Letters



Wait times in the real world

Wayne Kondro¹ quotes Glenda Yeates, of the Canadian Institute for Health Information, as saying "There is no average person or average wait." I would like to add to this by quoting Donald Berwick of the Institute for Healthcare Improvement who, in my view, has said it best: "Some is not a number; soon is not a time."

There is never going to be enough information. Even if, by chance, we do make it to the point where we have enough information, we will then be discussing the pros and the cons of the data collection. The rhetorical question remains: At what point do these exercises actually begin to translate into something meaningful at the patient level?

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REFERENCE

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DOI:10.1503/cmaj.1060107

ALPHA form: additional

resources

Further to our article describing use of the Antenatal Psychosocial Health Assessment (ALPHA) form, we wish to inform *CMAJ* readers about a Web site (http://dfcmrg.med.utoronto.ca/research /alpha/default.htm) that presents several related resources: (1) English and French translations of the form; (2) versions of the form for completion by both providers and patients; (3) guide to using the form in practice (a printed version of this document is also available through the Department of Family and Community Medicine, University of Toronto); and (4) links to other related sites.

On the basis of trials that have documented the utility the ALPHA form and the feasibility of its use, 1-3 as well as our own clinical experience, we suggest that the form provides an efficient method of checking this important area of concern in busy maternity practice. As we discovered in the trials, women are comfortable with the process, and providers have often uncovered important but unexpected psychosocial information. Conversely, no providers have reported problems related to "opening a can of worms" while using the form.

We believe that assessing psychosocial well-being is an essential component of good prenatal care, and the AL-PHA form is a useful tool for doing so.

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DOI:10.1503/cmaj.1060102

Views of medicine as a profession

The editorial on whether medicine is still a profession appears to emphasize

that the work ethic of our profession, which traditionally was maintained primarily by the "guardian moral syndrome" is now being breached on two fronts: "better education and empowerment of patients" and "commercialization of the medical knowledge base."

I am surprised that the editorialist failed to consider the role that government may have had in the erosion of the physician's moral work ethic. In Canada, the amount of work physicians can do in delivering patient care is not only regulated but also controlled by the provincial and federal governments. In addition, the drug benefit formulary regulates which drugs can be prescribed for any given disease. Finally, governments determine the number of practising physicians, both family practitioners and specialists, by having absolute control (through funding) on the numbers of medical students and postgraduate residency positions.

Having just retired after more than 50 years of practice, I feel that in spite of the many changes in our society, physicians by and large continue to be professionals, through their dedication to taking care of patients.

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REFERENCE

I. Is medicine still a profession? [editorial]. *CMAJ* 2006;174(6):743.

DOI:10.1503/cmaj.1060074

The editorial on the question of whether medicine is still a profession¹ is disingenuous. Does the author really believe that the "commercial moral syndrome" is the sole domain of "private companies"? If so, he or she has not had much contact with a university research laboratory and the frenzy of grant-writing at certain times of the year. Is academic gain and advancement somehow more laudable than commercial gain? Both have a profit motive, and both may or may not bene-