Fitness to drive and the onus to report

I applaud any attempt to prevent impaired driving. Dr. Stephen Workman's recent letter to the editor, "An impaired judicial system" (*Can Med Assoc J* 1997;156:1698), suggested that guidelines be developed to determine alcoholic patients' fitness to drive. This proposal results in an interesting paradox in terms of the overall system. My understanding is that the *only* time there is legal onus not to drive due to impairment is when a driver is impaired by alcohol. I also understand that present legislation states that a physician shall report impairments that may affect a patient's capacity to drive, but there is no specific legislation requiring drivers to self-report or acknowledge this type of impairment. It seems that for all the usual medical conditions only physicians are held legally accountable for reporting a problem; the exception is temporary impairment caused by alcohol, for which a person actually has to take personal responsibility.

The ultimate goal should be to review existing motor-vehicle legislation and consider making drivers, and not just physicians, more accountable with regard to fitness to drive.

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Vets uncowed by fee article

Your brief article "Veterinarians' suggested fees may leave physicians feeling ill" (*Can Med Assoc J* 1997;156:1689) compared the Ontario Veterinary Fee Guide with fees paid to Ontario physicians. The comparisons may be interesting but they are somewhat misleading because veterinarians have to cover expenses that physicians do not. It only stands to reason that their fees for comparable tests and procedures have to be higher.

Veterinarians do feel fortunate to be operating in an environment free of government regulation with regard to establishing fees, although there are regional exceptions. Veterinarians must sell their services and justify their fees daily, and there is no shortage of veterinarians in most Canadian communities. This means that the consumer has choice and the assurance of competition in the area of fees. Certainly veterinarians in my practice area would not be here very long if we were being remunerated at the rate physicians are paid by governments.

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What's in a name?

In response to "Patient or client? If in doubt, ask" (*Can Med Assoc J* 1997;157:287-9), by Dr. Peter Wing, I would like to point out that a similar and not quite so subtle psychological attack on the medical profession occurred with the introduction of medicare in Saskatchewan several decades ago. At the time the CCF government routinely referred to doctors' offices as "doctors' workshops." This removed physicians from consideration as professionals who ran offices. Instead, they became workers with "workshops" where they carried out repairs on bodies.

Labelling patients as clients similarly removes physicians from consideration as participants in a special relationship with a "sufferer," instead denoting them as business people carrying out work for their "clientele," just like any other worker.

In both cases, a negative attitude toward the medical profession is revealed. Both are attempts to diminish our stature in the eyes of the public.

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Migraine research methods

Although Dr. William E.M. Pryse-Phillips and associates are to be commended for publishing the first formal guidelines for treatment of migraine ("Guidelines for the diagnosis and management of migraine in clinical practice," *Can Med Assoc J* 1997;156:1273-87), I take issue with some of the recommendations.

Severe and ultra-severe migraine attacks, as well as many moderate migraine attacks, are treated in emergency departments by emergency physicians rather than by neurologists. Therefore, it is disappointing and somewhat inappropriate that none of the authors was an emergency physician. However, I recognize the name of 1 emergency physician with a significant interest in migraine on the consensus panel. Emergency physicians across Canada are developing interest in and experience with the treatment of migraine, as was evident at a recent symposium at the Canadian Association of Emergency Physicians annual scientific meeting.

In most migraine studies, other than those involving sumatriptan, the methods are quite variable and the design is often very poor, with small numbers of patients enrolled. This makes it very difficult to interpret and compare the literature and to make firm recommendations. For intranasal butorphanol, in 1 study cited

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