Motel kids syndrome

Because of the rising demand for housing and the scarcity of low-income housing, there has been an alarming increase in the number of homeless people in Canada, particularly in Toronto.[1] Many of these people are single parents, mainly mothers with young children.

These unfortunate families are often shunted from one shelter to another or to suburban motel rooms until suitable housing is found. At the moment, none is available.

Because of financial constraints, the children of the homeless are poorly fed and clothed. They are at higher risk of illness and many of the children have behavioural and learning problems because of a lack of parental stability.[2] I have coined the term "motel kids syndrome" to describe the global symptomatology of these unfortunate children, who are in essence products of communal neglect.

Social workers, teachers, physicians and others are all aware of the plight of homeless people, but they cannot properly deliver the services needed because of financial constraints at all levels of government.

We must not allow the situation of ever-increasing poverty among Canadians to continue. As a nation we can begin by creating social programs that provide a basic income and affordable housing for all, and programs that address the needs of all children, including those who are homeless and disadvantaged.

It's the least our children deserve.

Peter Lewin, MD
Toronto, Ont.

References

1. *Taking responsibility for homelessness. An action pl for Toronto. Report of the Mayor's Homelessness tion Task Force* [the Golden report]. City of Toronto; Jan 1999.
2. Ross DP, Roberts P. *Income and child well-being: a new perspective on the poverty debate*. Ottawa: Canadian Council on Social Development; 1999.

The real costs of screening mammography

I read with interest the article on the Screening Mammography Program of British Columbia (SMPBC) by Ivo A. Olivotto and colleagues.[1] On the basis of my experience as a screening radiologist since 1988 and as a centre administrator since 1991, I wish to comment on 3 areas.

First, the average cost per screening examination quoted in the article excludes significant direct screening costs including capital costs, hospital costs, hospital occupancy costs and some administrative costs that are incurred by publicly administered facilities in hospitals and are paid for by public funds outside of the SMPBC. Only the costs for the privately administered centres are close to being all-inclusive.

Second, the authors state that "the radiologists read the films in batches of 50 to 100 examinations per hour." The average reading rate in the SMPBC is likely below 50 per hour because most of the patients have previous films and it is often necessary to compare the new films with multiple previous examinations or with outside films.

Third, the authors excluded unilateral mammograms from their analysis of cost savings despite the fact that many unilateral mammograms done in diagnostic facilities are work-ups of abnormal SMPBC mammograms. When additional views are required as a result of screening in a diagnostic facility, they are not billed separately because they are included in the medical services plan fee for diagnostic mammography (see the BC Medical Association's *Guide to Fees*). Thus, exclusion of screening-generated unilateral mammograms exaggerates the cost savings of the shift from diagnostic facilities to the SMPBC.

BC has the lowest screening mammogram reading fee and the lowest average screening examination cost in Canada. The program's administration and the radiologists and employees providing services within the program deserve credit for achieving these cost efficiencies. In addition, the program has always been a cooperative effort among hospitals, the diagnostic imaging community, the Ministry of Health and the BC Cancer Agency, and it also benefits from their monetary, and other, contributions.

Lynette Thurber, MD
Chief Radiologist
Burnaby Screening Centre
Burnaby, BC

Reference

1. Olivotto IA, Kan L, Mates D, King S. Screening Mammography Program of British Columbia: pattern of use and health care system costs. *CMAJ* 1999;160(3):337-41.

I was surprised by the absence of financial statements in an article whose primary claim is that the SMPBC is more cost-effective than the service provided by radiologists in private clinics.[1] In fact, Olivotto and col-