



mittee made recommendations that did not support changes to the law but rather urged that the development of accessible, effective services in palliative care be made the number one priority for health care in Canada.² We can only imagine how much further ahead we would be in our care of seriously ill and dying patients if the energy that has been devoted to the debate about euthanasia and assisted suicide had been directed instead to establishing such services.

Excellence in palliative care, not euthanasia and suicide, should be the focus of our resources, energy and skills.³ Our major ethical concern should be to address the issue of why we continue to tolerate continuing pain and suffering when we know what is required to relieve them. Indeed, on this point, I agree with Dunn: we should not insist on “suffering to the end.” Rather we should

insist on the relief of suffering — both physical and emotional — throughout the course of illness, so that the end, when it comes, is painless and peaceful.

There is much to be done. Let's not waste any more time.

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Plastics deserve praise, not criticism

It was disappointing to see a respected professional journal contributing to the scientific mythology surrounding so-called endocrine disruptors in Barbara Sibbald's article “US guidelines on way, but agreement on health impact of endocrine disruptors still lacking” (*CMAJ* 1998;159[3]:261-2). In particular, the uncritical acceptance of an activist group's anti-plastic propaganda was surely a disservice to readers who expect the journal's articles to be based on sound research.

Such research shows that there is no evidence in the scientific literature of any adverse health effects, hormonal or otherwise, from the plastic products that were listed as presenting possible health risks. Indeed, the use of plastics in medical settings has contributed notably to reducing the



spread of bacterial disease, and plastic packaging has greatly reduced the risk of illness from food contamination. Many other examples of plastics' important role in protecting public health and improving health care are found throughout the world.

On the broader issue of endocrine disruption, the article failed to mention the findings of the most comprehensive government studies published to date. In separate reports issued last spring, the US Environmental Protection Agency¹ and the European Environment Agency² found that, with certain exceptions such as DES (diethylstilbestrol), there is insufficient evidence to definitively link exposure to industrial chemicals with effects in the human endocrine system. Perhaps more surprising, the article failed to note that by far the greatest human and animal exposure to endocrine-modulating chemicals is found in the food we eat, especially

grains, fruit and vegetables. This exposure is many thousands of times greater than from any industrial sources.

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Careful with the antibiotics

The public health report "Just when you thought it was safe to eat a burger . . ." (*CMAJ* 1998; 158[12]:1637), by Dr. John Hoey, highlights concerns about food-

borne infections, such as those due to verocytotoxin-producing strains of *Escherichia coli*, *E. coli* O157:H7. The report is a good summary of the epidemiologic features associated with this organism and emphasizes the importance of proper food handling and preparation.

However, there is little evidence to support the statement that antimicrobial therapy for this infection is "helpful." Few randomized controlled trials to determine the efficacy of antimicrobial therapy for *E. coli* O157:H7 infection have been reported. Although most isolates are susceptible in vitro to many antimicrobial agents, studies have not found any clinical advantage of treatment with antibiotics over no treatment.¹⁻³ In fact, one study reported a significantly longer duration of illness in those who were treated with antibiotics than in untreated individuals,¹ and an association between the use of