

## “Sorry, doc, I forgot all about that”

I have intermittently been reading the conclusions from the Canadian Consensus Conference on Dementia.<sup>1</sup> The thoroughgoing effort of Christopher Patterson and colleagues to manufacture concrete from Jello has provided me with considerable amusement during breaks in my current attempt to practise rational medicine with limited resources in rural Africa.

I have a comment related to recommendation 25: “Primary care physicians should notify licensing bodies of concern regarding competence to drive ... unless the patient gives up driving voluntarily.” Until the end of 1997, I worked as a primary care physician and advisory physician at 2 long-term care facilities in London, Ont. From my Canadian practice experience, the recommendation should have been that “primary care physicians should notify licensing bodies of concern regarding competence to drive ... *even if* the patient gives up driving voluntarily.”

Promises to give up driving voluntarily are subject to erosion by the genuine or conveniently exaggerated effects of short-term memory deficits: “Sorry, doc, I forgot all about that.” My usual policy was to approve of the patient’s wise decision to give up driving voluntarily but to tell him or her that I was required to inform the Ministry of Transportation anyway, just to keep everyone honest.

I never received an adverse reaction to this strategy; when I didn’t use this approach, however, I sometimes encountered awkward situations involving practical inconvenience (including personally having to disable vehicles and having to confiscate driver’s licences) and obvious potential medicolegal problems.

If ever the recommendations are revised, I would appreciate it if the committee would take into account my two cents’ worth.

**James D.F. Harris**  
Brong Ahafo, Ghana

### Reference

1. Patterson CJS, Gauthier S, Bergman H, Cohen CA, Feightner JW, Feldman H, et al. Management of dementing disorders: conclusions from the Canadian Consensus Conference on Dementia. *CMAJ* 1999;160(12 Suppl):S1-S20.

### [One of the authors responds:]

James Harris’ comments are duly noted, and he is absolutely correct in stating that physicians in Ontario and other provinces are required to inform the Ministry of Transportation if there is a concern about driving safety. His observations about drivers “forgetting” not to drive are also most reasonable.

We do plan to update the recommendations at regular intervals, although this will not occur for several years at least.

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## Tea for two (reviewers, that is)

I have again been reading “Tea with Sir William Osler” by Sir David Weatherall.<sup>1</sup> You solemnly say, “This article has been peer reviewed.” Who does a peer review of a delightful fantasy by a Regius Professor of Physic? Other Regius professors?

The reviewers missed one statement. Near the top of page 839, Sir David refers to “the marketplace-orientated health care system of North America.” This is incorrect. The Canadian health care system is based on government funding.

It makes me wonder: I can see the object of peer review for scientific papers, but what about for a splendid flight of the imagination? Is this type of review a sort of imprimature from a holy office? A statement of correctness?

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### Reference

1. Weatherall DJ. Tea with Sir William Osler. *CMAJ* 1999;161(7):837-40.

### [Editor’s note:]

The article was inadvertently sent to 2 intrepid Oslerians, who graciously went where no reviewer has gone before. Our admission of this fact was also inadvertent.

## Alternative therapies

The argument expressed in John Hoey’s editorial, “The arrogance of science and the pitfalls of hope,”<sup>1</sup> was disappointing and unconvincing. Surely there is more reason for medical scientists to be alarmed by the apparent toleration, even acceptance, of alternative medicine than their frustration because of inadequate research funding. Should we not be critical of evidence supported only by testimonials and the claims of commercial concerns? The scientific

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