



access to potentially harmful licit and illicit drugs.

#### Raju Hajela, MD, MPH

Major (retired)

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#### Reference

1. Miller NS, editor. *Principles of addiction medicine*. Chevy Chase (MD): American Society of Addiction Medicine; 1994.

### “Support groups” by another name

The excellent overview of the principles of palliative care in “Death: A rewarding experience?” (*CMAJ* 1997;157[12]:1687-8), by Drs. Tom A. Hutchinson and John F. Seely, is much appreciated. I agree that the attitude of physicians needs to undergo a major paradigm shift if we are to deal with some of the weighty issues surrounding death.

I also have good news for Hutchinson and Seely. Support groups for people with chronic illnesses other than alcoholism already exist: they are called churches.

#### William D. Gutowski, MD

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#### [One of the authors responds:]

We agree that churches are an excellent source of support for those with chronic illnesses. The problem is that the specificity of the beliefs required in various churches may make it difficult for some people to join. That is why we alluded to Alcoholics Anonymous as a model, since it and similar support groups (such as Alanon and ACOA [Adult Children of Alcoholics]) incorporate spiritual belief in a “higher power” without any dogma about what the nature of that higher power might be — each person chooses his or her

own. We believe that this approach may be more effective and acceptable in the secular age in which we live.

#### Tom A. Hutchinson, MB

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### The risk is in the transfusion, not the donation

In the article “Plasma-collection plant has to overcome tainted-blood fallout in search for donors” (*CMAJ* 1998;158[3]:380-1), Michael O'Reilly wrote that “the odds of becoming infected with HIV following blood *donation* are now 1 in 1 million” [emphasis added].

The risk to which he refers is the residual risk of a unit of blood being positive for HIV if it is donated during the period between infection and detectability of the virus by current screening assays. This is a potential risk to the *recipient*, not the *donor*, and is currently estimated at 1 in 913 000 in Canada.<sup>1</sup> Blood donors face no risk of infection through donation.

The perception persists that donating blood may cause HIV infection, and this perception must be dispelled as we attempt to regain donor confidence and ensure an adequate and safe blood supply. Because *CMAJ* has published considerable literature on the blood system in Canada, I believe it is imperative to clarify this point and to avoid errors that could perpetuate myths about the risks of blood donation.

#### Graham Sher, MD

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#### Reference

1. Expert Working Group. Guidelines for red blood cell and plasma transfusion for adults and children. *CMAJ* 1997;156(11 Suppl):S1-24.

#### [The news and features editor responds:]

Dr. Sher is correct. We should have replaced the word “donation” with “transfusion,” which was the meaning the author intended.

#### Patrick Sullivan

News and Features Editor

*CMAJ*

### Letting the public know

I read with interest the article “Common bile duct injury during laparoscopic cholecystectomy in Ontario: Does ICD-9 coding indicate true incidence?” (*CMAJ* 1998;158[4]:481-5), by Dr. Bryce Taylor, and the editorial “Administrative databases: Fact or fiction?” (*CMAJ* 1998;158[4]:489-90), by Dr. W. John S. Marshall. As a scientist who has been engaged in health services research for over a decade and who is engaged to a journalist who has written about laparoscopic surgery in the popular press, I have a unique, though perhaps not unbiased, perspective on the issues these authors raise about research into quality of care and the responsibilities of researchers, peer reviewers, editors, the media and the medical profession.

As both Taylor and Marshall point out, researchers developed an approach to measure what they called “bile duct injuries” that was first used in 2 peer-reviewed studies<sup>1,2</sup> and was reported in a story published in the *Toronto Star*.<sup>3</sup> The newspaper story was consistent with the peer-reviewed publications in suggesting a potentially serious quality-of-care issue, but only the newspaper story identified specific hospitals. That story, but not