

long-term opioids are helpful in non-cancer pain, the study by Dhalla and colleagues shows that writing these prescriptions can be deadly.

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REFERENCES

1. Dhalla IA, Mamdani MM, Sivilotti MLA, et al. Prescribing of opioid analgesics and related mortality before and after the introduction of long-acting oxycodone. *CMAJ* 2009;181:891-6.
2. Chou R, Fanciullo GJ, Fine PG, et al. American Pain Society-American Academy of Pain Medicine Opioids Guidelines Panel. Clinical guidelines for the use of chronic opioid therapy in chronic non-cancer pain. *J Pain* 2009;10:113-30.

For the full letter, go to: www.cmaj.ca/cgi/eletters/181/12/891#257431

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Implement research faster

Stanbrook and Hébert wisely indicated that regulatory health agencies are responsible for acting quickly on new scientific information and making decisions to try to protect the population.¹ Unfortunately, evidence is lacking for such responsibility. Looking for ways to publish work faster may miss the real challenge. Journals might scrutinize the *implementation* of published research findings that are both important and time sensitive.

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REFERENCES

1. Stanbrook MB, Hébert PC. Disseminate time-sensitive research faster. *CMAJ* 2010;182:9.

For the full letter, go to: www.cmaj.ca/cgi/eletters/cmaj.092077v1#254133

DOI:10.1503/cmaj.110-2016

Prediction versus prognosis

Dr. Koch confuses a prediction with a prognostic assessment¹. A physician can guess (predict) how long a patient will live. Experienced physicians know better than to offer a prediction with any degree of certainty. An accurate assessment of prognosis differs from a prediction in that it requires stating a

range of survival based upon relevant data. It would be nice if physicians were clairvoyant, but as Yogi Bera noted: "It's tough to make predictions, especially about the future."

Stephen R. Workman MD

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REFERENCE

1. Koch T. End of life, year after year after year. *CMAJ* 2009;181:868.

For the full letter, go to: www.cmaj.ca/cgi/eletters/181/11/868#252316

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What did the doctor say?

Dr. Koch makes assumptions that what the patient tells him is what the doctor said.¹ As a rule, it is a media type of statement to say that the doctor gave him "x" days, weeks, etc. to live only to show the doctor was wrong. Real doctors rarely make such predictions. Patients remember what they wish to remember or a part of what was said. Patients often tell me what another doctor told them. These statements are often incorrect or taken out of context. Hopefully, Dr. Koch confirmed the six months predictions with the "doctors" who allegedly made the statement.

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REFERENCE

1. Koch T. End of life, year after year after year. *CMAJ* 2009;181:868.

For the full letter, go to: www.cmaj.ca/cgi/eletters/181/11/868#247560

DOI:10.1503/cmaj.110-2014

Bridging the gaps

Re: "Bridging the gaps: getting evidence into practice."¹ Knowledge and science are considered identical by the public. But from a technical terminology standpoint, knowledge refers to "awareness of a fact;" while science refers to "systematically organized body of knowledge." Knowledge management should balance

knowledge and science. Patients must be educated with scientific facts in layman's language, and reliable and responsible facts need to be transmitted in the most responsible, educative ways. Prevention rests on such information. *CMAJ*, by publishing this article, has opened a way for proper dissemination of knowledge in the field of medicine.

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REFERENCE

1. McGuire W, Fowle PW. Bridging the gaps: getting evidence into practice. *CMAJ* 2009;181:457-8.

For the full letter, go to: www.cmaj.ca/cgi/eletters/181/8/457#251010

DOI:10.1503/cmaj.110-2015

Doing good in small ways

Re: "In the street."¹ I find Dr. Kulik's effort inspiring for those who are otherwise busy to find time to contribute to a social cause. She has done two good things: one, doing the social service; the other, writing about it so others can know that such problems exist.

Vinod Nikhra MD

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REFERENCE

1. Kulik D. In the street. *CMAJ* 2009; Dec. 16 [Epub ahead of print].

For the full letter, go to: www.cmaj.ca/cgi/eletters/cmaj.109-3136v1#257130

DOI:10.1503/cmaj.110-2018

Letters to the editor

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