not ask the panel members to outline the reasons for their selections.

We thank Dr. Vickerson for bringing to our attention the recent study of the use of dipyridamole for stroke prevention. We do not know how many panel members were aware of the results of the European stroke-prevention study when we were carrying out our study.

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Immunization and global ecology

It is the task of physicians to treat and prevent diseases in their patients. In this physician–patient relationship, the interests of each patient are foremost.

A reading of "Global immunization: Is a child's life worth $15?" (*Can Med Assoc J* 1996;155:1492-4), by Dr. Edward Ragan, leads one to ask, Does this also apply in the global arena? Western medicine's success in eliminating many potentially fatal diseases of childhood is largely responsible for a population growth that may correctly be termed a "population explosion." If the rising number of people on the planet achieves a Western lifestyle (which all peoples seem to strive for), this would be incompatible with the maintenance of global ecology. In this scenario, global immunization programs are of questionable value for mankind as a whole and for all life on this planet unless they are accompanied by equally effective birth control programs.

As physicians, we face a significant ethical dilemma. Successful vaccination programs without concurrent and successful birth control are apt to shift human suffering from disease to famine or ecologic disaster.

If one argues that this is not physicians' concern but someone else's, and that we as physicians are responsible for only 1 side of the coin, one would be taking a moral stance similar to that taken by the scientists who developed the means for building the nuclear bomb and yet claimed that they were free of responsibility for the consequences of its use.

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An impaired judicial system

"Weep for Adonais" (*Can Med Assoc J* 1997;156:889-90), by Nicole Baer, describes a tale too often told. An impaired driver not only kills 1 or more innocent victims but remains behind the wheel to kill or maim again. I suspect many physicians have had professional experience with the devastating impact of drinking and driving. How many emergency physicians have fought frantically to save the life of a drunken driver, reeking of alcohol and too impaired to be coherent, while his or her victim is sent to the morgue, not the emergency department?

I will always remember when a young woman and the child she was babysitting were struck by a car that had driven through a stop sign. All survived, but the young woman, bleeding from both ears due to a basal skull fracture, was evacuated for neurosurgical assessment while the impaired driver steadfastly refused to allow any blood to be taken.

The apparent inadequacy of the law in bringing justice to cases such as the one described by Baer is a challenge to the integrity of the legal profession. The legal fine points that ensure a fair trial seem immoral to anyone with personal or front-line experience with the problem.

The medical profession is well situated to deal with the social and medical problems arising from alcoholism, and assessments of the fitness of alcoholics to drive should be a routine part of caring for these patients. A recent history of heavy uncontrolled drinking, arrival at an appointment impaired or inebriated, or a history of blackouts should prompt a letter to the transportation ministry expressing concern about a patient's fitness to drive. This is in keeping with determinations of fitness to drive involving other recognized diseases, such as epilepsy or cardiac arrhythmia.

Physicians' obligation to serve a patient's interests and health does not require that they allow alcoholics to play Russian roulette with their own lives and the lives of others. Development of clinical guidelines to help us determine alcoholic patients' fitness to drive would be a welcome step forward. I would like to hear suggestions about how our profession should address this problem.

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Standards for polysomnography

In their editorial "Polysomnography: addressing the needs for standards" (*Can Med Assoc J* 1996;155:1693-4), Drs. William A. Whitelaw and W. Ward Flemons support the standards for polysomnography of the Canadian Sleep Society and the Canadian Thoracic Society (CSS/CTS). As they indicate, the field of sleep disorders medicine cannot achieve widespread recognition or credibility without appropriate standards. However, some of their statements require clarification.

Whitelaw and Flemons point out that there is no funding for sleep