were judged acceptable were not identical in the 2 reviews.

Perhaps the most important difference between the 2 reviews is in the interpretation of cumulative evidence for influenza vaccination in healthy people. The Cochrane reviewers concluded that the efficacy of inactivated influenza vaccines (the type of vaccine that is available in Canada) was 70% (95% confidence interval 56% to 80%) in healthy adults, but thought that this was insufficient evidence to support general vaccination.[4] The CTFPHC concluded that vaccination was a moderately effective intervention to reduce influenza in adults and children, without evidence of harm, and recommended it.[3] The clinical significance of a 70% reduction in influenza virus infection will likely be of variable importance to patients and their families, clinicians and other health care providers, and payers. The ultimate decision to offer influenza vaccination rests with those who must balance the broader issues of universal programs, such as the practicability of vaccinating large populations in a short period of time, public acceptance, vaccine procurement and the value of this intervention relative to other health prevention or treatment interventions.

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Earning our patients' trust

A recent editorial in the *CMAJ*[1] used notorious British family physician and serial murderer Harold Shipman as an example of how "professional malfeasance" wrought by physicians has eroded public confidence in physicians. While I could not agree more that public confidence and trust in physicians are the cornerstones of the physician–patient relationship, I challenge your assertion that "confidence in physicians is waning."

Physicians in Canada continue to be described as very trustworthy[2] in surveys designed to measure how much various professionals are trusted by the public. Being identified as one of the most trustworthy professions, along with nurses and pharmacists, is not an honour either bestowed or received lightly.

Canadian advocacy and regulatory bodies have reaffirmed the need for maintaining the highest possible ethical standards, physician competence and lifelong learning. Perhaps most importantly, a new era of openness and transparency has begun, with increased public representation on the governing councils of the colleges of physicians and surgeons and regular, publicly accessible reports on disciplinary actions and investigations.

The Shipman case represents a tragic episode in the history of medicine, and as physicians we all recoil at the horror and pain this individual

caused. However, raising the spectre of a mass murderer in relation to Canada's system of medical self regulation is inaccurate and unduly alarmist.

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1. Can physicians regulate themselves? [editorial]. *CMAJ* 2005;172(6):717.
2. Wright J. So, whom do we trust? Ipsos-Reid; Jan 22, 2003. Available: www.ipsos-reid.com.

DOI:10.1503/cmaj.050358

Gagner la confiance de nos patients

Dans un éditorial récent du *JAMC*[1], on utilise Harold Shipman, médecin de famille britannique et tueur en série notoire, comme exemple des «méfaits professionnels» causés par des médecins qui ont eu pour effet de miner la confiance du public envers la profession. Je ne saurais insister suffisamment moi-même sur le fait que la confiance de la population envers les médecins constitue la pierre angulaire de la relation médecin–patient, mais je conteste néanmoins votre affirmation selon laquelle la «confiance dans les médecins est à la baisse».

Les médecins du Canada sont toujours décrits comme étant très dignes de confiance[2] dans les sondages conçus pour mesurer la confiance que le public accorde à diverses professions. Être identifié à l'une des professions les plus dignes de confiance, en même temps que les infirmières et les pharmaciens, ce n'est pas un honneur que l'on accorde ou reçoit à la légère.

Les organismes canadiens de représentation et de réglementation ont affirmé qu'il faut maintenir les normes les plus rigoureuses possibles d'éthique, la compétence des médecins et l'acquisition continue du savoir. Le plus important, peut-être, c'est qu'une nouvelle ère d'ouverture et de transparence s'est ouverte avec la représentation accrue du public aux conseils de régie des collèges des médecins et chirurgiens et la publication de rapports périodiques, accessibles au public, sur les sanctions disciplinaires et les enquêtes.

L'affaire Shipman représente un épisode tragique de l'histoire de la médecine et comme médecins, l'horreur et la douleur causées par cette personne nous répugnent à tous. Évoquer le spectre de l'auteur d'une série de meurtres à l'égard du système d'autoréglementation de la médecine au Canada, c'est cependant à la fois erroné et indûment alarmiste.

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Letters submission process

CMAJ's enhanced eLetters feature is now the portal for all submissions to our letters column. To prepare an eLetter, visit www.cmaj.ca and click "Submit a response to this article" in the box near the top right-hand corner of any *eCMAJ* article. All eLetters will be considered for publication in the print journal.

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Corrections

In a recent News item,[1] the sentence "Studies have shown that patients initially lose between 35%–60% of baseline body weight and maintain weight reductions of approximately 16% after 8 years" should have read "Studies have shown … after 10 years."

Reference

1. Padwal RS, Lewanczuk RZ. Trends in bariatric surgery in Canada, 1993–2003. *CMAJ* 2005;172(6):735.

DOI:10.1503/cmaj.050360

The following DOI was mistakenly omitted from a recent item[1] in the Analysis section of the journal: DOI:10.1503/cmaj.050370.

Reference

1. Secko D. Targeting hard-to-treat cancers. *CMAJ* 2005;172(8):993.

DOI:10.1503/cmaj.050374

In a recent research paper,[1] the corresponding author's email address should have read jasoon@interchange.ubc.ca.

Reference

1. Soon JA, Levine M, Osmond BL, Ensom MHH, Fielding DW. Effects of making emergency contraception available without a physician's prescription: a population-based study. *CMAJ* 2005;172(7):878-83.

DOI:10.1503/cmaj.050384