

## Harassment from misguided mayoral candidate

I was astounded to read that Toronto City Councillor Robert Ford went on record as saying that doctors should not be advocating for the poor.<sup>1</sup> Ford went so far as to file a complaint with the College of Physicians and Surgeons of Ontario against Dr. Roland Wong, a family physician who had found a novel way to allow welfare recipients to obtain financial assistance for food to avoid diet-related problems. Ford considers this going well beyond the duties and responsibilities of doctors.

The poor have greatly increased risks of cardiac disease and diabetes, among other problems. I find it extraordinary that a city councillor would think that a doctor advocating for his poverty-stricken patients is doing something out of line.

I am also concerned that the complaints process is being used inappropriately in this instance. If one can put pen to paper, one can put the college's complaints process in motion, no matter how vexatious or frivolous the matter. This situation constitutes harassment of a well-intentioned physician. One can only hope that reason prevails when the matter goes to a hearing at the college.

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### REFERENCE

1. Eggertson L. Mayoral candidate assails activist doctors. *CMAJ* 2010;182:E401-2.

**For the full letter, go to:** [www.cmaj.ca/cgi/eletters/182/9/E401](http://www.cmaj.ca/cgi/eletters/182/9/E401)

DOI: 10.1503/cmaj.110-2091

## The right to give blood

A news item in *BCMJ*<sup>1</sup> is relevant to the article by Wainberg and colleagues.<sup>2</sup> It reads: "New data from the US Centers for Disease Control and Prevention (CDC) show that gay, bisexual, and other men who have sex with men (MSM) are over 44 times more likely than other men to contract

HIV, and over 40 times more likely than women to contract HIV. Further, MSM are over 46 times more likely to contract syphilis than other men, and over 71 times more likely than women to contract syphilis. According to the CDC, MSM comprised 57% of people newly infected with HIV in the US in 2006, even though MSM are only 2% of the adult population."

Are the lessons from Krever now on the back burner?

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### REFERENCES

1. Gay men still more likely to contract HIV. *BCMJ* 2010;52:223
2. Wainberg MA, Shuldiner T, Dahl K, et al. Reconsidering the lifetime deferral of blood donation by men who have sex with men. *CMAJ* 2010; May 25 [Epub ahead of print].

**For the full letter, go to:** [www.cmaj.ca/cgi/eletters/cmaj.091476v1#474640](http://www.cmaj.ca/cgi/eletters/cmaj.091476v1#474640)

DOI: 10.1503/cmaj.110-2088

Wainberg and colleagues<sup>1</sup> argue for a change in blood donation policy that would allow some low-risk men who have had sex with other men (MSM) to donate. They cite an estimate based on modelled data that suggested that shortening the MSM deferral period from lifetime to one year would result in one additional HIV-infected unit of blood escaping detection in Canada every 16 years, or one additional unit per 11 000 000 transfusions.<sup>2</sup> This 2003 estimate, however small, still represents a substantial overestimate of risk. When the rates of laboratory error used for modelling were updated to more current levels, the risk estimates decreased 10-fold.<sup>3</sup> This risk calculation represents an estimate for the first year that newly eligible donors would enter the donor pool; they cannot be accurately extended over longer periods without adjusting for the effects of repeat donations. Tests of new donors represent prevalence screens, detecting both recent and long-standing infections. Because repeat donors have previously been tested, the test represents an incidence screen for new infection

since the previous donation. Therefore, repeat donors typically have rates of infection half those of first-time donors.<sup>4</sup>

As testing has improved dramatically and the epidemic has shifted, other countries have shortened their deferral periods for blood donation. Indeed, the reports of international blood donation policies in Wainberg and colleagues' article are already outdated. Last year, New Zealand shortened its MSM deferral period from 10 years to 5 years, and South Africa from 5 years to 6 months.

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### REFERENCES

1. Wainberg MA, Shuldiner T, Dahl K, et al. Reconsidering the lifetime deferral of blood donation by men who have sex with men. *CMAJ* 2010; May 25 [Epub ahead of print].
2. Germain M, Remis RS, Delage G. The risks and benefits of accepting men who have had sex with men as blood donors. *Transfusion* 2003;43:25-33.
3. Vamvakas EC. Scientific background on the risk engendered by reducing the lifetime blood donation deferral period for men who have sex with men. *Transfus Med Rev* 2009;23:85-102.
4. Sanchez AM, Schreiber GB, Nass CC, et al. Retrovirus epidemiology donor study. The impact of male-to-male sexual experience on risk-profiles of blood donors. *Transfusion* 2005;45:404-13.

**For the full letter, go to:** [www.cmaj.ca/cgi/eletters/cmaj.091476v1#494257](http://www.cmaj.ca/cgi/eletters/cmaj.091476v1#494257)

DOI: 10.1503/cmaj.110-2087

## End of life

Sumner has presented his perspective on the end of his own life: "I want to be the one who decides."<sup>1</sup> The desire for individual autonomy is very much in line with attitudes in Canada that assign priority to individual rights and privileges. However, such priority does not exist in a vacuum.

The moral and social environment inheres not only in separate individuals but also in a society. There is a need to reflect on the impact of any decisions on the quality of our society, on our humanity. Although I agree that it might be comforting to be legally permitted to decide when and how I may