is high time to realize that the way medicine is practised depends on our own conduct. If we truly believe in basic unalienable principles, we have no choice but to act upon them. **Salus aegroti suprema lex** — the welfare of the patient should be the ultimate goal of our professional services. Then, state and private health care could peacefully coexist because both would have the welfare of patients in mind.

**Wilhelm Kreyes**  
Retired Physician  
Winnipeg, Man.

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**REFERENCES**


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**LETTERS**

The word “humane” has disappeared from many sectors of society, including medicine. This concept needs to be brought back to replace the devils of indifference and greed. As additional reading on this subject, I highly recommend Petr Skrabanek’s *The Death of Humane Medicine and the Rise of Coercive Healthism.*

**Herbert H. Nehrlich**  
Private Practice  
Bribie Island, Australia

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**REFERENCES**


**Patient characteristics**

_**not described**_

Research based on administrative databases, such as that reported by Scott Simpson and associates, who investigated the dose–response relation between sulfonylurea drugs and death in a patient with type 2 diabetes mellitus, can demonstrate trends but may not provide sufficient detail about individual patient variables. In treating new-onset diabetes, many physicians might be expected to initially prescribe metformin for obese patients and glyburide for patients of normal weight. However, the research reported by Simpson and associates does not allow us to confirm or refute such possible trends. Is the greater mortality rate associated with glyburide partially attributable to the more severe insulin deficiency seen in normal-weight diabetic patients, rather than being related to the type of antidiabetic drug used?

Simpson and associates did not determine mortality rates for patients receiving dual metformin and glyburide therapy. Thus, there was no opportunity to observe any possible protective effect of combined therapy.

At a more practical level, this study may convince physicians to switch to other, less common sulfonylureas or thiazolidinediones. However, many patients covered by provincial drug plans may have limited access to payment for such drugs. Provincial drug programs will need to move quickly to accommodate such shifts in prescribing practice to avoid financial pressures on our patients.

**Stanley Lofsky**  
Family Physician Toronto, Ont.

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**Corrections**

A sentence in the Results section of the abstract on page 1421 accidentally reversed the intended meaning of the data comparison for the primary end points of the study. It should read, “Results: The efficacy end point (a composite of 30-day mortality, reinfarction or refractory ischemia) was 12.2% with enoxaparin versus 16.0% with unfractionated heparin (p < 0.001); the combined end point of efficacy plus safety (a composite of 30-day mortality, reinfarction, refractory ischemia, intracranial hemorrhage [ICH] or major systemic bleeding) was 15.0% versus 18.0%, respectively (p = 0.003).”

**REFERENCE**


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In the obituary notice for Dr. Harald Stolberg, his date of death was mistakenly listed as 84. The doctor died at age 79.

**REFERENCE**