reserved for newspapers. I am also concerned that the article was classified

as educational. I hesitate to open a can of nonmedical worms but hasten to state that I am entirely sympathetic to the concerns of the authors, but not to their methodology. Simply stated, both genders should be treated equally, fairly and with respect in every way. However, promotion of the misuse of words and syntax destroys much of what is good by leveling everything in reaction to a history of gender inequality, which a decreasing minority of both sexes perceives to still exist.

If we need to alternate "men and women" with "women and men," we will need to do a count to ensure equal use. We will then be unable to concentrate on the merit of a medical article. What education! What syntax!

The principle of equality of the genders is unquestioned, and some suggestions in the article have merit. For example, if only the title Mr. is to be used for men, then Ms. should be used for women. Age and marital status are personal and irrelevant.

Leslie (Gender?) S. Glass, MD

North Vancouver, BC

I believe this is a timely and valuable article and particularly appreciate the advice for medical educators that will help us to avoid creating difficulties unwittingly. That one can easily be gender insensitive during a medical communication is exemplified in the last paragraph of the section on guidelines relating to language. The authors suggest changing "a 23-year-old woman who works as a medical secretary" to "a 23-year-old medical secretary." While this change might place equal emphasis on this person's occupation, compared with the previous example of a "40-year-old professional man," it has become totally insensitive to gender. The authors are presuming that all medical secretaries are women. If this was the only mention of the secretary's sex in this med-