

Costs of cardiovascular disease

Re: Long-term trends in use of and expenditures for cardiovascular medications in Canada, July 7

The findings of Jackevicius et al do not surprise me. It would be interesting to know, along with the disparity of spending among the provinces, their respective prevalence of cardiovascular disease. Isn't it time for our society and our medical schools to wake up and take a hard look at non-medicinal preventive measures? That would include having knowledgeable researchers and physician-teachers who understand nutrition (none in my day) and other lifestyle issues. This may mean physicians' organizations getting out of the closet in order to influence public policy, education and pediatric care. In the end that may reduce expenditures.

Dr. David Rosen
Mississauga ON

Competing interests: None declared.

For the full letter, go to: www.cmaj.ca/cgi/ele-ters/181/1-2/E19#140835

DOI:10.1503/cmaj.109-2002

Cord blood banking

A news feature and editorial in the June 23 issue argue for a national program for cord blood banking in Canada. The executive director of OneMatch Stem Cell and Marrow Network is quoted as saying: "This is something that is otherwise medical waste that can truly save lives." One should be aware that the collection process entails early clamping of the umbilical cord, in order to recover an adequate volume of blood, a practice that may not be in the best interests of the newborn donor. Delaying for a sufficient time to allow the physiologic placental transfusion has been shown to reduce the incidence of anemia in

full-term infants and to improve their iron status in infancy. While not denying the potential benefits of cord blood banking, the product in the bank should not be regarded as "medical waste" and, in consenting to its collection, parents should be fully informed of the costs.

John A. Smyth LRCPSI

Department of Pediatrics, University of British Columbia, Vancouver BC

Eileen K. Hutton PhD

Department of Obstetrics and Gynecology, McMaster University, Hamilton ON

Competing interests: None declared.

For the full letter, go to: www.cmaj.ca/cgi/ele-ters/180/13/1279#142234

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Doctors and climate change

Re: Physicians' contribution to climate change, Salon, May 26

JunkScience.com's "Ultimate Global Warming Challenge" is offering US\$500 000 for the first person to prove scientifically the "Humans cause global warming hypothesis." The prize goes up at regular intervals and will reach \$1 million in the near future. So, if Dr. Mehta has his evidence, let him claim his prize and stop flagellating the "lowly physician."

Dr. Andris Lielmanis

Family practice [not an oil executive]

Competing interests: None declared.

For the full letter go to: www.cmaj.ca/cgi/ele-ters/180/11/1176#136867

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Hippocrates vs. misanthropism

I agree with Dr. Mehta (Salon May 26) that physicians have a role in raising consciousness to reverse the effects that human arrogance/ignorance has

had on the Earth. I feel, however, that he is part of a trend within the Green movement that goes to a misanthropic extreme. Within his argument, language and ideas are used that likens the human race to, for example, a rabbit population that needs to be culled. Insidiously related to this is the notion that, like rabbits, humans are totally subject to instinctual drives. If we, as physicians, perpetuate this cynical view of humans as automatons, we will continue to hand over fertility-reducing technology exclusively and abandon the biopsychosocio-spiritual model that views human beings as more than matter.

Jonathan S. Ponesse

Assistant professor of pediatrics
University of Ottawa

Competing interests: None declared.

For the full letter, go to: www.cmaj.ca/cgi/ele-ters/180/11/1176#137192

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Weight control trial

Re: Determining optimal approaches for weight maintenance: a randomized controlled trial, published May 12

The subjects chosen for this study were female volunteers with Class I obesity (average BMI 31 kg/m²) with reported pretrial weight loss of 9 per cent of their body weight. These patients rarely require referral to obesity management programs and may comprise a minority of patients managed in the primary care setting. The remarkable finding from this study is that not only did patients sustain their initial weight loss, but they continued to lose weight over the 2 years of follow-up. Were average caloric intakes assessed in these patients? We suspect that this trial represents the unique accomplishment of a highly successful, motivational team with a highly selected and motivated group of patients. The authors are to be congratulated on their findings, however we are not con-

vinced that their findings will be easily reproduced or will be applicable to the general population of overweight and morbidly obese Canadians.

Dr DW Birch MSc MD and colleagues
CAMIS and Weight Wise Programs,
University of Alberta, Edmonton AB

Competing interests: None declared.

For the full letter, go to: www.cmaj.ca/cgi/ele-letters/180/10/E39#137793

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The authors respond:

The intention was to exclude only those who were appreciably disabled and unable to participate in the physical activity program. Indeed, we excluded only 37 of the 554 respondents to our advertisements. Thus we believe that our participant group was a reasonably unbiased group. We acknowledge that many earlier studies have been unsuccessful in their attempts to achieve long-term weight maintenance. We believe that we have demonstrated that a simple cost effective program utilizing frequent contact with a nurse can achieve just this. We believe that our findings apply to a fairly large number of overweight individuals, but made no claim for the suitability of our program for the morbidly obese.

Kelly Dale, research fellow, and colleagues
University of Otago, New Zealand

Competing interests: None declared.

For the full letter, go to: www.cmaj.ca/cgi/ele-letters/180/10/E39#138253

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A draft at the back door

Re: Efficacy and safety of insulin analogues for the management of diabetes mellitus: a meta-analysis, Research, Feb. 17

Despite the publication of reviews, such as this one by Singh et al, that demonstrate routine use of analogue

insulin in type II diabetics is not justified, I receive weekly requests in my family practice to preauthorize patients with type II diabetes for analogue insulin. These requests come from nurses and dieticians practising in diabetes clinics. Why? Have our health care colleagues in diabetes clinics concluded that analogue insulin is superior for these patients by reviewing the best available evidence or, rather, have they been influenced by pharmaceutical representatives toting the latest “information.” With the introduction of regulation into physician-pharma interactions, is this a sign of a new marketing strategy?

Matthew J Schurter MD CCFP
Port Perry ON

Competing interests: None declared.

For the full letter, go to: www.cmaj.ca/cgi/ele-letters/180/4/385#138001

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Pointing fingers

In the Clinical Images published May 12, “An elderly woman with an age-old disease,” mention is made of the second, third and fifth fingers. However, this may cause misunderstanding. Use of the “index finger”, “middle finger” and “little finger”, etc., for example, seems less ambiguous and therefore safer.

Gwinyai Masukume
Mpilo Central Hospital, Bulawayo,
Zimbabwe

Competing interests: None declared.

For the full letter go to: www.cmaj.ca/cgi/ele-letters/180/10/1035#134432

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Correction

In the Review article ‘The emergence of Lyme disease in Canada,’¹ published June 9, the legend in Figure 3 was incorrect. The white bars should indicate “Cases likely acquired outside

Canada” and the grey bars should indicate “Cases associated with *I. pacificus*.”

REFERENCE

- Ogden NH, Lindsay LR, Morshed M, et al. The emergence of Lyme disease in Canada. *CMAJ* 2009; 180:1221-4.

For the full correction go to:
www.cmaj.ca/cgi/content/full/180/12/1221/DC1

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