carefully selected targeted activities.

The CBCRI is pleased to stand by its record.

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Driving for safety on our roads

The questionnaire used by Shawn Marshall and Nathalie Gilbert to assess the knowledge of Saskatchewan physicians of risk factors related to medical fitness to drive[1] has 2 significant omissions.

First, it is well documented that patients with sleep disorders have more motor vehicle accidents than control groups. The prevalence of obstructive sleep apnea in the North American population is between 2% and 4% and increases with age.[2] The odds ratios for vehicular accidents have been reported as 1.5–4,[3] 2.99,[4] and 7.3.[5] Furthermore, the accident rate decreases significantly when patients are treated with nasal continuous positive air pressure (CPAP) therapy (from 0.8 to 0.15 per 100 000 km).[6]

Second, epilepsy should have been considered. There is certainly abundant information on this subject, including recommendations regarding fitness to drive.[7]

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[One of the authors responds:]

Medical fitness to drive can be affected by many impairments, both physical and psychological. We conducted our survey via written questionnaire and therefore there were limitations on the number and types of questions that could be asked. In fact, we did not directly address a number of important impairments in this survey, including epilepsy, dementia, traumatic brain injury and alcoholism, each of which is well known to affect driving.[1–11] Sleep apnea is also known to affect crash rates.[12–14] In particular, we did not include epilepsy, one of the most common reasons to report impairment regarding fitness to drive, because driving restrictions for epilepsy vary among Canadian provinces and American states and we felt that the respondents' answers may have been confounded because of these differences.[15]

We used multiple-choice questions in our survey, a format that has been shown to be the best for sampling a large body of knowledge.[16] We believe that our study reflects the knowledge and attitudes of the respondents.

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Moon over Surrey

Nancy Hotte's letter[1] concerning a new method for prostate examination confirms that the conventional digital rectal examination with the patient in the left lateral position involves an awkward contortion of arm and hand for right-handed physicians. A left-handed doctor probably has no difficulty with this position.

For several years I have been using a method in which the examiner remains seated and the patient stands, assuming the "moon" position. The patient faces away from the examiner and bends over to 90°, with his hands on a chair. Alternatively, the patient may stand flexed to 90°, with his chest on the examining couch. In this position both right- and left-handed physicians have ease of access to the prostate gland. I find that I can palpate further up the prostate when I examine in this manner. The posterior rectal wall is examined by changing the hand from the prone to the supine position. The examiner may wish to stand at this point.

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