

Why did this article include testimonials that had no credibility apart from being against ECT? Does *CMAJ* include the opinion of ideologues when discussing other medical devices or treatments? ECT is a life-saving and highly effective procedure for which there are clear guidelines.³

The Canadian Psychiatric Association stands by its stated position that “ECT has well defined indications, demonstrated efficacy and safety, well characterized side-effects, and established standards for practice. The decision to use ECT in the treatment of a patient is a medical one, based on the psychiatrist’s assessment of the patient’s illness and an evaluation of the merits and risks of ECT, compared with alternative treatments. Similar to all medical procedures, the use of ECT requires informed consent from the patient or a substituted decision maker.”²³

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References

1. Benac N. United States reviews safety of electroconvulsive therapy. *CMAJ* 2011;183:E269-70.
2. Atzema CL, Schull MJ, Tu JV, et al. The effect of a charted history of depression on emergency triage and outcomes inpatients with acute myocardial infarction. *CMAJ* 2011;183:663-9.
3. Enns M, Reiss J, Chan P. Electroconvulsive therapy [position paper]. *Can J Psychiatry* 2011;55:1-11.

CMAJ 2011. DOI:10.1503/cmaj.111-2085

Cover of *CMAJ*

As a parent and a grandfather, I was glad that the Oct. 4, 2011, issue with the grossly diseased brain on the cover arrived at my home after my granddaughter had left from a visit with us. It is a disturbing image that as a physician and hospitalist on a brain injury unit I can understand. However, I do not think it belongs on the cover and I object to its placement there. I feel that there is a sensationalist approach to the use of this image and that the image did not serve the thoughtful article to which it was drawing attention. Nor did the image serve to advertise the medical profession as a group of people who would be likely to read an article unless it was

associated with lurid imagery. Surely, we can capture the attention of our colleagues with less troubling images and can see that our presentation of ourselves is reflected in the styling of our Canadian medical journal.

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Addressing the root cause

Reinier and colleagues deserve congratulations for further establishing the link between low socioeconomic status and cardiovascular-related deaths.¹ However, that they restricted themselves to proposing solutions such as targeted training for cardiopulmonary resuscitation and placement of automated external defibrillators is disappointing. Surely, addressing low socioeconomic status itself has a role to play in reducing mortality from sudden cardiac arrest. As physicians, we have unique perspectives to offer in public policy discussions around poverty. We should not feel restrained in doing so.

Reference

1. Reinier K, Thomas E, Andrusiek DL, et al.; the Resuscitation Outcomes Consortium Investigators. Socioeconomic status and incidence of sudden cardiac arrest *CMAJ* 2011;183:1705-12.

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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, full affiliations and competing interests will appear online only. (The full version of any letter accepted for print will be posted at cmaj.ca.)