



tions,⁴ we would like to add our concern about the use of antimotility agents in children infected with *E. coli* O157:H7. Three North American studies⁵⁻⁷ have suggested that drugs that slow intestinal peristalsis are associated with an increased risk of hemolytic uremic syndrome, or of more severe complications, when given to children infected with this pathogen. We strongly discourage their use in acute childhood diarrhea.

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References

1. Simor AE. Careful with the antibiotics [letter]. *CMAJ* 1998;159(9):1083-4.
2. Slinger B. Careful with the antibiotics [letter]. *CMAJ* 1998;159(9):1084.
3. Houston S. Careful with the antibiotics [letter]. *CMAJ* 1998;159(9):1084-5.
4. Hoey J. Just when you thought it was safe to eat a burger ... *CMAJ* 1998;158(12):1637.
5. Bell BP, Griffin PM, Lozano P, Christie DL, Kobayashi JM, Tarr PI. Predictors of hemolytic uremic syndrome in children during a large outbreak of *Escherichia coli* O157:H7 infections. *Pediatrics* 1997;100(1):E121-6.
6. Cimolai N, Morrison BJ, Carter JE. Risk factors for the central nervous system manifestations of gastroenteritis-associated hemolytic-uremic syndrome. *Pediatrics* 1992;90(4):616-21.
7. Cimolai N, Basalyga S, Mah DG, Morrison BJ, Carter JE. A continuing assessment of risk factors for the development of *Escherichia coli* O157:H7-associated hemolytic uremic syndrome. *Clin Nephrol* 1994;42(2):85-9.

The language of suicide

I agree with Mrs. Sommer-Rotenberg¹ that all must be done to promote a more compassionate attitude toward those who are affected by suicide. Abolishing the phrase "commit suicide" from the English language would be a step in the right direction.

Two opposing forces invade us as soon as we learn of the death by suicide of a loved one. There is a feeling of love and one of despair. Love leads us to believe that the suicide was not willingly done, whereas our despair warns us that this thought may just be a buffer against guilt. Our religious beliefs make us associate guilt and shame with the

wilful realization of a suicide.

After Michel, our 27-year-old son, had taken his life, we sat around the living room table discussing the aspect of choice in his suicide. I argued that he had not really chosen his suicide, while his younger brother argued to the contrary. With time, I came to accept my younger son's view that the suicidal act is in fact a choice — but then, we have to define the quality of that choice.

In medieval times the inquisitors would torture a heretic and invariably would obtain a confession (false, of course). Under intense suffering the accused one "chose" the path that led him or her to be burned at the stake. To me, the decision of the suicidal person is comparable: his or her choice is made to escape intense suffering. We cannot describe this choice as "free."

I believe that understanding the fact that one does not freely choose to end one's life helps us to deal with suicide with a more open and humanitarian attitude. To better understand suicide we have to realize that the cause is unbearable suffering, possibly in the presence of a mental illness.

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Reference

1. Sommer-Rotenberg D. Suicide and language. *CMAJ* 1998;159(3):239-40.

Urology: An unfairly neglected discipline of medical training

I would like to draw attention to the differential emphasis and importance given to examination and management of male and female genitourinary problems in medical school curricula. I studied medicine at Queen's University, where medical students are required to do a 3-week rotation in gynecology. In contrast, urology is not a mandatory rotation. Is gynecology more important than urology? Approximately equal numbers of gynecologic and urologic patients visit outpatient clinics, and I imagine that most men would argue that medical conditions affecting their

intimate anatomy and its function are as important as those affecting women. I would suggest that the discrepancy reflects the historical perspective that construed many of women's medical conditions as resulting from their dysfunctional "hysterical" wombs. Thus acquisition of gynecological examination skills became fundamental. But times have changed and so should the gender differences that exist in the way we teach and learn medicine.

During medical school, I was one of 2 women in my class who chose urology as a component of the surgical specialty training requirement. I wanted to confront my discomfort and lack of experience with examination of the male genitalia, and, as a future psychiatrist, I thought the rotation would prepare me for discussions about sexual dysfunction with my future patients.

In an informal poll of a number of my female colleagues, my suspicion that we could leave medical school without ever examining male genitalia was confirmed. Some of my classmates had never inserted a Foley catheter in a man. As residents, we will be called upon to do so by nursing staff, should they have difficulty placing the catheter. How are we to diagnose epididymitis without experience in examining the normal epididymis? During my family medicine rotation, supervised by a male physician, I was always asked by the patient to leave the room when there was a concern necessitating an examination of the genitals. Although I recognize that it is every patient's right to refuse to allow a student to be involved, I suspect that it was my gender, and not my status as a student, that precipitated these requests.

Historically, women have had no choice but to consult a male specialist about their genitourinary conditions, whereas men have been referred to a specialist of their own gender. Why are so few women encouraged to pursue a career in urology and why are so few accepted into urology specialty training programs in Canada? It may be that the predominantly male urologists wish to protect men from the anxiety provoked by talking with a woman about their most intimate medical conditions. With