

## Vituperation in Edmonton

I was interested in your recent description of the misadventures of Renier Van Aardt at his Nova Scotia walk-in clinic.<sup>1</sup>

Pediatricians at the Royal Alexandra Hospital in Edmonton established a pedicentre as an after-hours walk-in centre for our patients. As with Van Aardt's clinic, it grew beyond reasonable limits and soon extended to family practice and non-Royal Alexandra patients, and to referrals from ERs that felt their waiting times were too long. I personally saw 36 patients in a single evening.

We closed the pedicentre after some 5 years because patients' parents were physically fighting for their place in line and were verbally abusive to the receptionist and physician on duty, especially about waiting times. The vituperation heaped on us after we closed the centre was something to behold, as were the demands for continuing care.

We compiled some fascinating facts about patient visits. When the clinic opened at 5:30 pm there would be a few patients waiting who had been picked up at day care and were ill. There would then be a hiatus until 7 pm, by which time fathers had finished their supper and another group of patients would arrive. I enjoyed being in the clinic during the Stanley Cup playoffs, Grey Cup and Super Bowl because it would be really quiet during these times.

Another interesting feature of the clinic concerned the remarkably few prescriptions written. I am not a therapeutic nihilist, but the night I saw the 36 patients I wrote 1 prescription. The rest of the time I offered advice.

Finally, we found that visits to our pedicentre began to replace patients' visits to their own physicians simply because it was more convenient for their parents to bring them to us. Many of the children had more than 25 visits to our clinic without being seen by their own doctors.

What is the message? Our pedicentre, like Van Aardt's clinic, was set up to respond to a perceived need in the community, and it was abused. Do we have to change patients' expectations of the system, or should the delivery of medical care change for the convenience of the patient?

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### Reference

1. Moulton D. Solution turns sour as patients demand physician's services. *CMAJ* 2001;165(9):1244.

## Conclusions from McMaster's peace conference "ludicrous and bizarre"

I was dismayed to read about the results of a recent "conference" at McMaster University.<sup>1</sup> It is frustrating to see these interest groups of self-declared experts seek respectability and appeal by purporting to be participants in a conference on "Peace Through Health" at which conflicting opinions and vigorous debate appear to have been nonexistent. Their conclusions, that terrorist attacks against nations are merely crimes and that simple arrests and trials are sufficient, are both ludicrous and bizarre.

The Sept. 11 terrorist attacks amounted to far more than mass murder. They were attacks not only on groups of people but indeed on an entire nation, and they followed recent attacks on American facilities in Africa and the Middle East. Such repeated deliberate attacks on a nation by an identifiable group clearly constitute acts of war. The US response is justifiable not only on moral grounds but also because it is a responsible means of self-defence. The suggestion that the terrorist suspects be arrested through negotiation is laughable.

Conference organizers claimed that

the "real cure is to stop the violence." This is precisely the reason for the organized campaign against al-Qaeda. Ridding the world of the scourge of terrorism is a noble and achievable goal, and Canadians should be proud to be part of this effort.

I hope that the new Peace Through Health Department at McMaster University does not become a beacon for the nonsense concluded at this conference, but instead seeks real understanding and learned discussion of the issues at hand.

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### Reference

1. Sibbald B. Attacks on US a crime, not act of war, conference concludes. *CMAJ* 2002;166(1):78.

## Short and sweet

I enjoyed Eric Wooltorton's article on *CMAJ's* first year of publication, and particularly his selection of excerpts from articles published in 1911.<sup>1</sup> G.E. Armstrong certainly must have had excellent pulmonary function if he was able to deliver the last sentence in his President's Address for 1911 in a single breath<sup>2</sup> — it covered almost 10 lines and contained 83 words. I notice that today's editors prefer much shorter sentences. The first sentence in your editorial in the Dec. 12 issue contained just 9 words.<sup>3</sup>

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### References

1. Wooltorton E. *CMAJ*, 90 years ago. *CMAJ* 2001; 165(12):1631-4.
2. Armstrong GE. President's Address. *CMAJ* 1911; 1(7):595-600.
3. Time signatures: 9/11 and 1911 [editorial]. *CMAJ* 2001;165(12):1573.