

address at the Ritz-Carlton Hotel in Toronto, Oct. 19, 2014, retired Harvard University law professor Alan Der-showitz stated:

Hamas uses children and women as human shields. Hamas leaders will brag about this and the media runs after the dead babies, counts the bodies even though every single [civilian] death [in this summer's war between Israel and Hamas] could have been prevented by Hamas. Canada is the only country in the world that understands with great moral clarity the difference between Hamas and Israel for seeing moral clarity while others see moral ambiguity.

Perhaps Canada's greatest contribution is our insight into the complexities of this disastrous situation and the exercise of moral, political and economic suasion applied to the parties concerned as well as the world community.

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## Reference

1. Stanbrook MB. Canada Must help the wounded children of Gaza. *CMAJ* 2014;186:1123.

*CMAJ* 2015. DOI:10.1503/cmaj.115-0009

## Management of a 28-year-old with chest pain

The presumed goal of *CMAJ's* Practice section is primarily education. In this regard, Kennedy and colleagues<sup>1</sup> article was informative with respect to pericarditis but not with respect to the management of a 28-year-old with chest pain.

Indeed, it is both discouraging and disappointing that no mention is made of acute aortic dissection; discouraging since the message about this common and lethal diagnosis seems not to be understood despite the efforts of the Canadian Medical Protective Association and disappointing since the article was apparently peer reviewed.

**Neil McKenzie MB ChB MD**

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## Reference

1. Kennedy SA, Singh SM. A 28-year-old man with acute chest pain. *CMAJ*. 2014;186:1161-2.

*CMAJ* 2015. DOI:10.1503/cmaj.115-0010

## The authors respond

We thank McKenzie<sup>1</sup> for his interest in our work. Indeed, acute aortic dissection should be considered in all individuals presenting with chest pain. A summary of Canadian Medical Protective Association data from 1991–2005 of patients with proven aortic dissection where medicolegal difficulties arose found that 44% of patients had pleuritic or positional chest pain, and a presumptive diagnosis of pericarditis was made in 12% of these patients.<sup>2</sup> As the diagnosis of aortic dissection may elude even the most experienced clinician, it is important to maintain this on one's differential diagnosis and ensure that appropriate investigations and a treatment plan are instituted to address this diagnostic possibility. This is especially important because aortic dissection may masquerade as other common clinical conditions.

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2. Aortic dissections: "Tearing" apart the data." Ottawa: The Canadian Medical Protective Association; 2008. Available: <https://oplfrpd5.cmpa-acpm.ca/-/aortic-dissections-tearing-apart-the-data> (accessed 2014 Oct. 25, 2014).

*CMAJ* 2015. DOI:10.1503/cmaj.115-0011

## Hepatitis C screening

In a *CMAJ* news article, Fralick<sup>1</sup> reports that it is unclear how Canadian hepatologists, who can barely manage their current caseloads, will be able to meet the inevitable increased demand for care created by wider screening.

Project ECHO (Extension for Community Healthcare Outcomes) was developed in 2003 by Dr. Sanjeev Arora, a hepatologist at the University of New Mexico, in Albuquerque, to address this problem via weekly video clinics with widely dispersed primary care providers. Case discussions and didactic lectures support the provision of evidence-based treatments in patients' hometowns.

This learning-by-doing model led to an increase in the number of patients in New Mexico who were cured of hepatitis C. Clinical outcomes of patients treated in the community matched those outcomes achieved in the University setting.<sup>2</sup> Those cured of hepatitis C have been shown to have had a 93% reduction in liver-related mortality and a 74% reduction in 10-year all-cause mortality.<sup>3</sup> Liver cancer rates declined by 76%.<sup>3</sup> Effective treatment results in a reduction in costly liver transplants and management of liver cancer.

Access to treatments for addiction has increased via the Integrated Addictions and Psychiatry TeleECHO Clinic. ECHO-linked primary care providers offer vaccination for hepatitis A and B and education on prevention, alcohol cessation, hepatotoxic drug avoidance and nicotine and marijuana cessation to reduce rates of liver fibrosis.

By providing primary care providers with the skills and the support to practise at the highest level of their competence, ECHO can redress geographic imbalances in access to specialist care. The ECHO model also leads to rapid dissemination of best practices, increased primary care provider satisfaction and self-efficacy in managing complex chronic diseases, and improved patient outcomes.<sup>4</sup>

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## References

1. Fralick M. Screening urged for hepatitis C but drug costs are prohibitive. *CMAJ* 2014;186:329.
2. Arora S, Thornton K, Murata G, et al. Outcomes of treatment for hepatitis C virus infection by primary care providers. *N Engl J Med* 2011;364:2199-207.
3. van der Meer AJ, Veldt BJ, Feld JJ, et al. Association between sustained virological response and all-cause mortality among patients with chronic hepatitis C and advanced hepatic fibrosis. *JAMA* 2012;308:2584-93.
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