

individuals.⁴ Many areas such as Asia and South America are high-risk regions for gastric cancer.³ Asian-Pacific guidelines on gastric cancer prevention recommend screening for and eradicating *H. pylori* in high-risk populations.⁵ Importantly, Canadian guidelines also recommend screening for and eradicating *H. pylori* in immigrant populations where the incidence of gastric cancer is high.⁶

The Canadian *Helicobacter* Study Group recently convened a meeting addressing at-risk populations for infection in Canada. In addition to native Canadians, data regarding recent immigrants were extensively reviewed and indicated that immigrant populations were at increased risk.³ *Helicobacter pylori* should be among the infectious diseases selected as high priority for Canadian immigrant guideline development because the majority of immigrants come from high-prevalence regions, which also have an increased risk for gastric cancer. Furthermore, screening tools as well as inexpensive and effective interventions exist to eliminate infection, which could prevent the development of disease complications.

Nicola L. Jones MD PhD

Pediatric Gastroenterologist, Hospital for Sick Children, Toronto, Ont.

Naoki Chiba MD, Carlo Fallone MD,

Richard Hunt MD,

Alan Thomson MD PhD

For the Canadian *Helicobacter* Study Group

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Canada's low-risk drinking guidelines

In the Nov. 8, 2011, issue of *CMAJ*, Latino-Martel and colleagues¹ suggested that new evidence connecting alcohol consumption and increased risk of cancer means that drinking guideline limits are too high, at least as far as the prevention of cancer is concerned.

As scientific advisors for the forthcoming Canadian guidelines,² we acknowledge the clear evidence that having even one drink per day may significantly increase the risk of cancer if this pattern is maintained over several years. We also acknowledge the importance of communicating this information to consumers. This was considered in our efforts to find a basis for a national consensus to replace the diverse sets of guidelines previously offered by different Canadian provinces.^{3,4}

Has alcohol just now approached the status reached by tobacco over 60 years ago, when the connection between smoking and lung cancer was first established? Consuming alcohol is more complex because low levels of alcohol consumption may increase the risk of many conditions and reduce the risk of others — notably heart disease and diabetes. We relied on evidence from meta-analyses of alcohol consumption and all-cause mortality⁵ to identify a level of consumption at which potential risks and benefits are, for the average person, balanced in comparison with abstainers (i.e., at the ascending portion of the J-shaped curve where risk approached 1.0). The science underlying these studies is not perfect but it does provide a simple and intuitive basis for advice on upper limits for average daily consumption of alcohol (the level at which lifetime risk of premature mortality from all causes does not exceed that of an abstainer). The best available evidence was judged to suggest weekly upper limits of 10 standard drinks for women and 15 for men, so to limit the risk of serious illnesses (note: one Canadian standard

drink contains 17.05 mL ethanol). Recommendations for upper daily limits, strategies to reduce short-term risks associated with drinking, and other recommendations are also provided in an independent scientific report to be published later in 2011.² We strongly agree with Latino-Martel and colleagues¹ that these are low-risk, not *zero* risk, guidelines, and that people deserve complete information about risks and possible benefits of alcohol upon which to make informed decisions.

Tim Stockwell MD, Doug Beirness MD, Peter Butt MD, Louis Gliksmann MD, Catherine Paradis MD

Members of the Low-Risk Drinking Guideline Expert Advisory Panel, commissioned by the National Alcohol Strategy Advisory Committee

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When patient and doctor disagree

Physician practice in the area of end-of-life care has been shown in previous investigations to vary considerably. In the study by Sprung and colleagues,¹ religion of the practitioner and geographic location had a material influence on end-of-life decisions. In the Canadian single-payer system, patients in intensive care have little or no ability to select the intensive care unit (ICU) doctor. Patients wrongly assume that all ICU doctors are equivalent with respect to important decision-making. Turgeon and colleagues² reveal that which week a patient arrives in the ICU might mean the difference