often overlooked when discussing driving assessment for senior citizens. People are often even more dependent on being able to drive than when they were younger and more able to walk and take public transportation.

One of the most difficult problems is deciding when a patient with cognitive impairment is no longer safe to drive. Routine neuropsychology tests are probably not going to detect borderline cases, and everyone who has memory problems is not necessarily a safety risk. In my mind, the gold standard is a lengthy on-road driving test. There was a time when governments covered this but it is now downloaded to private companies, who charge between $500 and $800. One idea that I have never heard discussed is having the insurance companies pay for testing. When you have a major accident or loss of life they pay thousands if not millions. Why do they not insist that they first assess your driving abilities and make a risk assessment before they insure you?

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For the full letter, go to: www.cmaj.ca/cgi/eletters/cmaj.100273v1#321774

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The philosophy of medicine

Professor Croskerry's article[1] argues for training of medical students in critical thinking to reduce medical error. Although this is a reasonable argument, there is scant evidence to support it as not much relevant research has been published to date. A notable exception is the training of medical students in philosophy of medicine, which focuses to a large extent on general methodology of medicine and has demonstrated success and satisfaction.[2] It may be beneficial to develop, implement and study various ways of training medical students and practitioners in the philosophy of medicine, and to study whether such training enhances their critical thinking and reduces medical error.

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Register systematic reviews

Straus and Moher call for "a registry of protocols for systematic reviews and of completed reviews."[1] We agree that such a registry would, among other things, help reduce publication bias, promote transparency and enhance collaboration. Following the lead of early registers of published trials and the Cochrane Central Register of Controlled Clinical Trials, we started building a register of reports of vision science systematic reviews in 2006.[2] This has proven to be an invaluable central repository. For example, we have used it to develop methods for which eyes and vision systematic reviews should be done first, to conduct methodological research and to initiate collaborations with guideline developers and professional societies.

We believe the database will have a pivotal role in facilitating the use of systematic review evidence in health care decision-making.

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