prepared by the BC Office of Health Technology Assessment (BCOHTA) was never made public. In fact, the report (entitled *Bone Mineral Density Testing: Does the Evidence Support its Selective Use in Well Women?*) has been distributed widely to the public, to universities and to health sciences libraries and is available free of charge to any member of the public by contacting the BCOHTA (604 822-7049).

The BCOHTA report discusses the problems of risk assessment — limitations that neither Kendler's letter nor the BC Study of Osteoporosis Risk address. The review found that the available methods of measuring bone mineral density, including calcaneal ultrasonography, with and without risk assessment lead to misdiagnosis of well women more often than not. Kendler was one of several BC clinicians invited by the BCOHTA in January 1996 to inform our review. None of the local clinical proponents of bone mineral density technologies have been able to provide a substantive challenge to the scientific analysis of the limitations of these technologies laid out in the report.

Kendler implies that because of the BCOHTA report, hospital administrators withdrew support for the Study of Osteoporosis Risk. Although we would be pleased to take full credit for this decision, Kendler's clinical colleagues also deserve mention for their on-the-record criticism of the study.[3]

The truly tragic dimension of Kendler's study is demonstrated by the testimonial from Agnes Sovereign.[1] This woman has been quadriplegic for the past 6 years and has suffered from multiple sclerosis for 16 years. She has been led to believe not only that the heel ultrasound test was necessary to determine that she had "seriously deficient" bone density, but also that this test result could somehow help clinicians to help her. Rather than lobbying to improve seriously underfunded services such as home care nursing and physiotherapy programs, Kendler has encouraged societies of people with cerebral palsy, multiple sclerosis, paraplegia and other disabilities to rally support for an unproven technology.

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[The author responds:]

The work of the Study of Osteoporotic Fractures Research Group on osteoporosis risk assessment clearly supports the use of measurement of bone mass and identification of risk factors to determine risk of fracture.[1] Yet this evidence has been cited by Ms. Green and Drs. Bassett and Kazanjian to support their position that bone density measurement has no role in the assessment of fracture risk in postmenopausal women: in a recent non-peer-reviewed, government-sponsored publication, they viewed risk assessment as a "diagnostic" technology for predicting fracture.[2] The fact that some women with low bone density will not experience fracture is, for these nonclinicians, justification to refute risk management.

But there are more insidious features to the actions of the BCOHTA. Despite public outcry, the BC government has maintained a moratorium on the acquisition of new bone density instruments since 1993. Thus BC has only 7 funded instruments. Reports such as those produced by the BCOHTA are often used to justify parsimony in provincial government captial spending.

In the end, patient care and clinical needs must prevail. Our patients demand the highest quality of health care and must insist that technology assessment groups refrain from dictating lower standards of clinical care to their physicians.

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Disclosure: Dr. Kendler has performed research with pharmaceutical companies and equipment manufacturers in areas related to the subject of this letter.

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Snowbirds: an unwelcome sign that winter's coming

We are just coming into the time of year I dislike most: the pre-Florida checkup season. Typically, these visits involve elderly patients, who come in mid-autumn not to obtain 6-month prescriptions for their medications and their flu shots (they will schedule visits to my office for those purposes just before departure, so that their supplies of medication will be sufficient for their stay in

the US). Instead, the autumn visit involves an extensive list of checks, none of which would appear on any list of guidelines for an annual health examination. (Most of *those* will be performed during the post-Florida checkup come spring.) No, this visit is simply for peace of mind.

Sometimes my examination during such a visit reveals that treatment changes are needed, including perhaps the discontinuation of one or more medications. Yet some patients refuse to make the recommended changes or to accept any other investigations because they, too, might point to the need for changes in treatment. This behaviour might seem puzzling, but it seems that changes in medication, including the elimination of drugs, would void the patient's health insurance for the winter.

It thus appears that one of our roles is to enable our patients to enjoy the cheapest possible winter in Florida while enriching insurance companies, pharmaceutical manufacturers and "health care providers" south of the border.

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Patient guide available

James Lunney[1] will be pleased to learn that at least one booklet about unconventional therapies is available for patients. *A Guide to Uncoventional Cancer Therapies* was produced by the Ontario Breast Cancer Information Exchange Project in 1996. Copies are available through R & R Book Bar, 14800 Yonge St., Aurora ON L4G 1N3; tel 905 727-3300; fax 905 727-2620. The cost of the book is $15 plus shipping and applicable taxes.

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"Yes" to exercise for breast cancer survivors

Donald McKenzie's article about dragon boat racing[1] confirms my experience over the past 30 years in caring for patients who have undergone mastectomy. The generally accepted wisdom is that the affected arm should not be used in a normal manner and certainly should not be used for exercise. This advice is based on the suspicion that exercise will cause lymphangitis or inflammatory lesions.

I have not found this to be the case. I advise patients to use the affected arm normally. However, I do suggest that the arm be protected from excessive ultraviolet radiation, insect bites and cat scratches. In addition, I caution against using the affected arm when blood samples are withdrawn for diagnostic purposes.

It's always tempting for the expert to say "no" to a patient, but I am usually able to say "yes" to inquiries about normal activity and exercises.

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