

mize opportunities for research. The Institut national de la santé et de la recherche médicale (Inserm) clinical investigation centres has widened training opportunities for clinicians. And the professors of pediatrics have developed national and regional symposia on research as part of the pediatrics training curriculum. Seeing what their peers get from a research fellowship would promote other residents to follow a similar path and help decision-makers/medical leaders set new policies to promote health research.

Régis Hankard

Inserm CIC 802 and Inserm Pediatric Interface Committee, Centre Hospitalier Universitaire, Poitiers, France

REFERENCES

1. Savolainen H. Lack of physician scientists [letter]. *CMAJ* 2010;182:63.
2. Laberge S, Albert M, Hodges BD. Perspectives of clinician and biomedical scientists on interdisciplinary health research. *CMAJ* 2009;181:797-803.

For the full letter, go to: www.cmaj.ca/cgi/eletters/181/11/797#350217

DOI:10.1503/cmaj.110-2076

E-health lacks structure

It is my understanding that electronic medical records have been widely and successfully implemented in Newfoundland and Labrador. This was achieved by bringing hospitals and laboratories on board first, creating a stable structure, before engaging care providers. I envision a strong stable

infrastructure, like the trunk of a tree. In Ontario, the implementation of electronic records has relied on the goodwill and financial resources of individual practitioners, especially “early adopters” who adopt e-records without a solid infrastructure in place. Funding is sporadic and inadequate. Not surprisingly, uptake is low. Without a strong central structure, the branches cannot support the weight of their fruit. As a family physician practising in Ontario, I am reluctant to dangle from the branches. I am even more reluctant to commit my staff and my patients to a process which historically creates more problems than it solves.

Mary P. Manno

Oakville, Ont.

REFERENCE

1. McGrail K, Law M, Hébert PC. No more dithering on e-health: let's keep patients safe instead [editorial]. *CMAJ* 2010;182:535.

For the full letter, go to: www.cmaj.ca/cgi/eletters/182/6/535#350470

DOI:10.1503/cmaj.110-2075

Save the world more thoughtfully

What Mr. Weiss's article “Stop the beef eaters, save the world”¹ ignores is the interdependence of bovines and humans in agriculture in most of the world. In fact, the majority of the cattle in the world are used as draft animals rather than primarily for food, and agriculture

is virtually impossible without their help — as organic tractors and providers of fertilizer. Nongrain-fed cattle produce high omega-3 beef and veal, and tend not to harbour pathogenic *Escherichia coli* in their guts, so the mutually beneficial partnership can easily be extended to meat production as well — with care. Besides, our world would be far more boring without our bovine companions in agriculture.

Paul J. Eisenbarth

Chief of Emergency Medicine, Hanover and District Hospital, member of Canadian Organic Growers, Hanover, Ont.

REFERENCE

1. Weiss ES. Stop the beef eaters, save the world. *CMAJ* 2010;182:636.

For the full letter, go to: www.cmaj.ca/cgi/eletters/182/6/636#354625

DOI:10.1503/cmaj.110-2077

Letters to the editor

In submitting a letter, you automatically consent to have it appear online and/or in print. All letters accepted for print will be edited by *CMAJ* for space and style. Most references and multiple authors' names and full affiliations will appear online only. (The full version of any letter accepted for print will be posted at cmaj.ca.)