

Correspondance

Taking exception

In my opinion, the apology by the Hamilton Health Sciences Centre (HHSC) does not mark a “new era” in response to medical error.¹ I knew immediately that the death of my daughter, Claire, resulted from an adverse event, but the facility initially offered no response, no condolences — nothing whatsoever. Dr. Andrew McCallum (chief of staff at HHSC) was not even aware of the death until I alerted him to it. HHSC demonstrated no intent to conduct a proper internal review or offer an apology until 6 months of relentless advocacy on my part. My question is this: Had I not been a registered nurse who clearly understood the mechanisms of Claire’s senseless death and informed HHSC of that understanding, would there have been an apology? My gut instinct says, No.

HHSC has gone only halfway in its apology, having made no effort to address the professional and personal accountability of the medical staff who were responsible for Claire’s care. Yet our family remains devastated in the wake of a staff member’s actions, which led to the death of a beautiful, profoundly loved, 11½-year-old child.

In cases such as these, I don’t think the lawyers are “winners,” as HHSC president and CEO Murray Martin has stated. The lawyers with whom I have been in contact have expressed their shock and outrage at the manner in which this child died. In fact, we all lose when one of the most valuable members of society and a representative of its future — a child — needlessly dies.

John E. Lewis
Registered Nurse
Hamilton, Ont.

Reference

1. Kilpatrick K. Apology marks new era in response to medical error, hospital says. *CMAJ* 2003;168 (6):757.

[Editor’s note:]

Murray Martin, the president and CEO of HHSC, declined to respond.

The singles’ scene

I read with interest in the recent editorial on SARS¹ that “There are reports of single people infecting up to 112 others.”

Does this epidemiologic manifestation hold for married people as well?

John M. Tallon

Department of Emergency Medicine
Dalhousie University
Halifax, NS

Reference

1. SARS: the struggle for containment [editorial]. *CMAJ* 2003;168(10):1229.

The politics of war

The editorial on the war in Iraq¹ is far below *CMAJ*’s usual standards and would be more suitable for the pages of a university student publication or a free weekly community newspaper. Surely a medical journal can be expected to limit its editorials to subjects at least nominally connected to the practice of medicine. Instead, your condemnation of the coalition’s war against Iraq amounts to little more than sophomoric political partisanship. More disappointing, the commentary neglects one of the basic principles of medical and scientific analysis: any criticism of an intervention, whether pharmaceutical or surgical or political, must at least acknowledge the consequences of not intervening.

Even if one accepts the utterly unverifiable, not to say baseless, claims of the Iraq Body Count Project,² a reputable medical journal must contrast

these allegations with the “body count” associated with not removing Saddam Hussein from power. Failing to make this comparison invites the conclusion that the liberation of more than 100 Iraqi children from a children’s prison³ does not matter, or that the information coming to light about Iraqi torture chambers⁴ is not relevant to the writers of the editorial.

There is no question that, tragically, civilians have been accidentally killed by coalition forces. But accepting the null hypothesis — that no intervention is preferable to this intervention — would entail believing that Hussein would have killed fewer civilians than the coalition has. The evidence that is now mounting challenges this hypothesis most strenuously. Of course, this editorial is not about evidence; it is about politics.

Jason Ford

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Boston, Mass.

References

1. The opportunity costs of war in Iraq [editorial]. *CMAJ* 2003;168(9):1101.
2. Iraq Body Count Project team. Iraq body count [Web site]. Available: iraqbodycount.net (accessed 2003 Jun 1).
3. MacQuarrie B, Nelson SB. Celebrations whirl in a capital free of regime. *Boston Globe* 2003 Apr 10;Sect A:1.
4. Price N. Finally the victims have faces. *The Hamilton Spectator* 2003 Apr 25;Sect B:4.

A recent *CMAJ* editorial¹ about the war in Iraq addresses some humanitarian concerns but fails to suggest how to deal with a repressive regime that caused the loss of a million lives during the war with Iran, gassed and killed thousands of its own citizens for alleged dissension, proved impervious to sanctions (its leaders luxuriating in palaces outfitted with gold-plated bathroom fixtures) and refused attempts to peacefully resolve the situation. While some of the unbalanced views on the war that have been presented² can be excused on the basis of youth, the absence of an

even-handed approach in an editorial of a scientific journal is regrettable.

