ment can advise people to move, but it is difficult to force them to do so. In the long run we can hope that there will be no "suboptimal facilities" and that our society will take the necessary steps to reform existing laws and maintain minimal standards in all institutions. However, what should society do if the unsafe environment is the competent patient's private dwelling?

Although there are clearly limits to personal autonomy,[3] especially when it comes to vulnerable older people, physicians need to work with competent older patients and their families to maximize patient safety and quality of life wherever the patient chooses to live.

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2. Shapiro E. Market forces and vulnerable elderly people: Who cares? [editorial]. *CMAJ* 1998;159(2):151-2.
3. Glick SM. Unlimited human autonomy — a cultural bias? *N Engl J Med* 1997;336: 954-6.

[Drs. Bravo and De Wals respond:]

Dr. Alibhai raises the ethical issue posed by competent older adults who refuse to move into an alternative setting, despite inadequate care in their current living environment. We believe that no person, whether young or old, healthy or sick, should be transferred from one place of residence to another against his or her will. Decisional autonomy should have priority over other considerations, even if this entails a certain threat to the person's health. It must be remembered that relocation itself is often followed by a deterioration in the patient's health. We agree with Alibhai that physicians need to guide older adults and their families in choosing the most appropriate institutional setting in light of the residents' health care needs. However, their role must remain that of advocate.

Alibhai refers only to competent older adults, but what about those who have lost their ability to make rational decisions? Should they be transferred if their relatives strongly believe that such a change would not be in their best interest? Certainly, the opinion of a legal guardian should be respected. In the absence of a guardian appointed by the court, section 15 of the Civil Code of Quebec stipulates that consent for the care necessitated by the patient's state of health must be given by the spouse or, failing that, by a close relative or a person who shows a special interest in the patient. In our opinion, this means that any decision regarding the transfer of a resident must be made jointly with the family. Physicians should refer to the law applicable in their province to determine who is legally authorized to consent to the transfer of a resident incapable of expressing his or her own wishes. In the absence of provincial legislation, the legal provisions applicable in another Canadian province could be used as a guide.

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[Ms. Shapiro responds:]

I fully agree with Shabbir Alibhai's assertion that "physicians need to work with competent older patients and their families to maximize patient safety and quality of life wherever the patient chooses to live." I also agree that neither physicians nor governments should force competent people to move to alternative settings. But this raises 2 questions.

First, if an unlicensed facility houses an elderly person with cognitive or other functional deficits for whom it cannot provide the appropriate level of care, shouldn't the institution be required to refer the resident to a designated agency, where the professional staff can discuss suitable options for the needed care with the resident and his or her family?

Second, although it is true that part of the price of regulation is the sacrifice of individual automony, would we be better off if, for example, we had no regulations to protect us from consuming pharmaceutical agents that could do us more harm than good?

Yes, regulations for unlicensed facilities need to be carefully enunciated so that they do not infringe on civil rights. But they must also protect elderly people with cognitive and other functional deficits — especially those with little or no family support — from insufficient attention, inadequate care and victimization. I think that drafting regulations to meet these criteria is both possible and desirable.

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The street life of drugs

The article by Amin Sajan and colleagues[1] and the associated editorial by Brian Goldman[2] comment on the robust street market for prescription drugs. Goldman suggests that the answer is not to be found in increased regulation, but I would go further and suggest that we look at some of the systemic factors that underlie the perpetuation of this phenomenon.

There are inexorable links between the abuse of licit drugs and the