programs combine appropriate pharmaceuticals (e.g., hematopoietic growth factors, hemostatic agents), devices (e.g., hemostatic surgical instruments, equipment for blood salvage) and techniques (e.g., meticulous surgical hemostasis, deliberate hypotension, hemodilution, minimal blood testing, perioperative normothermia),[1] and, as Laupacis points out, no medical intervention is without risk.

In his final report, Justice Horace Krever reminded us that we cannot tolerate complacency or inertia with regard to the use of allogeneic blood, given the inherent potential for transmission of new and emerging diseases,[2] and he recommended using alternatives. Had blood conservation methods that were developed in the pre-HIV era been offered to patients, some of the tainted blood tragedies would have been avoided.[3–5] Let the patient decide, because it is the patient who must live with the consequences.

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Reuse of single-use medical supplies?

The issues surrounding the appropriate clinical reuse of medical supplies intended for single use are legion. The reuse question encompasses clinical, ethical, economic and legal issues that require continuing analysis and debate, particularly when health care funding is being rationed. To facilitate this discussion I have established a searchable electronic discussion forum on the World Wide Web (**canmed.net/reuse/**). Participants are welcome to pose questions, offer information and respond to previous postings. Any popular Web browser will work at the site. It is expected (and hoped) that discussions concerning anesthesia, cardiologic, surgical and radiologic equipment will predominate.

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Lashing out against the term "whiplash"

I read with interest the article "BC tackles whiplash-injury problem" (*CMAJ* 1998;158[8]:1003-5), by Heather Kent. As a physician who does shifts in the emergency department, I try to avoid using the term "whiplash" because I don't think it accurately describes the injury. I suspect that the word conjures up negative images in patients who have experienced what I prefer to call a "flexion–extension injury" — it may even invite litigation.

I strongly encourage physicians to adopt a term other than whiplash in describing these injuries to patients.

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