vious history of breast cancer who have not received tamoxifen or who have received it for less than 5 years should be considered only with caution and after discussion with the patient's medical oncologist. Alternative approaches to treat or prevent osteoporosis in women with a previous diagnosis of breast cancer include therapy with bisphosphonates, calcitonin and calcium supplements, diet modifications and exercise.

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Nonclinical factors in patient selection for surgery

Mita Giacomini and colleagues have skillfully captured the important role that nonclinical factors play in selecting patients for cardiac procedures.[1] Anyone who has managed a waiting list knows that personal opinions, even among health care professionals, vary widely on the use of parameters such as age and occupational status in determining priority.

Members of the medical profession can arguably reach a consensus on the clinical factors that will be used to assign priority to patients, but where nonclinical factors are concerned any shift from a first-come, first-served system must involve all potential stakeholders. Besides, patients' opinions are in some cases surprisingly generous, as demonstrated by a recent study in which elderly respondents reported that they were willing to give up their place on a heart-surgery waiting list to another patient, simply because the latter was younger or self employed.[2]

However, great caution should be used when considering public attitudes in setting criteria for patient selection. Giving informed consent to violate one's own rights, thereby exposing oneself to potential harm, is not wholly acceptable.

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Lifestyle drugs

I congratulate Joel Lexchin on his well-informed and thoughtful analysis of issues relating to lifestyle drugs.[1] Producing a medical definition for "problems for living" and establishing boundaries for treatment represent major challenges. Many conditions uncomfortably straddle the medical–biological and environmental–social domains. Contemporary North American psychiatry, armed with a powerful tool in its *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV),[2] presents a number of examples.

Under the banner of attention-deficit/hyperactivity disorder, the medical community has shown an ever-increasing tendency to use medications to "normalize" children whose behavioural and learning difficulties may, in an unknown proportion of cases, have as much to do with prevailing expectations and the resources available to today's families and schools as to neurobiology.[3] Similarly, we increasingly use selective serotonin reuptake inhibitors to treat adults whose minor depressions and dysphoric moods may be as attributable to the subtle yet relentless pressures that are part of life in contemporary industrialized societies as to biological dysfunction.

Physicians who unquestioningly adhere to models of biological causation and medical treatment may be complicit in suppressing the need to question the effects of social and economic structures and values on people and may unwittingly obstruct needed social change.[4]

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