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The population of Canada is aging, and older people need more medical care than younger people. Will there be enough physicians in coming years to meet this need? Noralou Roos and colleagues looked at physician-to-population ratios for 1986 and 1994 (page 1275). Working from a baseline of actual physician supply in 1986, they found that by 1994 the overall supply of physicians had kept pace with population growth and aging. However, there were some exceptions to this general trend. For example, specialist supply outpaced population growth by 7% to 10% in Nova Scotia, Newfoundland, New Brunswick and Saskatchewan but lagged behind by 9% in British Columbia. This work is important because it includes, for the first time, estimates of the effects of an aging population on the need for physician services, which are not as severe as might have been expected.

A related subject, much in the news, is the question of hospital utilization. Previous studies have suggested that up to 48% of admissions and up to 60% of subsequent days of stay in acute care hospitals are for nonacute care. However, clinicians know that although many inpatients do not need acute care, neither are they ready for discharge. Virginia Flintoft and colleagues, reviewing over 13 000 admissions at 105 Ontario hospital sites, found that the proportion of days of hospital stay on which nonacute care was needed was only 32% (page 1289). Much of the discrepancy between their results and previous reports was accounted for by patients who needed intermediate-level (subacute) care. The lesson? Let's be careful about closing too many hospital beds.

Death certificates are often completed by residents who have not been formally trained in this area. No surprise, then, that almost a third of death

certificates contain important errors. Kathryn Myers and Donald Farquhar propose a simple method to improve residents' accuracy in completing death certificates (page 1317). Some of their course material is available at our Web site (www.cma.ca/cmaj/vol-158/issue-10/1317.htm). Test yourself!

Child abuse is an important problem. Recent reports suggest that about 25% of children suffer some form of physical abuse. Harriet MacMillan summarizes some of her recent work in this area and reports evidence that appropriate interventions can help to prevent abuse (page 1301). She concludes by suggesting what physicians can do in addition to fulfilling our legal obligation to report abuse or suspected abuse to the appropriate provincial agency.

Associate Editor K.S. Joseph reviews recent developments that will undoubtedly influence the conduct of randomized controlled trials (RCTs), focusing in particular on the concept of informed consent (page 1303). More and more patients are asking that they be informed not only at the beginning of the trial but during its progress. They want to know the results (including interim results) of other relevant trials. They want the option of being in the experimental (not control) group, in which case, technically, they would not enter the trial. We expect choppy waters ahead for RCTs.

In this issue we resume our series "Bioethics for clinicians." Michael Burgess and colleagues discuss the issues that arise in clinical practice when a patient has or is at risk of having a genetic disease (page 1309).

Recent papers in *CMAJ* on physician billing patterns have provoked a small avalanche of letters, which will be published soon. In the interim, our Pulse column provides some information on fee-for-service income for 1993-94 (page 1408). ?