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1.16. This suggests that the figure is not statistically significant, but the statistical and epidemiologic fraternities prefer to give their results with the appropriate confidence intervals rather than tests of significance.

Gray also quotes Neil Collishaw of WHO's Tobacco or Health Unit, who points out that a major meta-analysis of 40 studies of passive smoking in lung cancer was published in the British Medical Journal in 1997. Unfortunately, positive studies are much more likely to be included in meta-analyses than negative ones. Meta-analyses need to concern themselves not only with published studies but also with other studies that for one reason or another have not been published. Much more importantly, meta-analyses need to review and check the raw data of all published investigations to ascertain whether the data have been analysed appropriately or manipulated to support a particular point of view.

In the hospital where we work, we see 5 or 6 new lung cancer patients each week, or about 250 a year. Yet over the past 20 years or more we have seen only 3 definite cases of primary lung cancer in life-long non-smokers. It also needs to be emphasized that many smokers, especially those seeking compensation for work-related conditions, are economical with the truth when it comes to their smoking habits. One study indicated that 25% of the smoking histories obtained from subjects exposed to asbestos who were dying of lung cancer were completely incorrect. Many of the men denied smoking when applying for benefits, but an about-turn took place once histories were taken from relatives after the subjects died. It is highly probable that some such alleged non-smokers are included in most epidemiologic studies.

We loathe and detest tobacco companies for their evasion, lies and attempts to trick adolescents and others into taking up smoking. However, the rejection of truth and the acceptance of unproven hypotheses to further one's concept of ethics or social justice is wrong too. Many studies involving secondhand smoke are not convincing, and answers about whether it causes lung cancer are far from established. Unfortunately, it has become customary to torture the data until they confess. We need more science, less hyperbole and less enthusiasm for unproven points of view. We support regulations banning smoking in airplanes, hospitals and public places, not because second-hand smoke causes lung cancer but because many nonsmokers suffer discomfort as a result of the habit.

We agree with Dr. Aidan Byrne, who indicated in his letter "Where's the evidence for home care?" (CMAJ 1998;159[2]:135-6) that health care services should be provided on the basis of evidence for their effectiveness and their costs. However, the evidence (or lack thereof) on the cost-effectiveness of home care is not as clearcut as Byrne suggests.

In 1996, the Saskatchewan Health Services Utilization and Research Commission conducted a comprehensive and rigorous review of the literature on the cost-effectiveness of home care. This study was cited by Dr. Peter Coyte of the Institute for Clinical Evaluative Sciences, to whom Dr. Byrne refers for support for his position. We found that for institutional care (i.e., long-term or nursing home care), there was indeed a lack of evidence that home care is a cost-effective alternative. For palliative care, intravenous therapy for pain management and intravenous hydration therapy, the research indicates that...