Philippines should not have been included

The CMAJ editorial\(^1\) by Dr. Kale came to my attention through an editorial by Haroon Siddiqui that appeared in The Toronto Star on Jan. 18, 2012.\(^2\)

Siddiqui commented that Dr. Kale, in reference to female feticide, said that people from China, Korea, Vietnam and the Philippines “have imported the wretched practice into Canada.” This of course was nothing more than twisting Dr. Kale’s words. Dr. Kale did say, “We should, however, avoid painting all Asians with the same broad brush and doing injustice to those who are against sex selection.”

I object to the Philippines being included in either editorial. The Philippines is a devoutly Catholic country and the practice of sex selection by abortion is generally unacceptable.

I have been associated with the Philippines for over 20 years and I am married to a Filipina. I have shown Siddiqui’s editorial to a number of our Filipino friends and all are very offended.

I would suggest removing any reference to the Philippines as it is the worst possible example of a country where sex-selective abortion might take place.

I applaud Dr. Kale for once again bringing this issue to the attention of the world. Although female feticide is “old news,” reminding the main offenders (India and China) that their actions are unacceptable is obviously a good thing.

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Reference
1. East R. Philippines should not have been included [letter]. CMAJ 2012;184:1065.

Infection control in the emergency department

We read with interest the articles by Leis and Gold,\(^1\) and by Mumoli and Cei.\(^2\) Infection control procedures should have been mentioned in the article by Leis and Gold entitled “Management of community-acquired pneumonia in the emergency department.” Emergency departments are high-risk areas for disease transmission because they are often overcrowded, and infectious or susceptible patients may wait in proximity to one another for several hours.\(^3\) In another CMAJ article, Quach and colleagues\(^4\) report a 3.9 odds ratio for the risk of gastrointestinal and respiratory infections among elderly residents of long-term care facilities following a visit to the emergency department. Similar findings have been described in other populations.\(^5\) The role of emergency departments in disease transmission dramatically emerged during the outbreak of severe acute respiratory syndrome (SARS).\(^6\) Subsequently, the US Centers for Disease Prevention and Control and the World Health Organization issued new infection control guidelines that introduced respiratory hygiene and cough etiquette measures (e.g., covering of nose and mouth possibly with disposable surgical mask, adequate distancing among patients and careful application of hand hygiene) as part of standard precautions to be applied in all health care settings, to all patients with cough and other respiratory symptoms.\(^7\) A rigorous application of this set of infection control measures, including isolation if indicated, may significantly reduce the risk of disease transmission in emergency departments, thus protecting health care workers, patients and visitors. Mention about it should be included in all basic sets of indications for the management of community-acquired pneumonia in emergency departments.

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References


Dr. Kale responds

Some misunderstanding\(^1\) has arisen as a result of one of the statements in my editorial.\(^2\)

I referred to a 2010 study in which Asians were defined, for the purposes of that study, as ‘people from India, China, Korea, Vietnam and Philip-


Letters to the editor

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