



# Newspaper chastised over surgical-injury article

The Ontario Press Council has upheld a point made by the Ontario Medical Association in its complaint about an investigative *Toronto Star* article about laparoscopic cholecystectomy. Some Ontario surgeons were so angry about the article they launched a libel suit against Canada's largest newspaper.

The Ontario data about the incidence of injury used in a Sept. 21, 1997, article titled "The low-scar surgery with the high risk," were flawed, the press council agreed in a decision made public Mar. 9. Indeed, the council's decision quoted the newspaper's ombudsman who, in an October 1998 apology, wrote that the statistics "weren't worth the powder to blow them to hell." At issue were the ICD-9 codes, used by hospitals to classify injuries, and the way they were interpreted.

The newspaper had been warned about the misleading statistics before it published them. Hospitals had been

given the opportunity to rebut the data and they did, noted Dr. Bryce Taylor, who subsequently investigated the coding issue. However, the press council adjudication stated that the council was "not convinced that warnings were sufficiently precise to prompt the writer not to proceed with the story."

Instead, it agreed with the OMA only on the point that the ombudsman's 1998 column of apology was wrong not to include a list of 20 hospitals that the original article had named as having high rates of injuries. This was a "significant omission," the council ruled.

Three surgeons from the Markham-Stouffville Hospital brought a libel suit against the *Star* because of the article. It eventually gave the surgeons a cash payment and printed a correction stating that there were no bile duct injuries associated with keyhole gall bladder surgery at their hospital from 1991 to 1995.

Eight months before the ombudsman's formal apology (see *CMAJ* 1998;158[4]:481-5), *CMAJ* published the results of Dr. Bryce Taylor's investigation into the coding issue. In a study of selected hospital records, he found that the vast majority of coding concerning minor injuries "was irrelevant to patient outcome."

*Toronto Star* reporter Lisa Priest wrote the story as part of a series that emerged following a year-long investigation funded by the Atkinson Fellowship in Public Policy. — © *Ann Silversides*

## Prohibit antiabortion document from entering Canada, police ask

Police in Hamilton have asked Revenue Canada to prohibit any future mailings to Canada of *Quack the Ripper*, an antiabortion pamphlet designed to insult physicians who provide abortions and discourage new physicians from entering the field (see *CMAJ* 1999;160[7]:977). In a letter to Revenue Canada's Prohibited Importation Unit, Inspector David Bowen said that the Hamilton-Wentworth Regional Police Department has received complaints from several physicians who were offended by the mailing.

"We have spoken to the publisher of the mailing, Life Dynamics Incorporated," Bowen wrote. "They advised us that they purchased the mailing list from a source, but they will not divulge or identify where they purchased it."

Bowen said Life Dynamics, a non-profit pro-life group based in Texas, intends to send 4 mailings a year of *Quack the Ripper* to physicians in Canada and the US. "This pamphlet is designed to discourage doctors from performing abortions, something that is a right for all women in Canada," Bowen wrote. "I am formally requesting that your office intervene and prevent future mailings from entering Canada."

## Cool sites

[www.hc-sc.gc.ca/hpb/lcdc/webmap/](http://www.hc-sc.gc.ca/hpb/lcdc/webmap/)

Although parts of the site are still under construction, this new Web tool will be a godsend for physicians who have found themselves scrambling for the latest data on cancer, cardiovascular disease and notifiable diseases. Developed by Health Canada's Laboratory Centre for Disease Control, it allows physicians to generate the data they want — by disease type, geographic area or time period — the way they want. The LCDC says the site allows data on particular diseases to be compared by geographic location and new data will be added without the loss of existing data. Physicians will want to bookmark this site.

