

Word watch

At the risk of sounding pedantic, I would like to point out that, according to *Webster's New Twentieth Century Dictionary*, "disinterested" means "not influenced by personal interest, impartial, unbiased." I believe that the word Michael Schull and Donald Redelmeier intended in the title of their recent commentary¹ is "uninterested."

"Uninterested" is occasionally given as a secondary meaning for "disinterested," but careful users of the English language find the distinction worth preserving.

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Reference

- Schull MJ, Redelmeier DA. Infection control for the disinterested [editorial]. *CMAJ* 2003;169(2): 122-3.

[The authors respond:]

Gary Pেকেles suggests that the term "disinterested" is prone to misinterpretation. We agree, and would add that another misconception is to equate the term with the concept of "no longer interested." We also agree that the term "uninterested" is more appropriate

for situations where the agent lacks interest or concern.

What we failed to mention in our article¹ was that we chose the term "disinterested" deliberately. Our purpose in writing the article was to provide a fair personal account from the perspective of 2 physicians not heavily involved with severe acute respiratory syndrome (SARS). Make no mistake: we have always been mindful of infection control when conducting invasive procedures and other treatments that require sterile technique.

We wish we had expressed ourselves more clearly in another regard. Specifically, the SARS outbreak affected millions of people, whereas our article is physician-centric. Canadian data currently indicate that there have been 43 deaths from SARS in this country, including 2 nurses and 1 physician.² Many people suffered far worse than the 2 of us.

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References

- Schull MJ, Redelmeier DA. Infection control for the disinterested [editorial]. *CMAJ* 2003;169(2): 122-3.
- Canadian SARS numbers: September 3, 2003*. Ottawa: Health Canada, Population and Public Health Branch; 2003. Available: www.hc-sc.gc.ca

/pphb-dgsp/sars-sras/cn-cc/numbers.html (accessed 2003 Sep 3).

Physician supply: future tense

It is unfortunate that *CMAJ* published the article by Frank Denton and associates¹ on the sensitive and complex subject of physician shortages without including any editorial clarification to assist the reader in understanding the many other crucial aspects of this issue that were not examined by the authors. It was inevitable that the lay press would notice the article and misinterpret it,² thinking that it supports the notion that physician shortages will lessen in the future.

In their commentary, the authors look back over the past 30 years and conclude that the increase in requirements for physicians is related more to population increase than to aging. They then postulate that because population increases are now lessening, the future need for physicians will increase to a lesser extent than in the past. Yet health care planners must stop looking backward and start looking ahead when making recommendations about physician shortages.

The problem is 2-fold and is well known to all practising physicians.

First, the patient population is changing, and patients are requiring (and de-

Pfizer

Norvasc

1/3 page 4 clr.

Repeat of Aug. 5, page 187