Confirming proper use of medication: more than one way

Dr Philip G. Winkelaar raises the issue of drug diversion by the father of a child being prescribed methylphenidate. He correctly advises that assessment of the child's condition is one method of confirming proper use of the medication. A more reliable method would be to randomly test the child's urine, with parental consent, for the presence of methylphenidate. Absence of the drug in the child's urine sample would confirm that the child was not taking it and would strongly suggest improper use. Parental refusal to consent to random urine testing might constitute a reason to discontinue prescribing methylphenidate.

Finally, a written agreement or drug contract made with the parents before initiation of methylphenidate could have established random urine testing as a condition of treatment.

—Philip B. Berger, MD, FCFP
Toronto, Ont
by e-mail

References

Education on abortion in medical schools appalling

I would like to comment on the excellent survey of knowledge and interest in medical abortion among family doctors and residents.

Only a quarter of residents reported getting education on therapeutic abortion while in medical school. This is appalling. In my experience, the University of Calgary in Alberta (otherwise an excellent medical school) fit into the 75% that neglected to teach anything about abortion. A letter to our then dean (with copies to the heads of obstetrics and gynecology, and the Gender and Equity Committee) regarding this deficit got no reply.

Along with inadequate medical education, the fact that mifepristone (RU-486) is unavailable in Canada is another obstacle to women’s health and choice. My reading about misoprostol and methotrexate tells me that, while it is usually effective, it is a labour-intensive treatment with injections, pills, and many ultrasound examinations and bloodwork.

While many therapeutic abortions are requested due to genuine contraceptive failure, many more are due to not using contraception and ending up with unwanted pregnancies. Education and access to birth control in Canada is inadequate. In my experience, this is particularly true in rural and aboriginal communities.

Publicly funded access to abortion services will always be necessary, but at 100,000 therapeutic abortions per year, we have missed the boat when it comes to primary prevention.

—Madeleine Cole, MD, CCFP
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Reference