We would direct Hawkins' attention to Table 2,1 in which it is clear that the mortality rate decreased by 8.7% and 4% among British Columbia residents aged 65 and 75-76 years respectively. In our article we also point out specific age and care groups in which the mortality rate increased and comment on possible reasons for these changes (e.g., increasing acuity among people aged 90-93 years).1 We specifically skewed our cohorts to represent larger proportions of more elderly groups (e.g., people aged 83-85 and 90-93 years) to have sufficient numbers of people in each age group to be able to compare care patterns. Thus, because of differences in the age composition of our cohorts, the age-adjusted rates (using the combined population of the cohorts as the standard) are not comparable to overall mortality rates for the total population of elderly British Columbians or, probably, to mortality rates in any other jurisdiction. Moreover, Hawkins' citations represent mortality trends for populations and (or) time periods quite different from ours (the Australian data assess mortality trends for all age groups from 1907 to 1990; the European data cover mortality from 1960 to 1990 among people aged 60–64, 70–74 and 80–84 years; and the US data are primarily for the years 1997–1998). Therefore, for important methodological reasons, it is inappropriate to compare these mortality data with the findings of our study.

As pointed out by Noralou Roos,<sup>2</sup> significant downsizing in acute care capacity and decreased mortality rates have occurred simultaneously in the jurisdictions Hawkins mentions. Thus, from our perspective, the link proposed by Hawkins between acute care downsizing and mortality is, at best, far from clear.

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## References

- Sheps SB, Reid RJ, Barer ML, Krueger H, Mc-Grail KM, Green B, et al. Hospital downsizing and trends in health care use among elderly people in British Columbia. CMA7 2000;163(4): 397-401.
- Roos NP. Gauging the health of our health care system [letter]. CMAJ 2000;164(3):325-6.

## Correction

A recently published article by Robert L. Kaman contained an error. The first sentence of the third paragraph should read as follows: "Certainly, epidemiologists and biostatisticians will approve of the analytical approach that the authors took to calculate the \$2.1 billion annual cost of physical inactivity to Canadians."

## Reference

Kaman RL. Will increasing fiscal resources promote physical fitness? [commentary]. CMAJ 2000;163(11):1467.