



Mental State Examination score of 12.6 (standard deviation [SD] 5.8). Their mean age was 70.8 years (SD 8.7); 23% were men, 7.9% were living in an institution and a further 7.9% had been admitted to an institution in the previous 12 months. The mean age of the caregivers was 58.5 years (SD 13.2), and 44% were men. The yearly cost of care was estimated to be Can\$61 852 (SD Can\$34 375). Similar findings have been reported in other studies in Italy.^{6,7}

The level of cognitive function was significantly associated with the cost of caring for patients with Alzheimer's disease ($p = 0.005$). Costs were higher for older ($p = 0.027$) and wealthier ($p = 0.094$) caregivers and younger patients ($p = 0.024$).

In contrast to the findings of Hux and colleagues, the care of patients living in an institution cost significantly less than that of patients living at home ($p = 0.039$). One possible explanation is that nurses in institutions care for several patients simultaneously, decreasing the time devoted to each patient and thereby lowering costs.

Other than the relatively lower cost of caring for patients in institutions, our findings confirm those of Hux and colleagues.

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Cheers and jeers for the Charter for Physicians

It appears that Nuala Kenny and her colleagues are still operating in the Dark Ages.¹ I read the CMA Charter for Physicians² and I see nothing in it that the ordinary Canadian citizen would not demand. Most Canadians would like a work environment that is conducive to good productivity and to providing the best possible service to customers and society at large — an environment free of harassment, discrimination, intimidation and violence. Canada's Charter of Rights gives us freedom of association and speech, and the CMA charter demands nothing more.

Society has changed, as has the medical profession. Once medicine was a vocation in which people sacrificed and dedicated their lives to the care of the sick and injured. No longer is medicine a vocation of that type. It is now a profession, just like any other.

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- Kenny N, Weijer C, Baylis F. Voting ourselves rights: a critique of the Canadian Medical Association Charter for Physicians. *CMAJ* 1999;161(4):399-400.
- Canadian Medical Association. Charter for Physicians [policy]. *CMAJ* 1999;161(4):430-1.

When it comes to the CMA's new Charter for Physicians, I must support Dan MacCarthy.¹ The critique of it offered by Nuala Kenny and colleagues² is way off the mark in equating professional rights with the needs so succinctly expressed in the charter. When I first read the charter, it gave me the feeling that some collective support was at hand to help with the day-to-day effort required to serve patients.

It is also a useful adjunct to the CMA Code of Ethics.³ MacCarthy's eloquent rebuttal stands on its own merit. I would add that the alternatives provided by the authors of the critique are completely at ease with the charter's overall focus.

Most physicians I know practise medicine for altruistic reasons, and I certainly strive in that direction. However, my colleagues and I have needs, many of which are unmet in the current divisive climate within our health care system. Yes, we are a privileged group, but please, less destructive criticism, and more encouragement. In my view, the charter achieves the latter goal.

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- MacCarthy D. Why physicians need a charter. *CMAJ* 1999;161(4):400-1.
- Kenny N, Weijer C, Baylis F. Voting ourselves rights: a critique of the Canadian Medical Association Charter for Physicians. *CMAJ* 1999;161(4):399-400.
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It is really terribly unfair how governments have treated doctors over the past 2 decades. At least, that is the official line the CMA board uses to justify its recently proclaimed Charter for Physicians.¹ It is not about "rights," the board hastens to add. It is about our "needs," a sort of chicken soup for the demoralized professional ego.

With respect, this is becoming just a little precious. The CMA is, of course, a creature of its provincial satellites. This might, in part, explain why the majority of the CMA board members do not seem to have noticed certain critical facts, such as the fact that politicians have not actually done anything to us, save perhaps for the GST, without permission and consent from our provincial associations.

So mark me down with Nuala Kenny² and the embarrassed ethicists, for I do not think doctors need special privileges not enjoyed by other citizens. What we do need is a national association prepared to defend our civil liberties, not one that substitutes hypocrisy



when piety does not seem to be working anymore.

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1. Canadian Medical Association. Charter for Physicians [policy]. *CMAJ* 1999;161(4):430-1.
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The essence of the social role unconsciously (and, recently, ambivalently) given to physicians is crucial in sustaining the denial that is so basic to Western civilization — denial, that is, of death and of the suffering and chaos that are a normal part of life. It is fine for a parent to serve, transitionally, as a powerful and perfect object and, likewise, for physicians to be sensitive to the psychological regression that is a normal part of illness. However, there is nothing healthy for either patients or physicians in holding on to the illusion that the physician always carries boundless resources, certainty and strength. In any other relationship this would be viewed as dysfunctional.

André Piver, MD
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One of the compelling reasons for a Charter for Physicians, as articulated by Dan MacCarthy,¹ is that physicians, and for that matter patients, need protection from intrusive government policies that ignore advice from physicians and others in the underfunded health care system. I am affronted that Nuala Kenny and her colleagues describe the charter as “morally indefensible”² while failing to acknowledge a very serious conflict of interest: Kenny

does not acknowledge being Deputy Minister of Health of Nova Scotia.

References

1. MacCarthy D. Why physicians need a charter. *CMAJ* 1999;161(4):400-1.
2. Kenny N, Weijer C, Baylis F. Voting ourselves rights: a critique of the Canadian Medical Association Charter for Physicians. *CMAJ* 1999;161(4):399-400.

[The editor-in-chief responds:]

When Nuala Kenny wrote the article with her colleagues she was a Professor of Pediatrics and Director of the Office of Bioethics Education and Research at Dalhousie University, Halifax. When the article in question was in press, Kenny accepted a temporary appointment as Acting Deputy Minister of

Health in Nova Scotia. This was a short-term secondment from the university. She has now returned full-time to her academic positions.

John Hoey, MD

Correction

In Table 1 of a recent article by Colleen J. Maxwell and colleagues,¹ the drug group name for the second row of data was missing: it should be β -blocker.

Reference

1. Maxwell CJ, Hogan DB, Ebly EM. Calcium-channel blockers and cognitive function in elderly people: results from the Canadian Study of Health and Aging. *CMAJ* 1999;161(5):501-6.

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