

ple first ignore the issue, then they think about it and make plans to change, and finally they undertake the hard work of changing and preventing relapse. Success is measured in moving from one stage to the next, not jumping from denial of the problem to lifelong cure in a single leap. The second, and related, concept is harm reduction.³ It is not realistic to expect every patient to be cured of their drug addiction. It is important to encourage any move in the direction of less risk, such as drinking 6 beers a day instead of 12 or using clean needles instead of shared needles. Whether this is the first step in the long road to controlling their substance abuse or the only step, it is a step in the right direction. We need to be there to support our patients in this struggle, not to judge their failings.

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References

1. Stewart M, Brown JB, Weston WW, McWhinney IR, McWilliam CL, Freeman TR. *Patient-centered medicine: transforming the clinical method*. Thousand Oaks (CA): Sage Publications; 1995.
2. Suchman AL, Botelho RJ, Hinton-Walker P, editors. *Partnerships in healthcare: transforming relational process*. Rochester (NY): University of Rochester Press; 1998.
3. Miller WR, Rollnick S. *Motivational interviewing: preparing people to change addictive behaviour*. New York: The Guilford Press; 1991.
4. Rollnick S, Mason P, Butler C. *Health behavior change: a guide for practitioners*. Edinburgh: Churchill Livingstone; 1999.
5. Skinner W, Drake J. Helping cocaine and heroin users. In: Harrison S, Carver V, editors. *Alcohol and drug problems: a practical guide for counsellors*. 2nd ed. Toronto: Addiction Research Foundation; 1997. p. 541-6.

Interplanetary health care report cards

Jack Tu and colleagues raise important issues concerning the interpretation of health care report cards.¹ In addition to writing science fiction about interplanetary travel and life on other planets, Edgar Rice Burroughs speculated about effective medical performance evaluation systems.²

In *The Pirates of Venus*, Burroughs cre-

ated a world in which various forms of intelligent life formed city-states that were in a continual state of conflict. Medical sera prolonged life indefinitely. The primary role of physicians was to treat injuries resulting from accidents and battles.

Burroughs described an ongoing physician performance evaluation system in which all physicians were required to report the course of treatment and resulting outcomes for every patient. These reports were filed with a central agency and were made available to the public.

The Burroughs system addresses many of the concerns raised by Tu and colleagues by making the physician report on his or her own cases. The quality of the data and the risk-adjustment process, the completeness of the chart, and the accuracy of the full story on both process and outcomes are all the responsibility of the physician. These reports by physicians constitute an early example of providing administrative records for an external entity. Although the reports lack standardized measures of disease severity, health status or quality of life, Burroughs' system offers a first step toward accountability and quality improvements.

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References

1. Tu JV, Schull MJ, Ferris LE, Hux JE, Redelmeier DA. Problems for clinical judgement: 4. Surviving in the report card era. *CMAJ* 2001; 164(12):1709-12.
2. Burroughs ER. *The pirates of venus*. New York: Dover Publications; 1932.

[Two of the authors respond:]

We thank Vincent Richman for bringing to our attention the work of Edgar Rice Burroughs, who wrote about effective medical performance evaluation systems back in 1932.¹ Although we agree that physicians have an important role to play in quality improvement,² we believe it would be difficult in the current climate to expect busy clinicians to be solely responsible for reporting on the course of treatment and outcomes for every patient to a central agency. Such a system could raise

concerns about the accuracy of the data, because clinicians would have an incentive to overestimate the severity of their cases and underreport the frequency of adverse outcomes. Nevertheless, the idea of physician performance evaluation systems is not a new one, and all suggestions for developing a better system are most welcome.

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Reference

1. Burroughs ER. *The pirates of venus*. New York: Dover Publications; 1932.
2. Tu JV, Schull MJ, Ferris LE, Hux JE, Redelmeier DA. Problems for clinical judgement: 4. Surviving in the report card era. *CMAJ* 2001; 164(12):1709-12.

The staff and the "fiery serpent"

I write concerning the recent letter by I.H.J. Scott concerning Asklepios' staff (the karykeion) and Hermes' winged 2-serpent wand (the caduceus).¹ Perhaps I can spoil the broth or symbol further. Several years ago I read in a book on surgical history, the title of which I have now unfortunately forgotten, that the serpent on the staff may in fact represent the guinea worm (*Dracunculus medinensis*), commonly called the fiery serpent. The serpent and staff are symbolic of the removal of the worm by winding it around a staff and slowly withdrawing it from the unfortunate victim's tissues.

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Reference

1. Too many serpents spoil the symbol [letter]. *CMAJ* 2001;165(10):1299-300.