



mation handouts on Lyme disease).

More importantly, Scott's comments in no way change the conclusion or implications of this case. In fact, since this case was submitted for publication, we have identified and treated 3 more cases of babesiosis in residents of Ontario.

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## Controversial cancer care

I have to hand it to Bill O'Neill, a real Entrepreneur (or good samaritan?), for finding a hiatus in the delivery of health care and taking advantage of it.<sup>1</sup>

Some time ago, he managed to convince a reporter of the *Ottawa Citizen* to report extensively on his activities, but that he was able to induce Barbara Sibbald, an editor of *CMAJ*, to write a 3-page commercial about the so-called Canadian Cancer Research Group is highly disturbing. Interviews with oncologists as quoted by Sibbald would lead the reader to believe that O'Neill's activities are accepted by at least some physicians.

I express shame and indignation that my own medical journal is willing to sacrifice space to publish such an insult to our beloved profession.

**George Tolnai, MD**

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### Reference

1. Sibbald B. Private company offers hope to cancer patients — for a price. *CMAJ* 1999;160(11):1619-21.

### [The editor-in-chief responds:]

We believe the report was balanced. Interviews with Robert Buckman, an oncologist, Mike McBurney, a research scientist with the Ottawa Regional Cancer Centre, and Robert Phillips of the National Cancer Institute of Canada provide testimony

that counters the claims made by O'Neill. Some of our patients with cancer do visit this and similar clinics. Knowing more about what these clinics are doing — and think they are doing — should help physicians manage the clinical care of their patients with cancer.

**John Hoey, MD**

## Keeping clinics open

In their commendable efforts to keep the x-ray clinic in Richmond, Ontario, open,<sup>1</sup> Drs. Lucy and Rod Rabb have come up against the hard reality facing most community-based radiologists in the province. The Ontario Health Insurance Plan's facility fees, which are meant to cover the operating costs of a radiology clinic, are insufficient for this purpose unless the clinic is operating at full capacity. As are the Rabbs, many radiologists in Ontario have been subsidizing these costs from their professional fees for years.<sup>2</sup> This situation has led to the closure of many small x-ray offices across Ontario and the concentration of operations in larger referral centres where economies of scale can be found.

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### References

1. Sibbald B. Rural docs provide rent-free space to keep lab open. *CMAJ* 1999;161(5):477.
2. Deloitte & Touche Management Consultants. *Ontario Association of Radiologists survey of practice economics*. 1995.

## Drug information handouts

A recent *CMAJ* editor's preface<sup>1</sup> discussed drug reactions and interactions and outlined the need for information to be given to the patient. You specifically commented on the importance of the information given to patients by their pharmacist.

Throughout the years I have been grateful to pharmacists who keep my patients (and me) out of trouble by double-checking drug doses and instructing the patient about important drug interactions. However, in recent years there has been an increasing tendency for drugstores to hand out printed sheets that cover every possible side effect of a drug. This scares many patients and frequently leads to non-compliance, anxiety and confusion.

As a dermatologist, I have found the information on these printed sheets to be a problem for patients suffering from acute or recent-onset dermatitis. I have instructed the patients to use the strong steroid frequently and consistently, but the instruction sheet has warned them of side effects and told them to use it sparingly. This advice is incorrect, because in some cases it is necessary to use potent doses to achieve a therapeutic effect. Side effects can develop from long-term use of topical steroids but they are not, practically speaking, a problem over the short term when the drugs are used under close supervision. My prescription pads now state the following at the bottom: "No instruction sheets for topicals or Kenalog please." I prefer to fully inform patients in the office about the medication they are prescribed.

Information about drugs is important to patients but I believe that the printed drug handout sheets lack perspective and are presently doing more harm to patients than good.

**Robert N. Richards, MD**

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### Reference

1. Drug interactions: Who warns the patient? [editor's preface]. *CMAJ* 1999;161(2):117.

## Toying with titles

Your article "Vinyl toys, medical devices get clean bill of health" notes that the American Council of Science and Health (ACSH) offers reassurance about the safety of phthalates in these items.<sup>1</sup> The article identifies the leader