

for it. This is an important message of hope.

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#### Reference

1. Mendes J. Berries for brains [book review]. *CMAJ* 2001;165(2):193-4.

#### [The book reviewer responds:]

Two of Joseph Beitchman's assumptions with respect to my book review, "Berries for Brains," are particularly striking: first, that I "missed the point" of berry-picking as a way of "connecting" and, second, that I do not accept the reality of mental illness in children.

Of course mental illness in children exists; it can in any one of us. And the experiences of Fish can be early signs of it, too. They can also be signs of nutritional deficiencies, a strong need for physical exercise, or an unsupportive learning environment, to name a few examples. A responsible book about mental health in children ought to question more than one of these possibilities.

Likewise, berry-picking (or fishing) can be a way for people to connect. *Catch A Falling Star*, though, clearly suggests otherwise: it "exercises brain parts?" Would we suggest this in all seriousness to a respected peer?

There are other components to Beitchman's argument that I must challenge. One is his use of the word "symptoms," which suggests anticipation of oncoming disease and denies the reality that young minds are vulnerable to what we expect. Another is the idea that children suffering from mental illness have no idea why they feel the way they do. I dare say this supposition underestimates the inner resources of children.

Beitchman states there are no simple prescriptions. Ironically, this was part of the point my review was making. We

do no service to children by teaching them that healthy minds are as simple as happy trips to special doctors; to the contrary. And although I agree that messages of hope are paramount, what inspires hope is highly subjective. There'll be more than a "small group of children" reading this book, many of which may not find the idea of a "sick brain" very encouraging.

#### Jessica Mendes

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### Opt-out prenatal HIV testing in Newfoundland and Labrador

We read with interest the conclusions of a recent research letter by Ari Bitnun and coauthors<sup>1</sup> and the supporting commentary by Kathleen Steel O'Connor and Susan MacDonald.<sup>2</sup> Although we concur with the recommendation for prenatal HIV screening on an opt-out basis, both articles seem to imply that this is not being offered in Canada. In fact, Newfoundland and Labrador was the first province in the country to recommend routine prenatal HIV testing in 1992 and also to introduce it on an opt-out basis in 1997.

Based on a province-wide anonymous prenatal HIV prevalence study,<sup>3</sup> in 1992 the Department of Health recommended that HIV testing be considered as part of routine prenatal care. During 1993, it was estimated that nearly half of pregnant women in the province underwent HIV testing, rising subsequently to two-thirds. A second prevalence study in 1996 indicated that HIV testing done on a voluntary basis might not include all those at risk for HIV. Consequently, in 1997 HIV testing was introduced across the province on an opt-out basis (long before such a recommendation was made by the US Institute of Medicine<sup>4</sup>). Currently, 94% of pregnant women are being screened for HIV status (internal data).

Since 1992, our prenatal screening program has identified a few HIV-positive pregnant women, with no cases of vertically transmitted HIV infection in children born after 1994. However, our province has a low HIV prevalence; therefore, prenatal screening on an opt-out basis may be more effective and beneficial in populations with a higher prevalence.

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#### Samuel Ratnam

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#### References

1. Bitnun A, King SM, Arneson C, Read SE. Failure to prevent perinatal HIV infection. *CMAJ* 2002;166(7):904-5.
2. Steel O'Connor K, MacDonald SE. Aiming for zero: preventing mother-to-child transmission of HIV. *CMAJ* 2002;166(7):909-10.
3. Ratnam S, Hogan K, Hankins C. Prevalence of HIV infection among pregnant women in Newfoundland. *CMAJ* 1996;154(7):1027-32.
4. Institute of Medicine, Committee on Perinatal Transmission of HIV and Commission on Behavioral and Social Sciences and Education. *Reducing the odds: preventing perinatal transmission of HIV in the United States*. Washington: National Academy Press; 1999.

#### [The authors of the commentary respond:]

Although we thank Christa Mossman and Samuel Ratnam for their response to our commentary,<sup>1</sup> we feel that we did not imply that opt-out screening is not being done in Canada. In fact, we used statistics from Alberta as an example of the increased rates of screening that can be achieved if an opt-out approach is taken.

We have found policy to be a crucial determinant of screening. In the report of our 1997/98 national survey of physicians, we showed that the highest proportion of physicians reporting that they "always or almost always" screened for HIV in pregnancy were those practising in Newfoundland, the only province which then had a policy of routine screening with an opt-out option.<sup>2</sup> Indeed, based on the experiences of Newfoundland and Alberta, we believe that routine screening with the