Emile Berger
Neurosurgeon
Montréal, Que.

References

1. The opportunity costs of war in Iraq [editorial]. *CMAJ* 2003;168(9):1101.
2. Lee PS. An open letter from Concerned Medical Students on Iraq [letter]. *CMAJ* 2003;168(9):1115.

For much of the spring, the media bombarded us with opinions on the war in Iraq. For weeks, it was almost impossible to pick up a newsmagazine or newspaper or to watch television without being verbally assaulted by commentators, editorialists and others of the usual suspects preaching their various points of view.

Today, I picked up *CMAJ* and found the same type of thing on the editorial page.¹

If *CMAJ*'s editors feel determined to make their own political statement about the merits or lack thereof of the Iraqi war cum police action, they should send their rants to the CBC or the *Toronto Star* or some other suitable media outlet. I would think that there is a sufficient number of difficult and controversial problems in the Canadian medical system to keep the journal's editors busy. We already have more than enough amateur political commentators.

John M. Rapin
Physician
Kingston, Ont.

Reference

1. The opportunity costs of war in Iraq [editorial]. *CMAJ* 2003;168(9):1101.

My first response to the editorial in the April 29 issue¹ was laughter. I have no problem with *CMAJ*'s editors commenting against the war. But the timing was hysterical. When the editorial appeared, the war was essentially over, and the predicted humanitarian crises had been largely prevented. I hate to make a perhaps unfair comparison,

but your position was like that of the federal government "bravely" declaring its opposition to the war when it just didn't matter anymore.

As for the position stated in the last sentence, that "the most effective pre-emptive strikes against global insecurity will take aim at disparities in access to natural resources, economic opportunity, education and health," I couldn't agree more. Now that a brutal tyrant is gone and his oppressive regime is overthrown, Iraqis may finally have the opportunities that have been withheld from them for so long.

Brad B. Bryan
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Beth Israel Deaconess Medical Center
Harvard Medical School
Boston, Mass.

Reference

1. The opportunity costs of war in Iraq [editorial]. *CMAJ* 2003;168(9):1101.

[The editors respond:]

We do not agree that war is a subject unconnected with medicine. Clearly, the implications of military action — and inaction — for human health are profound. The question of whether the war in Iraq was "just" has given rise to a good deal of agonized debate, and people of conscience have argued strenuously on both sides. In the weeks leading up to the war, risk calculations of various kinds, including the competing "body counts" suggested by Jason Ford, weighed heavily on many people's minds. Our editorial¹ focused on some of the risks posed by unilateral military action, particularly the potential damage to the moral authority of the United Nations and to the capacity of international agencies to continue to work effectively. Some of our readers work with such organizations in Canada and abroad.

With respect to John Rapin's charge that we are amateur commentators, we are pleased to agree. It is a characteristic of healthy democracies that the ethical scrutiny of political and military decisions is not confined to designated

experts. That being said, the medical profession can claim expertise with respect to health. It would be remiss, therefore, for medical commentators not to encourage consideration of the health implications of war.

Our concern about the impact of unilateral military action on the structures of international cooperation is a matter of principle that has not been altered by the outcome of the war, even assuming this outcome to be as uncomplicated as Brad Bryan's letter implies. In any event, we would take no satisfaction in seeing any worst-case scenarios come true.

John Hoey
Anne Marie Todkill
CMAJ

Reference

1. The opportunity costs of war in Iraq [editorial]. *CMAJ* 2003;168(9):1101.

What's in a name?

Much could be said about the reasons for the disastrous outcomes of the SARS outbreak, particularly for Toronto and the rest of Canada. Retrospective analyses may come to dissimilar conclusions, depending on the analysts' points of view. I join those who believe that the stigma cast on Toronto was largely a result of the excessive style of the news media — written, spoken and illustrated.¹ It is to my regret (and surprise) that the medical profession, perhaps unwittingly, assisted the media in this dubious achievement. I refer here to the name of the syndrome: severe acute respiratory syndrome. The nomenclature of diseases does not usually include qualifying adjectives. I can think of but one exception, the form of anemia that a century ago was called "pernicious"; now it is known as megaloblastic anemia.

It serves no useful purpose to give a disease a frightening name, and medical science has, until now, wisely refrained from doing so. I hope that the naming of SARS does not herald a new trend toward names such as "terrible acute