

end my life, this conveys an attitude, and therefore future decisions, about the value of a human life apart from its “worth” or its “meaning.” To compare the death of a cat to the death of a human is not a useful analogy. As a culture, we shall favour alleviating pain even if it shortens life. To encourage and make possible the intentional killing of myself or my fellow is not good for our society and will backfire.

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REFERENCE

1. Sumner W. Looking for options at the end of the day. *CMAJ* 2010;182:1004.

For the full letter, go to: www.cmaj.ca/cgi/eletters/182/9/1004

DOI: 10.1503/cmaj.110-2090

Why can't I get my veins unblocked in Canada?

I have multiple sclerosis, but I also have blocked veins. Why can't I get my veins unblocked in Canada, just because I have pre-existing multiple sclerosis? I agree, treatment for any disease should be based on science, not hope (see editorial on page 1151).¹ So I ask, what is the best way to gather evidence in this case? The Multiple Sclerosis Society of Canada wants to spend two years determining whether patients have blocked veins, while providing no treatment. If there are blocked veins, why not provide the treatment, then study the patient? Wouldn't we gather more evidence that way?

In fact, I guarantee more will be learned. I flew to Bulgaria June 10 and had the “liberation procedure” June 14. The procedure has provided continuous gradual improvement. There might be only published evidence from 65 patients, but over 1000 people have received this treatment, with a substantial number of them showing noticeable improvement. When I told the people at my multiple sclerosis clinic that I was going to Bulgaria for the treatment, I asked them if they'd like to see me before I went and again when I returned. They replied that they were too busy. The lack of resources allo-

cated by the Multiple Sclerosis Society of Canada and their actions demonstrate their lack of interest in pursuing this novel treatment. Government funding needs to go to research programs that involve patients' views.

I am more than willing to be a study subject and a patient advocate. By studying the outcomes of the liberation procedure, maybe the medical community can gather the evidence to prove what I already know.

Michael Barkhouse

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REFERENCE

1. Stanbrook MB, Hébert PC. Access to treatment for multiple sclerosis must be based on science, not hope. *CMAJ* 2010;182:1151.

For the full letter, go to: www.cmaj.ca/cgi/eletters/cmaj.100835v1#574346

DOI: 10.1503/cmaj.110-2085

Hear some evil, see some evil, report no evil

Croskerry has suggested that the magnitude of the health system problem with mistakes was unmasked and that “the new century ushered in an era of openness.”¹ How open is a system where none of the organizations that participated in the 2004 study on health system error by Norton and colleagues² can or will report whether they make more mistakes, fewer mistakes or the same number as they did six years ago? If hospital board members, administrators and governments really cared, they would ask about and report on whether the rate of unnecessary and preventable death, discomfort and disability is going up, going down or staying the same.

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REFERENCES

1. Croskerry P. To err is human — and let's not forget it. *CMAJ* 2010;182:524.
2. Baker GR, Norton PG, Flintoft V, et al. The Canadian Adverse Events Study: the incidence of adverse events among hospital patients in Canada. *CMAJ* 2004;170:1678-86.

For the full letter, go to: www.cmaj.ca/cgi/eletters/182/5/524

DOI: 10.1503/cmaj.110-2080

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Vaccination should not be undertaken in pregnant women and vaccinees should be advised to take adequate precautions to avoid pregnancy for 2 months following vaccination.

The most commonly reported adverse events within 7 days of vaccination with Cervarix™/control were: Local [pain (91.8%/87.2%), redness (48.0%/24.4%) and swelling (44.1%/21.3%)]; General [fatigue (55.0%/53.6%), headache (53.4%/61.4%).]*

Please see the full Product Monograph.

*Control = Al(OH)₃ control containing 500 µg Al(OH)₃

Reference: 1. Data on file. GSKBio_WWMA_DoF025_5_2010.

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