supplied to the registry. Registries should use appropriate methods for assessing these criteria.

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Competing interests: None declared.

The best protection

The transmission of the virus causing severe acute respiratory syndrome (SARS) appears to be by aerosol droplet and possibly through other routes.[1] Therefore, it is recommended that health care workers and others who may be exposed[1] employ respiratory and other personal protective equipment.[2,3] The type of respirator that has typically been used by health care workers is the N95 half-mask.[2,3] As correctly stated by Richard Schabas,[2] the "N95-rated mask" is 95% filtration efficient,[4] but does this level of efficiency provide the best protection for those at risk of exposure? The effectiveness of the N95 respirator has been supported by a small study on prevention of occupational transmission of infection.[1] However, for work with bacterial bioaerosols and chemical and biological warfare agents, some have suggested that N95 masks are inappropriate[5,6] because these respirators do not provide "absorbent capability" and because of the amount of mask leakage, which can be about 5% through the filter and 10% around the mask,[7] even if properly fitted. For biological diseases like SARS, for which just a few particles may be sufficient for infection, the N95 mask may indeed be inadequate, and some health care workers may therefore become infected even if they use the respirator properly.

A better selection for respiratory protection would be an N100 respirator with an ultra-low penetrating air filter (ULPA), which would cost only slightly more than an N95 respirator. N100 respirators have an efficiency of 99.977%,[8] and ULPA filters are 99.999% efficient for monodispersed particles 0.12 µm in diameter or larger.[9] HEPA (high-efficiency particulate air) filters would not be the best selection for use with a respirator because their efficiency is 99.97% for monodispersed particles 0.3 µm in diameter or larger, and coronaviruses are smaller than this (at about 60 to 200 nm). For effective operation of an N100 respirator with ULPA, the user must be fit-tested. The United States and many other countries have numerous requirements for using a negative-pressure air-purifying respirator, including medical evaluation and training, as well as yearly fit-testing.

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Competing interests: None declared.

Compassionate care

As one of the physicians consulted on Human Resources Development Canada's new compassionate leave program for people caring for gravely ill or dying children, parents or spouses, I was disappointed by the title, tone and emphasis of the *CMAJ* news item on this topic.[1] This is just the type of program that Canadian physicians should support and take pride in. Emphasizing that this benefit entails "more paperwork for physicians" is misguided at best and makes Canadian physicians appear small minded. A more positive headline might have been "New federal program supports compassionate care for ill family members."

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Reference

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The perils of PDAs

Last June I purchased an anesthesia database derived from a popular textbook and distributed by one of the software houses mentioned in the review by Feisal Adatia and Philippe Bedard.[1] In February, one day after the guarantee on my handheld computer expired, the unit also expired.

After purchasing a new unit, I performed a "hotsync" and successfully transferred all material from the old handheld to the new unit, except the anesthesia database mentioned above. Because the device ID of the new unit was different from that of the old one, it was impossible to unlock and transfer the program.

I telephoned the company long distance but was unable to reach a human being. My request for a return call, left on the company's voice-mail system, produced no response, and I've had no

reply to 2 e-forms sent to the company.

It may be reasonable for a software distributor to prevent a user from downloading a book from one CD-ROM to several different handheld units. However, these programs, although sold on cheap media, cost the user more than the equivalent paper-based product, and the latter can be used for years without the need to purchase a new licence whenever one upgrades one's reading glasses.

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Reference

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As a busy clinician and regular user of a personal digital assistant (PDA), I was appalled to read, in Feisal Adatia and Philippe Bedard's article on handheld software,[1] that so many of my colleagues would choose ePocrates software as their drug reference of choice. It's bad enough that some software packages send advertisements along with the data, but what could possibly induce me to use "spyware" that tracks everything I look up?

Adatia and Bedard even remark that this software can track other Web sites visited by users of ePocrates. In other words, doctors are willingly giving marketers a picture of their prescribing habits and leisure activities every time they use this "free" program!

PDA users should know that a PDA version of another widely used print reference, the Tarascon Pocket Pharmacopoeia, has been available for beta-testing for nearly a year, free of charge (see www.tarasconpublishing.com/store/palm.asp). The Tarascon product has no spyware features and includes Canadian trade names, and during this beta-testing period the company is looking for input from users to make the program even better. Eventually there will be a nominal annual or monthly fee for updates — well worth it for the data and your privacy.

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Reference

1. Adatia F, Bedard PL. "Palm reading": 2. Handheld software for physicians. *CMAJ* 2003;168(6): 727-34.

Competing interests: None declared.

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[The authors respond:]

Software manufacturers use various means to protect their products from piracy, including registration codes. If problems are encountered when attempting to install software on a new device, the user should first try re-installing the software. If this fails, he or she can try re-installing the software using the same "hotsync" name as was used for the original handheld device. If the registration code is specific to the device hardware, the user should approach the company that sells or publishes the database and ask for a new version of the program or a new serial number, as David Openshaw tried to do. It is disconcerting that in Openshaw's case, there was no response from the distributor. We hope that all software companies come to realize the importance of word of mouth in a field as collegial as medicine.

In the area of pharmacopeias, ePocrates remains the most popular choice among physicians. This popularity is directly related to its availability free of charge. In addition, the ePocrates medication database is updated regularly and has a unique "multicheck" feature to look up drug interactions. However, other pharmacopeias provide a greater breadth of information, and some also include Canadian drug information.[1] We share Joseph Copeland's concerns regarding ePocrates' physician detailing practices. The ePocrates privacy policy[2] suggests that aggregate demographic and software usage records may be shared with third parties, but that personal user information, such as e-mail addresses and other contact information, is kept private. Ultimately, users must decide whether the benefits of this program outweigh the costs of disclosure.

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