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Risk of death among homeless women

Homelessness is a major problem in many urban centres. That homeless people endure great hardship is without question. However, because of the inherent difficulty in studying this population, few data are available about the rates of medical problems in this group. Cheung and Hwang present the results of a cohort study of homeless women in Toronto. They found that the risk of death was 10 times greater among homeless women aged 18–44 years than among women in the general population. They also found that the survival advantage normally associated with being female was greatly reduced in this age group.

In a related commentary, O'Connell contends that homelessness magnifies poor health and complicates the management of chronic medical conditions such as diabetes and asthma. Standard treatment plans (e.g., regular exercise and adequate diet control) are unworkable for homeless people living in shelters and subsisting on meals in soup kitchens.

See pages 1243 and 1251

New breast cancer treatment guidelines

The Steering Committee on Clinical Practice Guidelines for the Care and Treatment of Breast Cancer has issued a new set of clinical practice guidelines on the use of locoregional radiotherapy following mastectomy. A helpful handout for patients is included to answer many questions. (For the steering committee's complete list of guidelines on breast cancer treatment, visit www.cmaj.ca/cgi/content/full/158/3/DC1.)

See page 1263

Adverse events among hospital patients

Evidence suggests that poor outcomes caused by medical care are common, but little is known about their timing in relation to hospital admissions. Forster and colleagues examined cases of adverse events in a randomly selected sample of 502 adults admitted to a Canadian teaching hospital. They found that adverse events occurred in 64 cases and that they were preventable in 24 (36%) of them. Most of the adverse events were due to drug treatment, operative complications or nosocomial infections. Of the 64 patients, almost two-thirds experienced the adverse event before the index hospital admission. The authors conclude that interventions to improve patient safety must address ambulatory care as well as hospital-based care.

See page 1235

Reporting gunshot wounds

An emergency physician sees a patient with a gunshot wound. The police arrive and start asking the physician questions. What are the limits of patient confidentiality? In response to a call by the Ontario Medical Association's Section on Emergency Medicine for mandatory reporting of gunshot wounds, Ontario has introduced legislation that requires hospitals and physicians to report gunshot wounds and knife-related injuries. In a commentary, Pauls and Downie argue that physicians will be seen as an extension of the police and that the negative effect on the patient–physician relationship will result in vulnerable patients not disclosing underlying health issues for fear of being reported. On behalf of the OMA's Section on Emergency Medicine, Ovens points out that, although patient confidentiality is not an absolute right in Canada and exceptions exist to protect the public good, any victim's personal health information would remain confidential.

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