

Indeed, Fox's letter is a cogent reminder that the introduction of the electronic medical record (EMR), which holds great promise for standardizing data collection, archiving important information and facilitating the sharing of patient records among physicians and institutions, may nevertheless enforce the tendency to divorce the data from the patient. This concern is particularly prominent if the focus of an EMR is on collecting information that can be coded and categorized. In contrast, if electronic systems adopt the approach of explicitly reminding practitioners to record daily narratives, the EMR could increase the use of narrative medicine principles. Perhaps we should encourage technologically inclined house staff to "blog" rather than to "chart" information for their patients!

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Reference

1. Bayoumi AM, Kopplin PA. The storied case report. *CMAJ* 2004;171(6):569-70.

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More arithmetic of health care

Contrary to the claims of Janice MacKinnon,¹ the most recent data from the Organisation for Economic Co-operation and Development (OECD), for 2002, show that Canada ranked sixth, not third, in terms of health care spending as a percentage of gross domestic product (GDP) (data available through OECD Web site at www.oecd.org/home/).

Furthermore, Canada is the only OECD country where health spending as a percentage of GDP actually declined over the past decade (from 10% in 1992 to 9.6% in 2002). By contrast, health spending as a percentage of GDP in the United States (with its multitude

of user pay schemes) increased from 13% in 1992 to 14.6% in 2002.

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Reference

1. MacKinnon JC. The arithmetic of health care [editorial]. *CMAJ* 2004;171(6):603-4.

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Janice MacKinnon's health care arithmetic is incorrect.¹ She uses a figure of 8% as the annual rate of growth of health care costs in Ontario, but this value is based on current dollars and therefore does not take into account inflation or growth of the population.

The correct calculation should be based on per capita spending of constant dollars. The Canadian Institute for Health Information gives the following figures for annual rate of growth in these terms: 2.6% from 1974 to 1991, -0.03% from 1991 to 1996, and 4.4% from 1995 to 2003.² It is highly probable that the negative rate of growth for 1991 to 1996 corresponds to the decrease in health care transfers that occurred during the early 1990s; the subsequent increase in rate of growth is due to the replacement of part of those funds.

Furthermore, MacKinnon's reference to the increasing percentage of provincial budgets devoted to health care¹ is almost irrelevant, since the percentage depends on revenues as well as on expenditures. The provincial governments have decreased their revenues by cutting income taxes but have then implied that the increased percentage spent on health care is due to an increase in expenditures.

Finally, all the figures quoted so far have been for total health care expenditures, but what we should be debating are expenditures for the public health care system (and the services provided). The cost of our medicare system is the amount spent by the provincial governments, equivalent to 63.8% of total health care costs.²

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