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Editor's preface

Français à la page suivante

Why do we fail to prevent preventable diseases? Why do we fail to cure curable ones? It is an unfortunate fact that medicine sometimes fails to achieve what it ought to be able to achieve. In this issue, we are reminded of some of the obstacles to success and consider strategies that may help us to overcome them.

Homelessness is one such obstacle. Even when effective treatments and preventive measures are available, homeless people are frequently unable to take advantage of them. In their survey of 156 residents of the 2 largest shelters for men in Toronto, Stephen Hwang and Jason Gottlieb found that residents of shelter B (whose residents were not automatically covered by a drug benefit plan) were significantly less likely to have filled their prescriptions than residents of shelter A (whose residents were automatically covered) (page 1021). Of those who did not fill their prescriptions, 73% cited the cost of the medication or lack of drug benefit coverage as the reason. Age, race, income, education, place of birth, self-rated seriousness of illness and indicators of health care utilization were not associated with failure to fill prescriptions. The authors argue that the unfilled prescription rate of 20% at shelter B is a reasonable estimate of the magnitude of the problem. They suggest that extending drug benefit coverage to residents of all shelters would potentially improve health outcomes in this vulnerable population.

Similarly, although effective treatment for tuberculosis (TB) has been available for decades, we have as yet to eradicate the disease from our country and from the world. Continuing our Clinical Basics series on TB, the late Stefan Grzybowski and colleague Edward Allen provide a fascinating history of the global TB epidemic, from its origins in Western Europe in the 17th century to the challenges it presents worldwide in the 20th (page 1025). It is a story about sanatoria, collapse therapy, surgery, BCG vaccination, mass radiography, tuberculin surveys and anti-tuberculosis drugs, but most of all it is a story about suffering people, who still require our continued efforts to find better methods of treatment and prevention.

Despite overwhelming public awareness of the problem, physical abuse is another area where medicine and society seem to have failed us. In their study of 543 women receiving prenatal services through the Saskatoon District public health system between 1993 and 1994, Nazeem Muhajarine and Carl D'Arcy found that 31 (5.7%) of the women reported having experienced physical abuse during pregnancy (page 1007). In an accompanying editorial, Harriet MacMillan reviews a large and developing literature on physical abuse during pregancy. She calls for action. We need to move beyond further documentation that there is a problem toward development and evaluation of programs for early detection and prevention (page 1022).

Finally, in certain patient populations, determining what represents appropriate treatment can be challenging. In their case-based educational piece, Paula Rochon and colleagues use the examples of thiazide diuretics, β-blockers and warfarin to resolve some of the confusion associated with prescribing low-dose drug therapy in elderly people (page 1029).

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