Harassment from misguided mayoral candidate

I was astounded to read that Toronto City Councillor Robert Ford went on record as saying that doctors should not be advocating for the poor.1 Ford went so far as to file a complaint with the College of Physicians and Surgeons of Ontario against Dr. Roland Wong, a family physician who had found a novel way to allow welfare recipients to obtain financial assistance for food to avoid diet-related problems. Ford considers this going well beyond the duties and responsibilities of doctors.

The poor have greatly increased risks of cardiac disease and diabetes, among other problems. I find it extraordinary that a city councillor would think that a doctor advocating for his poverty-stricken patients is doing something out of line.

I am also concerned that the complaints process is being used inappropriately in this instance. If one can put pen to paper, one can put the college’s complaints process in motion, no matter how vexatious or frivolous the matter. This situation constitutes harassment of a well-intentioned physician. One can only hope that reason prevails when the matter goes to a hearing at the college.

Brian L. Simchison
Kingston General Hospital, Kingston, Ont.

REFERENCE

For the full letter, go to: www.cmaj.ca/cgi/eletters/cmaj.091476v1#494257

The right to give blood

A news item in BCMJ1 is relevant to the article by Wainberg and colleagues.2 It reads: “New data from the US Centers for Disease Control and Prevention (CDC) show that gay, bisexual, and other men who have sex with men (MSM) are over 44 times more likely than other men to contract HIV, and over 40 times more likely than women to contract HIV. Further, MSM are over 46 times more likely to contract syphilis than other men, and over 71 times more likely than women to contract syphilis. According to the CDC, MSM comprised 57% of people newly infected with HIV in the US in 2006, even though MSM are only 2% of the adult population.”

Are the lessons from Krever now on the back burner?

James E. Parker
Retired pediatrician, Abbotsford, BC

REFERENCES

For the full letter, go to: www.cmaj.ca/cgi/eletters/cmaj.091476v1#494257

End of life

Sumner has presented his perspective on the end of his own life: “I want to be the one who decides.”3 The desire for individual autonomy is very much in line with attitudes in Canada that assign priority to individual rights and privileges. However, such priority does not exist in a vacuum.

The moral and social environment inheres not only in separate individuals but also in a society. There is a need to reflect on the impact of any decisions on the quality of our society, on our humanity. Although I agree that it might be comforting to be legally permitted to decide when and how I may
end my life, this conveys an attitude, and therefore future decisions, about the value of a human life apart from its “worth” or its “meaning.” To compare the death of a cat to the death of a human is not a useful analogy. As a culture, we shall favour alleviating pain even if it shortens life. To encourage and make possible the intentional killing of myself or my fellow is not good for our society and will backfire.

Robert Blanchard MD
Professor Emeritus, University of Manitoba, Winnipeg, Man.

REFERENCE

For the full letter, go to: www.cmaj.ca/cgi/eletters/182/9/1004

Why can’t I get my veins unblocked in Canada?

I have multiple sclerosis, but I also have blocked veins. Why can’t I get my veins unblocked in Canada, just because I have pre-existing multiple sclerosis? I agree, treatment for any disease should be based on science, not hope (see editorial on page 1151). So I ask, what is the best way to gather evidence in this case? The Multiple Sclerosis Society of Canada wants to spend two years determining whether patients have blocked veins, while providing no treatment. If there are blocked veins, why not provide the treatment, then study the outcomes of the liberation procedure, maybe the medical community can gather the evidence to prove what I already know.

Michael Barkhouse
Halifax, NS

REFERENCE

For the full letter, go to: www.cmaj.ca/cgi/eletters/182/9/1004

Hear some evil, see some evil, report no evil

Croskerry has suggested that the magnitude of the health system problem with mistakes was unmasked and that “the new century ushered in an era of openness.” How open is a system where none of the organizations that participated in the 2004 study on health system error by Norton and colleagues can or will report whether they make more mistakes, fewer mistakes or the same number as they did six years ago? If hospital board members, administrators and governments really cared, they would ask about and report on whether the rate of unnecessary and preventable death, discomfort and disability is going up, going down or staying the same.

David Zitner
Faculty of Medicine, Dalhousie University, Halifax, NS

REFERENCES
1. Croskerry P. To err is human — and let’s not forget it. CMAJ 2010;182:524.

For the full letter, go to: www.cmaj.ca/cgi/eletters/182/9/524

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