ter financial opportunities are available in the private realm.

Thus far, Canadians have chosen the ethical principle of distributive justice over that of autonomy as the foundation of their health care system. It will take a great deal of dedication and persistence from medicare's supporters to keep this foundation from crumbling.

A meaningful and accurate understanding of waiting lists that is transparent to physicians, patients and politicians is one important step in helping maintain our commitment to a system that has served Canadians so well for so long.

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Competency of adolescents to make informed decisions

Christopher Doig and Ellen Burgess have carefully and accurately researched the rights of adolescents to accept or refuse life-sustaining treatment.[1] Pediatricians, family physicians, surgeons, nurses and paramedical staff caring for teenagers are aware of the necessity to respect the wishes of their patient, even if the patient makes decisions that are contrary to the wishes of his or her parents or the judgement of those responsible for his or her treatment.

The competency of children and adolescents to make informed decisions, if they understand the nature and consequence of that decision, has been examined by many professional bodies,[2-4] including the Canadian Paediatric Society,[5] the American Academy of Pediatrics and the Society for Adolescent Medicine.[6,7] There have also been court decisions in Canada, the United States and the United Kingdom, as cited by the authors, supporting this principle.

Where the minor's decision differs from that of parents or caregivers, ethical considerations demand compassionate counselling for decision-making but the wishes of the patient must never be overriden. I am appalled that the hospital's legal counsel ignored this minor's rights. Was he or she more concerned about the hospital's potential liability than about the child?

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β-Blockers as first-line therapy for hypertension

The 1999 Canadian recommendations for the management of hypertension[1] recommend against first-line β-blocker therapy for uncomplicated hypertension in the elderly and suggest that dihydropyridine calcium-channel blockers are preferable. β-Blockers had previously been recommended as alternative first-line agents.[2] The new recommendation is apparently based on results of the MRC,[3] STOP-Hypertension[4] and Syst-Eur[5] trials. We question whether the evidence truly supports this change.

In the MRC trial, a preplanned subgroup analysis suggested that β-blockers are ineffective. However, over 25% of subjects were lost to follow-up, a fig-

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