Wait times in the real world

Wayne Kondro[1] quotes Glenda Yeates, of the Canadian Institute for Health Information, as saying "There is no average person or average wait." I would like to add to this by quoting Donald Berwick of the Institute for Healthcare Improvement who, in my view, has said it best: "Some is not a number; soon is not a time."

There is never going to be enough information. Even if, by chance, we do make it to the point where we have enough information, we will then be discussing the pros and the cons of the data collection. The rhetorical question remains: At what point do these exercises actually begin to translate into something meaningful at the patient level?

Sandi Pniauskas
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REFERENCE

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DOI:10.1503/cmaj.1060107

ALPHA form: additional resources

Further to our article describing use of the Antenatal Psychosocial Health Assessment (ALPHA) form,[1] we wish to inform *CMAJ* readers about a Web site (http://dfcm19.med.utoronto.ca/research/alpha/default.htm) that presents several related resources: (1) English and French translations of the form; (2) versions of the form for completion by both providers and patients; (3) guide to using the form in practice (a printed version of this document is also available through the Department of Family and Community Medicine, University of Toronto); and (4) links to other related sites.

On the basis of trials that have documented the utility the ALPHA form and the feasibility of its use,[1-3] as well as our own clinical experience, we suggest that the form provides an efficient method of checking this important area of concern in busy maternity practice. As we discovered in the trials, women are comfortable with the process, and providers have often uncovered important but unexpected psychosocial information. Conversely, no providers have reported problems related to "opening a can of worms" while using the form.

We believe that assessing psychosocial well-being is an essential component of good prenatal care, and the ALPHA form is a useful tool for doing so.

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For the ALPHA Group

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DOI:10.1503/cmaj.1060102

Views of medicine as a profession

The editorial on whether medicine is still a profession appears to emphasize that the work ethic of our profession, which traditionally was maintained primarily by the "guardian moral syndrome" is now being breached on two fronts: "better education and empowerment of patients" and "commercialization of the medical knowledge base."[1]

I am surprised that the editorialist failed to consider the role that government may have had in the erosion of the physician's moral work ethic. In Canada, the amount of work physicians can do in delivering patient care is not only regulated but also controlled by the provincial and federal governments. In addition, the drug benefit formulary regulates which drugs can be prescribed for any given disease. Finally, governments determine the number of practising physicians, both family practitioners and specialists, by having absolute control (through funding) on the numbers of medical students and postgraduate residency positions.

Having just retired after more than 50 years of practice, I feel that in spite of the many changes in our society, physicians by and large continue to be professionals, through their dedication to taking care of patients.

Jose Jimenez
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REFERENCE

1. Is medicine still a profession? [editorial]. *CMAJ* 2006;174(6):743.

DOI:10.1503/cmaj.1060074

The editorial on the question of whether medicine is still a profession[1] is disingenuous. Does the author really believe that the "commercial moral syndrome" is the sole domain of "private companies"? If so, he or she has not had much contact with a university research laboratory and the frenzy of grant-writing at certain times of the year. Is academic gain and advancement somehow more laudable than commercial gain? Both have a profit motive, and both may or may not bene-

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fit patients and society at large. I have heard distinguished academics deliver distorted and limited descriptions of a topic in support of their research, and physicians paid by government agencies often deliver messages that clearly pander to the payer and not to scientific honesty.

To mention just one example, the "commercial moral syndrome" has delivered biologic agents that have transformed the treatment of inflammatory arthritis. If that syndrome has also resulted in monetary profit, is that sinful? Many of the advances in therapeutics, both medical and surgical, would not have occurred without the beckoning of "tawdry profit."

It is surely our responsibility as professionals to analyze and critique any information that we might be given, or that we might search out on our own, to formulate the best synthesis of the data. If we are to be restricted by a sanctimonious few to the information that those few consider "appropriate," we are victims of censorship.

I wonder about the fate of publications such as *CMAJ* if the proposals in this editorial were enacted. What would the subscription price be? How would the many editors be paid? Who would be the arbiter of those who are deemed to possess the "guardian moral syndrome" and, accordingly, who would be allowed to educate us all?

The system of continuing medical education and medical publishing as it currently exists is democratic. And, like a democratic political system, it is imperfect but better than anything else.

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REFERENCE

1. Is medicine still a profession? [editorial]. *CMAJ* 2006;174(6):743.

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In the same issue as an editorial that explicitly asks "Is medicine still a profession?"[1] appear 2 articles that seem to answer this question in the negative, considering that the controversial practices of the Don Coleman clinic in Vancouver[2] seem to be agreed upon by "two-tier-Tony" (Canada's new minister of health, Tony Clement)[3] and are to spread across all of Canada.

The gradual change of medicine from a profession of dedicated and principled physicians, who in times of war have put their health and their own lives in danger while unconditionally serving the wounded of all nations and of all creeds, into a profit-oriented industry may represent a reflection of the profit-oriented politics of foreign affairs, as was candidly admitted by Sir Winston Churchill in 1946 on the occasion of his visit with the former US president H.S. Truman and a speech at Westminster College, in Fulton, Mo.

We still have not learned the lessons of history, and we are paying a bitter price for it in politics and in medicine. Our opinions about private and state-controlled health care may differ, but it