racism not only from their clinical activities but also from their personal relationships.

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This article struck a chord with me. As a resident in family medicine at Dalhousie University in 1993, I too faced racism from the most unexpected of sources — a patient. During my rotation on the geriatric ward at a local teaching hospital, a patient refused to be examined or admitted by me because of my ethnic background. However, the acknowledgment of the patient's blatant racism by hospital staff and the full support of my clinical supervisor ensured that the incident was not ignored and that steps were taken to resolve the problem constructively. I am very glad that Gaynor Watson, whose research was described in the article, has had the courage to bring this important yet sensitive issue to the attention of the medical community. Let's hope that as a result of her research, my story and those she uncovered will become things of the past.

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Debating the benefits of home care

I was perplexed by a recent exchange in the correspondence column, consisting of the letter "Where's the evidence for home care?" (*CMAJ* 1998;159[2]:135-6), by Dr. Aidan Byrne, and a reply (*CMAJ* 1998;159[2]:136) from Dr. Stuart M. MacLeod.

Byrne writes to ask for factual support for the opinion that home care has significant economic benefits, citing some evidence from the Institute for Clinical Evaluative Sciences that the benefits may be illusory.

MacLeod, a proponent of evidence-based medicine, replies that he bases his position on "common sense" and what is "obvious."

What are readers to make of this?

J. Edward Mullens, MD, MS
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[One of the authors responds:]

Dr. Mullens is seeking a black-and-white view on evidence-based rationing that would be inappropriate to a complex situation. A reading of the original editorial ("Evidence-based rationing: Dutch