



role erodes patient trust, a commodity we will need desperately in the future.

Robert O. Stephens, MD

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Reference

1. Marker R, et al. Euthanasia: a historical overview. *Md J Contemp Leg Issues* 1991; 2:257-98.

Death of an Asian immigrant

The article "Sudden unexplained death in Asian immigrants: recognition of a syndrome in metropolitan Toronto" (*Can Med Assoc J* 1996;155:537-40), by Dr. Michael S. Pollanen and associates, is timely and

significant in alerting physicians throughout the country of this rare syndrome. Although sudden unexplained death syndrome in Asian immigrants (SUDA) may be known to some physicians, particularly those involved in forensic work in metropolitan Toronto or Vancouver, I believe that most Canadian physicians, including pathologists, are unaware of it.

In July 1994 in metropolitan Montreal I performed an autopsy on a 31-year-old Vietnamese male immigrant at the request of the coroner's office. I did not find any cause of death or significant histopathologic alteration. Only visceral acute passive congestion and postanoxic selective neuronal early necrosis in the cerebral cortex and hippocampus were observed. (Full details are available upon request.) Although it was originally unrecognized as such, this case fulfilled the criteria for SUDA.

Immigration to Canada from southeast Asia is likely to continue,

and patterns of settlement will probably become more complex. Since autopsy in cases of sudden death is not restricted to centralized forensic centres, it is crucial that physicians throughout Canada be aware of and recognize this rare syndrome.

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Deaths [correction]

In a recent death notice (*Can Med Assoc J* 1996;155:1740) the surname of Dr. John H. Lovering of North York, Ont., was misspelled. We apologize for this error. — Ed.

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