



other AIDS related decisions made at that time."<sup>4</sup>

Such reservations about the IOM report are not noted in Hoey's review; they apply equally to Hoey's critique of Canadian events.

Hoey's further suggestion that the Red Cross and its coappellants give up recourse to the Supreme Court of Canada to define the scope of the Krever inquiry report seems to be a *non sequitur*. The appeal, which the court has agreed to hear, addresses the rights of the appellants to fair treatment by the inquiry. It also raises legal questions about the powers and conduct of public inquiries in general, which are relevant as well to the recent inquiries into charges against nurse Susan Nelles, into the Ontario government's connections with Patricia Starr and into actions of the Canadian Armed Forces in Somalia. As coappellants, we have no intention of letting these questions go unresolved.

The appeal does not in any way impede Justice Krever from addressing proposals for the future, which we are at least as anxious to see as Hoey is.

**Martin Davey, MD**

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**Roger Perrault, MD**

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*Drs. Davey and Perrault are principal Canadian Red Cross Society witnesses before the Krever inquiry. — Ed.*

#### References

1. Leveton MB, Sox HC, Stoto MA, editors. *HIV and the blood supply: an analysis of crisis decisionmaking*. Washington: National Academy Press; 1995.
2. Leveton MB, Sox HC, Stoto MA, editors. *HIV and the blood supply: an analysis of crisis decisionmaking*. Washington: National Academy Press; 1995:vi.
3. Zuck TF, Eyster ME. Blood safety decisions, 1982 to 1986: perceptions and misconceptions. *Transfusion* 1996;36:928-31.
4. Blajchman MA, Klein HG. Looking back in anger: retrospection in the face of a paradigm shift. *Transfusion Med Rev* 1997;11:1-5.

I agree completely with the article by Dr. Hoey.

Blood is a complex and complicated brew of healthy and effete red cells; living, dead and dying white cells; platelets in various forms; known and unknown viruses (some benign, some not); living, dead, dying and fragmented bacteria; cationic peptides; endotoxins; enzymes; occasional malignant cells; proteins; salts; cellular debris; hormones; fats; antibodies; and what have you.

It is a very personal concoction, specific to each individual. Added to this are more worrisome things, such as various strains of HIV and Creutzfeldt-Jakob disease. Who knows what other constituents, which may attack recipients in mysterious ways and prove incurable, may be discovered?

I would have to be in dire straits to let such a conglomerate mixture be injected into my body. All that money should be spent on grants for blood research. It will do far more good, for example, to find a suitable blood substitute in cases of hemorrhage.

Is this not the nub of the whole problem?

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#### [The author responds:]

The apology from the Canadian Red Cross Society, expressed by Mr. Normand, will be welcomed by many in Canada who have felt betrayed by this noble agency. *CMAJ* applauds the Red Cross for publicly acknowledging its shortcomings and for taking responsibility for its actions in the early 1980s.

The Krever inquiry, like all inquiries, can use only hindsight to determine what went wrong with the Canadian blood supply in 1983-85. Its recommendations will, in effect, adjust the rear view of the Canadian blood supply system so that, in fu-

ture, administrative and scientific decisions come closer to the mark. Our argument is simply to get on with it.

Davey and Perrault continue to defend the 1983-85 decisions, arguing that the present criticism of those decisions derives from a "radical, recent change in public perception of risks of transfusion." The public's perception of those risks certainly has changed, but does this mean that the faulty decision-making of public officials and medical professionals may be excused by the fact that members of the lay public were not alarmed? Moreover, in their perception of risk, members of the public have little choice but to take cues from the experts. The IOM report contains evidence that, at least in the US, deliberate efforts were made to withhold information specifically because the public was interested and would have fully appreciated the risks.

**John Hoey, MD**

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### Pity the student who makes the wrong career decision

From a recent Pulse column by Lynda Buske entitled "Are medical students ready to make career choices?" (*Can Med Assoc J* 1997;156:1248), I learned that nearly two-thirds of medical students interviewed in 1996 felt well prepared to make a career choice. This is gratifying, but it would also be very interesting to know how many 1993 graduates still feel they made the right career decision and how many 1996 graduates are to be interviewed in 1999.

It is encouraging to know that today's medical students are so confident about their career choices, because many pathologists and anesthesiologists of my generation and acquaintance were not as confident at a comparable stage of development. Most of us entered