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[Two of the authors respond:]

Commenting on our study of the characteristics of women undergoing repeat induced abortion,[1] L.L. deVeber and Ian Gentles imply that termination of pregnancy causes psychological problems. However, pre-existing differences between women who seek abortion and those who carry pregnancies to term are considerable and may account for differences in psychological status after abortion or delivery. A relevant comparison would assess psychological distress experienced by women seeking and obtaining an abortion and those seeking but denied pregnancy termination. Moreover, a full discussion of the possible consequences of abortion would include consideration of the considerable morbidity and mortality associated with illegal abortion.[2]

In a *CMAJ* commentary, Major[3] reminded us that "health providers and policy-makers [must] base their conclusions [about the effects of abortion] on reputable scientific research that is methodologically rigorous, conceptually sound and free from ideological bias."

The research cited by deVeber and Gentles, however, fails to meet this standard. For example, although Ostbye and associates[4] showed a greater number of hospital admissions for psychiatric problems among women who have had abortions, the most significant predictor of this finding was a history of pre-abortion psychiatric admission (odds ratio 6.58, confidence interval 2.46–17.64). Similarly, although Gissler and colleagues[5] related abortion to increased risk of suicide, they clearly stated that no conclusion about cause and effect could be made and that the association might be due to common risk factors for both suicide and abortion.

Reardon and collaborators[6] also showed a greater association between abortion and psychiatric admission among low-income women who had had an induced abortion than among women who carried their pregnancy to term. That study had a number of limitations, however, including lack of information regarding psychiatric history earlier than 1 year before abortion or delivery. On the basis of Canadian findings for psychiatric admissions before abortion,[4] it may be that greatly elevated rates of psychiatric problems precede abortion experience. Commenting on the study by Reardon and collaborators,[6] Major[3] noted that "Although it is possible that abortion leads to psychiatric problems, it is just as plausible that the direction of causality is reversed, namely, that psychiatric problems cause women who become pregnant to feel less capable of raising a child and to terminate their pregnancy."

Abortion continues to be a controversial area of research. There is no causal evidence that abortion alone elevates the risk of psychiatric admission. Observational evidence of such an association may be readily interpreted as resulting from confounding pre-existing factors.

Sukhbir S. Singh
Department of Obstetrics and Gynaecology
William A. Fisher
Department of Psychology
Department of Obstetrics and Gynaecology
University of Western Ontario
London, Ont.

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Staffing levels for long-term care

As an officer of the BC Care Providers Association (a provincial association representing both private and nonprofit facilities providing services to more than 10 000 residents in British Columbia), I read with interest the article by Margaret McGregor and associates about staffing levels at long-term care facilities.[1]

Unfortunately, the numbers of direct care hours of staff time per resident day reported in the article (e.g., in Table 1) appear suspect. The information on staffing levels was taken from essential service designations of the British Columbia Labour Relations Board, but in all cases the values appear unreasonably high. They are certainly higher than the levels of staffing possible through funding received from government or health authorities.[2] For example, the time for direct care in intermediate and extended care not-for-profit facilities is