or variable B causes variable A, or A and B are both caused by C or, finally, that the whole thing is a coincidence.

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Reference

1. Harrison P. Conflict-of-interest issues face increasing scrutiny. *CMAJ* 1998;159(10): 1290.

Give it and they will spend

I am concerned about arguments put forward by both Michael Gordon and colleagues[1] and Steven Lewis[2] on a proposal to treat health care as a taxable benefit.

What do citizens covered by medicare want? They want to remain healthy and never use the system. Thus, if anyone is to pay an extra tax on the health care system it should be those who don't use it and who thus get what they want.

Steven Lewis is glib to state that Canada has been able to resist US-style medical economics despite our close economic ties with that country. For many years our ties were not that close — Canada was protected by trade tariffs that no longer exist. The only thing protecting us from US-style health economics is the spectacular and well-documented failure of that system, not anything we are doing to protect ourselves from American encroachment.

Another problem, one that the authors of both articles failed to discuss, is that it does not matter where money comes from: it will be used up if it is there — a form of Parkinson's Law applied to health care. For instance, we could provide more money for health care by taxing lottery winnings but it would soon be swallowed up by new technologies or public demand for more services.

Do I have a solution for all this? Of course not. The great thing about being an outraged critic is that one is not expected to have solutions. However, I suspect that part of a solution will eventually lie in deciding what are and are not core essential services. This would be analogous to the Oregon system, though I'd be the first to admit that those of us who crow most loudly about that system don't know the first thing about it.

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References

1. Gordon M, Mintz J, Chen D. Funding Canada's health care system: a tax-based alternative to privatization. *CMAJ* 1998;159(5):493-6.
2. Lewis S. Still here, still flawed, still wrong: the case against the case for taxing the sick. *CMAJ* 1998;159(5):497-9.

Norwood reconstruction

The article about the Winnipeg inquest into the deaths of 12 young heart patients[1] includes the following editorial statement: "[Norwood reconstruction], used to treat infants with hypoplastic left-heart syndrome, is considered a palliative procedure, since transplants are considered the treatment of choice for this condition. The operation has a very high mortality rate."

This statement is inaccurate. There is a paucity of suitable donors in Canada, neonatal heart transplantation is available in only a few centres, and excellent results have been achieved for the Norwood procedure in this country, so the treatment of choice for most variants of hypoplastic left-heart syndrome is in fact the Norwood procedure. The procedure is done at the Hospital for Sick Children in Toronto, the University of Alberta Hospitals in Edmonton, British Columbia's Children's Hospital in Vancouver and the Montreal Children's Hospital.

The operation is complex, and the mortality rate, which is substantial, varies from one centre to another. One might certainly question why an inexperienced surgeon would attempt such a procedure. One might also question the source of the referral. Surgions do not recruit patients directly, but receive referrals from cardiologists.

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Reference

1. Sibbald B. Twelve deaths in Winnipeg: judge must ponder 48 000 pages of inquest testimony. *CMAJ* 1998;159(10):1285-7.

Drinking in moderation

As a participant in the discussion, I will not comment on the substance of the Royal College debate on whether physicians should promote moderate consumption of alcohol,[1] beyond noting that the Canadian health care system should certainly not count on the $5 billion net savings projected to result from people drinking more. I have 2 elaborations on the reporting, though. First, the "large majority of delegates" was in fact 12 of the 14 who turned up for the debate, which was held on a Sunday morning. Second, current Canadian low-risk drinking guidelines, endorsed by the Canadian College of Family Physicians for communication to the general population, specify not only up to 9 drinks per week for a woman and 14 drinks for a man, but also no more than 2 on any day. In terms of risks of harm from drinking, how one's drinks are spaced is at least as important as the total number per week.

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Reference

1. Harrison P. Royal College debates whether MDs should promote moderate consumption of alcohol. *CMAJ* 1998;159 (10):1289-90.