



recall the great camaraderie among residents, and our patient and understanding chiefs, and I have the fondest memories of the nurses. We did not have time to get into mischief, but there were occasional dances and the famous weekly Wednesday afternoon nurses-versus-residents grass hockey game. And can I ever forget that glorious bathtub, deep enough to sit in and with the warm water right to my chin? I relaxed at leisure, tired and worn out.

Perhaps I was just lucky, or maybe Patterson was unlucky, but I am sure he must have had many positive times too.

Allan S. Arneil, MD

Glasgow University Class of 1947
Victoria, BC

Reference

1. Patterson R. "You're the worst goddamn resident I've ever had." *CMAJ* 1998;159(7):823-5.

Chiropractors here to stay

I read with some dismay that the Alberta Society of Radiologists is recommending that radiologists refuse to perform diagnostic x-rays on children when they are ordered by a chiropractor.¹ The report claimed there is "growing concern over health and safety issues surrounding chiropractic."

The resolution is extreme and confrontational, and I believe this approach is inappropriate and unbecoming of the medical profession. Chiropractors are trained as primary care professionals. Although most do not practise that way, it is within their scope to do a physical exam, make a provisional differential diagnosis and order appropriate investigations. This is true even if the condition they are evaluating is not treatable by chiropractic.

On the basis of appropriate evaluation, chiropractors are perfectly capa-

ble of deciding whether the presenting condition is treatable by them or whether it should be referred to a family physician or specialist. An appropriate investigation includes ordering radiographs to rule out a fractured ankle, or spinal radiographs when appropriate (and they rarely are).

Some chiropractors order radiographs inappropriately, but some physicians do as well. Because many more medical doctors order radiographs in Alberta than do chiropractors, they may pose a bigger problem in this area. Until a comparison study is performed, it seems inappropriate to single out a profession in this antagonistic fashion.

All the society's recommendation will do is further open the wound in the relationship between our professions, which many of us have tried to heal. There is a place for chiropractic in the health care system, and the sooner medical doctors get used to this relationship the better things will be for everyone — especially our patients.

Ron Cridland, MD

Canadian Sleep Institute
Calgary, Alta.

Reference

1. Alberta radiologists target chiropractors. *CMAJ* 1998;159(10):1237.

Violence in the FP's office

Barbara Sibbald's recent article gives an excellent overview of the ways physicians can protect themselves against potentially violent patients.¹ It recommends that violent patients be dismissed from a practice in writing.

Handing a potentially violent patient a dismissal letter in a community-based family practice is never a pleasant undertaking. Recently, I was confronted with this problem and greatly feared that handing a dismissal letter would prompt a violent

response. Because this patient did not have a fixed address, I would be forced to hand the letter to him instead of using registered mail. A standard dismissal letter was, nevertheless, drafted.

This patient rarely kept appointments. In an earlier visit I had raised the issue, and he agreed to a verbal and written contract. It stated that if he ever missed or was late for an appointment and did not give due notice, he could be dismissed from the practice. After several violations and consultation with office staff, it was decided to enforce the contract.

It was with great trepidation that I awaited the scheduled appointment to dismiss him. When he showed up 2 hours late expecting to be seen, he was reminded of the contract and was asked to honour it and leave the practice. He objected and called back the next day to appeal the ruling. We refused to do this.

This is one way to handle, proactively, potentially violent patients.

Howard Cohen, MD

Ottawa, Ont.

Reference

1. Sibbald B. Physician, protect thyself. *CMAJ* 1998;159(8):987-9.

Cause and effect

Comparing research physicians who support the use of calcium-channel blockers (CCBs) and those who do not, Dr. Allan Detsky notes a positive correlation between physicians who receive research funds from companies that manufacture CCBs and physicians who favour these drugs.¹ From this correlation he concludes a cause-and-effect relationship.

This is quite incorrect. One thing stressed even in elementary statistics classes is that a correlation does not prove cause and effect. All it shows is that variable A can cause variable B,