Editor's preface

Français à la page suivante

The health effects of abuse of legal substances such as cigarettes and alcohol are well known to physicians. We understand the epidemiology, and a variety of new therapeutic and preventive strategies are being evaluated. The health effects of illicit substances such as cocaine and heroin are even greater, and our understanding of the patterns of disease and the causes of abuse are virtually nonexistent: it is difficult to gather information from study subjects who are reluctant to participate because of concerns about being arrested. The same holds true for people who obtain legal substances by illegal means.

Amin Sajan and colleagues add to our knowledge of such practices in a small but imaginative study in Vancouver's Downtown Eastside (page 139). They focused on the street trade in licit pharmaceuticals, sold by dealers who need money for their illicit drugs and bought by users who may not be able to afford illegal drugs or who prefer prescription drugs. Interviews with 32 dealers and users yielded valuable information on the street price of prescription drugs and related aspects of this trade. Brian Goldman cautions against increasing controls on physicians' prescribing practices, particularly given that "the problem of undertreated pain in our society is far greater than that of prescription drug diversion" (page 149).

To find out more about the practice of medicine in these circumstances, Deborah Jones talked to the physicians who treat patients living in the Downtown Eastside (page 169). It is, indeed, a different type of medicine.

In the rush to close general hospital beds and throw money at home care, we may be neglecting the needs of chronically ill and elderly patients who can no longer find beds in general hospitals yet are too ill to be cared for at home. These people often find themselves in homes for the aged or nursing homes. Gina Bravo and associates report important problems related to this situation (page 143). In a study of 301 residents at 88 facilities in the Eastern Townships of Quebec they found that a substantial proportion of residents in unlicensed homes for the aged had major cognitive and functional impairment. Also, staff members at the unlicensed homes were often few and inadequately trained to provide the care these residents would need. Evelyn Shapiro comments that this situation is likely to get worse, not better, if steps are not taken to regulate these facilities (page 151).

When was the last time you diagnosed hemochromatosis? It's complicated, right? You never really did understand iron metabolism, transferrin saturation and serum ferritin. Well, there's good news. In 1996 a candidate gene for hemochromatosis was discovered. In some parts of the world (Ireland and Australia, for example) the population prevalence of the homozygous mutation may be as high as 1 per 100 or 1 per 150. So, if you are not diagnosing hemochromatosis, you may in fact be missing it. Paul Adams reviews the new genetic test, now available in Canada (page 156). He also presents a straightforward algorithm for those of us who can't get our iron metabolism straight. Early treatment with phlebotomy usually leads to long-term survival.

Finally, Patrick MacLeod and Clarke Fraser explain the position of the Canadian College of Medical Geneticists in relation to China's eugenics programs (page 153). The College advocates trying to cooperate and work with Chinese genetics colleagues, despite the country's practices in this area. We agree. Progress will come through collaboration and education, not through exclusion and denial.