Editor's preface

Français à la page suivante

Susan Sontag has observed that "[i]t seems that societies need to have one illness which becomes identified with evil, and attaches blame to its 'victims,' but it is hard to be obsessed with more than one."[1] That disease was once tuberculosis. Until recently it was cancer. Now it is AIDS.

Sontag predicted the demystification of cancer, an illness like any other. With this issue, we publish a comprehensive set of guidelines for the diagnosis and management of breast cancer (see supplements enclosed). Dr. Maurice McGregor and his colleagues followed a novel process in developing the guidelines by including patients as well as experts on their panel. Although the resulting documents are anchored in the data and rhetoric of evidence, they also incorporate the experiences and insights of affected women. But will physicians use the guidelines? Neill Iscoe of the University of Toronto (among others) has long promoted the involvement of patients in guidelines development and in decisions on research priorities (page 345). McGregor and colleagues have responded to this challenge by producing a less technical version of the guidelines, intended for patients and their families. (Both versions are also available electronically through *CMA Online* [**www.cma.ca**]) So physicians are going to start seeing better-informed patients who may well ask them to follow the guidelines — or at least to explain why their illness is being managed differently. Be ready.

And what of AIDS? Like breast cancer, AIDS has been heavily "analogized," but unlike breast cancer, it is a disease to which sexual fault is often attached. Colleen Kirkham and Daphne Lobb of the University of British Columbia review the plight of 110 HIV-positive women (page 317). The patients were young, about half with children (many of whom were themselves HIV positive) and many of them poor. In an accompanying editorial, Sharon Walmsley of the University of Toronto notes with alarm that heterosexual intercourse is now the main risk factor for HIV infection among Canadian women (page 339). Unfortunately, many HIV-positive women are unaware of their condition, and therefore they cannot benefit from new combinations of antiretroviral drugs that reduce viral load and prolong life. As Sontag has said, we need to demystify AIDS and take a more biologically and epidemiologically based approach to the prevention, diagnosis and management of HIV infection.

A report from the Centre for Rural Health Studies, in Whitbourne, Nfld., shows that in 1994 more than half of the prenatal ultrasound examinations performed in a hospital in western Labrador were inappropriate according to the guidelines of the Canadian Task Force on the Periodic Health Examination (page 307). In an accompanying editorial, Philip Hall of the Woman and Child Program at St. Boniface General Hospital, Winnipeg, notes that this study demonstrates a recurrent problem with modern medicine in general: an unjustified faith in technology as a replacement for wisdom (page 335).

To complement the Newfoundland study and a description of the Rural Physician Action Plan of Alberta (page 351), we asked Allon Reddoch to tell us about his experiences in the rural North (page 337). Allon visited Whitehorse 20 years ago, planning to stay 3 months, and he's been there ever since. He writes of the challenges and considerable charms of rural practice, and one of his photographs graces the cover.

Reference

1. Sontag S. *Illness as metaphor and AIDS and its metaphors*. New York: Doubleday; 1990. p. 104.