

Correspondance

Update from the Canadian Dyspepsia Working Group

In our recently published *CMAJ* supplement on the management of uninvestigated dyspepsia in the era of *Helicobacter pylori*,¹ we (on behalf of the Canadian Dyspepsia Working Group) made a very cautious statement about the use of cisapride, given the increasing number of publications that have recently described rare but potentially serious cardiac consequences associated with use of this drug. Cisapride was listed as a third option in the mini-management schema for gastroesophageal reflux disease (Fig. 3)¹ and was also listed as a third option in the treatment schema for patients who have a negative result of noninvasive diagnostic testing for *H. pylori*. Given the cardiac side effects of cisapride use, both the Health Protection Branch and the US Food and Drug Administration have decided that cisapride should be withdrawn from the market and only released following special authorization for selected individuals. Given these recent changes in the availability of cisapride, the Canadian Dyspepsia Working Group feels that we can no longer recommend this medication for the treatment of gastroesophageal reflux disease or for the treatment of dyspepsia that is *H. pylori* negative.

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Reference

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A parent and a doctor

The recent article by Bibiana Cujec and colleagues highlighted several important factors relating to lifestyle and general life satisfaction within medicine.¹ The accompanying commentary also raised a number of important issues.² I was disturbed, however, by the statement that "women sacrifice productivity to parenting (or vice versa)."³ This suggests that parenting is a non-productive activity.

It is true that for women the pursuit of any career is often filled with stress and guilt, and these feelings also occur when women choose to remain at home with their children. Statements suggesting that parenting work at home is non-

productive only serve to increase those feelings.

I was much more encouraged by the recent suggestion by Barbara Lent and colleagues that, in relation to parental leave, all employers "should be encouraged to facilitate the efforts of both women and men to balance work and family responsibilities."³

We should not be focusing on encouraging (and sometimes pushing) women to leave the home and go into the workplace. Instead, our challenge is to encourage both men and women to be all they can be and want to be. The aspirations of parents may include pursuing a career outside of the home, but we should also encourage men and women to share responsibilities for our children, who often don't see enough of us.

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References

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2. Phillips SP. Parenting, puppies and practice: juggling and gender in medicine [commentary]. *CMAJ* 2000;162(5):663-4.
3. Lent B, Phillips SP, Richardson B, Stewart D, on behalf of the Gender Issues Committee of the Council of Ontario Faculties of Medicine. Promoting parental leave for female and male physicians [commentary]. *CMAJ* 2000;162(11): 1575-6.

[Two of the authors respond:]

We agree wholeheartedly with Cornelius Woelk that parenting is rewarding and productive work and should be recognized as such. Parenting does have costs, such as limits to career advancement¹ and personal pursuits. Although ideally both parents are interested and equally involved in parenting, this is often not the case. Women bear the brunt of child-rearing responsibilities, whether by choice or by default.² Unfortunately, one cannot be everything to all people (oneself and one's children, spouse, patients, department heads, etc.).