ure to discuss their medical condition with their physician. Since the newsletter article,[2] "Dear Healthcare Professional" letters, prepared in collaboration with Health Canada and the manufacturers, were issued for rofecoxib and celecoxib on Apr. 15 and May 13, 2002, respectively. Health Canada also released public advisories for these drugs in April and May 2002 (available at www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/advhp_e.html). Ongoing evaluations and expert consultations are being conducted by Health Canada, and any new safety information will be reflected in the product monographs of these drugs.

Ann Sztuke-Fournier
Marielle McMorran
Editors
Canadian Adverse Reaction Newsletter
Ottawa, Ont.

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Blood alcohol limit: the CMA is right on

I agree with the CMA's recommendation to lower the legal blood-alcohol concentration (BAC) for driving from 0.08% to 0.05% and with Henry Haddad's response.[1] It should be noted what currently occurs in forensic practice regarding the 0.08% limit.

Police do not routinely charge a drinking driver for an offense of over 0.08% unless one of the results of the evidential breath-alcohol instrument is 0.1%.[2] In field use, the evidential breath-alcohol instruments used by the police have been found to read approximately 12% lower than the actual BAC.[3] In addition, the Criminal Code allows for a 2-hour presumption, whereby it is presumed that no alcohol has been eliminated from the body during that period of time, even though the average rate of alcohol elimination found in drinking drivers is approximately 0.02% per hour.[4]

Taking these factors together, it is possible that a drinking driver who had a BAC of 0.152% at the time of an accident may not be charged with over 0.08% when an evidential breath alcohol test is conducted 2 hours later. For this and other reasons indicated by Haddad,[1] the CMA's recommendation of a lower BAC limit is well justified.

James G. Wigmore
Forensic Toxicologist
Centre of Forensic Sciences
Toronto, Ont.

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Quality of care in for-profit hospitals

What are the implications of allowing for-profit delivery of health care? Although I admire the courage of P.J. Devereaux and coauthors[1] in attempting a meta-analysis of this literature, as they noted there is enormous variability within each category. Not all hospitals are alike. In addition to the distinction the authors accurately make between private for-profit and private not-for-profit hospitals, the literature also suggests there are major differences between for-profit firms that are investor owned and those that operate as small businesses. Differences may also exist between organizations because of varying degrees of control by health professionals. Further compounding the difficulty in making comparisons, the for-profit hospitals included in the studies that Devereaux and coauthors reviewed tended to occupy niche markets, serving different target populations (and often performing different mixes of services) than did the not-for-profit organizations. Comparisons therefore often depend on what and how various factors are controlled for, making precise point estimates even more tenuous.

Regardless of the implications for costs (which are subject to similar apples-to-oranges difficulties), quality differences between for-profit and not-for-profit organizations appear to be less pronounced when clinicians are able to influence the care they give without direct pressure to balance their clinical judgement against shareholder returns.

Raisa B. Deber
Professor
Department of Health Policy, Management and Evaluation
University of Toronto
Toronto, Ont.

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[Ten of the authors respond:]

Raisa Deber states that "quality differences between for-profit and not-for-profit organizations appear to be less pronounced when clinicians are able to influence the care they give without direct pressures to balance their clinical judgement against shareholder returns." This may be the case. However, our systematic review demonstrated that private for-profit hospitals employed less highly skilled health professionals, and there is a demonstrable association between health professionals' skill level and patient mortality. Therefore, even if the private for-profit hospitals do not pressure their health professionals to balance their clinical judgement against the return to shareholders, the lower skill level provides one explanation for