

physicians reported pressure to prescribe in only 48 (3%) of 1431 consultations overall, but in 15 (20%) of 74 consultations involving DTCA drug requests.

Marc Lacroix questions physicians' ambivalence about prescriptions for requested DTCA drugs, focusing on treatment choices that would have been "unlikely" for other similar patients. Our decision to separate "possible" and "unlikely" choices from "very likely" choices was made a priori, to distinguish prescriptions with any degree of ambivalence from those without ambivalence in a manner that was sensitive to physicians' legal and moral responsibility for prescribing decisions. However, if we instead compare "unlikely" with "possible" and "very likely" choices, as Lacroix suggests, neither the direction nor the magnitude of effect changes. Physicians were still significantly more likely (5/60 or 8.3%) to judge requested DTCA drugs to be "unlikely" choices for other similar patients than nonrequested drugs (7/500 or 1.4%) (unadjusted odds ratio [OR] 6.8, 95% confidence interval [CI] 1.8–26.2; adjusted OR 9.4, 95% CI 2.8–32.0; unit of analysis is each newly initiated prescription; analysis performed by a general estimation equation with adjustment for age, sex, health status, income, education, drug payment, and physician's sex and graduation year).

Finally, we could find no evidence to support Lacroix's suggestion that DTCA leads to savings in health care costs.

Barbara Mintzes

Kenneth L. Bassett

Morris L. Barer

Centre for Health Services
and Policy Research

University of British Columbia
Vancouver, BC

References

- Mintzes B, Barer ML, Kravitz RL, Bassett K, Lexchin J, Kazanjian A, et al. How does direct-to-consumer advertising (DTCA) affect pre-

scribing? A survey in primary care environments with and without legal DTCA. *CMAJ* 2003;169(5):405-12.

- Aikin KJ. The impact of direct-to-consumer prescription drug advertising on the physician-patient relationship [slide presentation]. Direct-to-consumer promotion — public meeting; 2003 Sep 22-23. Washington: US Food and Drug Administration, Division of Drug Marketing, Advertising and Communication; 2003. Available: www.fda.gov/cder/ddmac/DTCmeeting2003_presentations.html (accessed 2003 Nov 20).

DOI:10.1053/cmaj.1031915

Historical accuracy

I read Ronald McGarry's historical article, about a dispute involving medical staff at the Niagara Falls General Hospital,¹ with great interest.

Dr. W.E. Olmsted, one of the signatories to a group resignation letter quoted as the epigraph for McGarry's article, was my grandfather. He had been a schoolteacher before deciding on medicine as a career. Perhaps it was because of his teaching experience that he was so meticulous in his use of the English language. In any case, I remember many times when he corrected my pronunciation or spelling. Thus, he would have been disappointed to see his name misspelled as "Olmstead." In all other respects, however, the article reflects the picture of my grandfather that I treasure — a somewhat forbidding gentleman of impeccable character, who was very concerned about the care of his patients and whose involvement in medicine extended to the education of hospital workers and pharmacists. I congratulate McGarry for reminding us of this long-forgotten era.

David I. Gove

Family Physician (retired)
Ajax, Ont.

Reference

- McGarry RC. Turf war: medical men take on the establishment in Niagara Falls, Ontario. *CMAJ* 2003;169(12):1335-6.

DOI:10.1053/cmaj.1040012

Corrections

In a recent research article on adverse events among medical patients after discharge from hospital,¹ text is missing from a paragraph in the Methods section (page 346, fifth complete paragraph in column 1). In addition, Box 1 (cited on page 347), which lists selected examples of adverse events after discharge from hospital, was not included with the article. A corrected version of the article has been posted online at www.cmaj.ca/cgi/content/full/170/3/345.

Reference

- Forster AJ, Clark HD, Menard A, Dupuis N, Chernish R, Chandok N, et al. Adverse events among medical patients after discharge from hospital. *CMAJ* 2004;170(3):345-9.

DOI:10.1053/cmaj.1040215

A news article about the potential impact of an influenza pandemic¹ quoted Danuta Skowronski as saying that "up to 50 000 people could be affected at the same time." In fact, her estimate refers to the number of Canadians who might die in such a pandemic.

Reference

- Andresen M. "Imminent" flu pandemic: Are we ready? *CMAJ* 2004;170(2):181.

DOI:10.1053/cmaj.1040216