



Understanding “beings” is the challenge

I enjoyed reading “Individualized medicine”¹ by Dr Judith Hall in the January issue of *Canadian Family Physician*. It is good, however, to remind readers that we are all “human beings.”

The discovery of the genetic map and the fact that we are all 99.9% similar has opened the door to understand the easiest part: the *human* part. The *being* part is the most difficult to explore. It needs a lot of talent, many years of experience, and sometimes an artistic look to understand a human being.

This challenge cannot be met with a 10-minute, genetic card, office-based test. Any progress in science should be combined with its practicality. Before asking readers to listen up and tune into a “genetic bazaar,” let us measure our expectations carefully. Medicine is a valuable heritage, and the transmission of our findings to the next generation must be done with extreme care.

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Reference

1. Hall JG. Individualized medicine. What the genetic revolution will bring to health care in the 21st century [editorial]. *Can Fam Physician* 2003;49:12-3 (Eng), 15-7 (Fr).

Who is that woman?

Who is the woman on the cover of the February 2003 issue of *Canadian Family Physician*? Is she a physician, glum at having to read so much and think so hard about whether to prescribe daily medication to a

group of patients for the rest of their lives? Is she a patient, sad to think that a large group of physicians believe that she might require “replacement” of hormones, which naturally are not present at her stage of life?

In 1994, Dr Lorie Smith and I organized the first multidisciplinary continuing medical education course about menopause in North America (as far as we know ours was the first; such courses later became commonplace). Our working title for the project was “Choices for Women in Their Sixth Decade.” We were told that it was the most heavily attended CME course at the University of British Columbia in 1994. The course was repeated for several years afterward.

We invited endocrinologists, a psychiatrist, a cardiologist, a radiologist, gynecologists, a breast surgeon, a urologist, and an alternative medicine

specialist. In formal debate style, representatives of two subspecialties considered the question: hormone therapy prevents heart disease, yes or no? Many of our presenters had never been asked to speak specifically about menopausal women before. When we invited them to speak, some were nonplussed at first, but all came up with thought-provoking, evidence-based talks and participated in enthusiastic discussions with each other and the audience. The overall conclusion was: clinicians must inform their patients well, so that together prescriber and patient can make intelligent decisions about health care in a woman's sixth decade.

One comment during the debate stood out in my mind. The psychiatrist spoke of an article that compared mood assessments among age cohorts and found that fewer women in their sixth decade reported depression than women in any other decade of life. It is not accidental that women in postmenopausal hormone therapy advertisements look happy. Is it significant that the woman on the cover of the February issue does not?

The term hormone replacement therapy conveys the idea that our 50-year-old female patients require exogenous hormones, although medical evidence suggests that such therapy is rarely needed and might be dangerous. How much of the impetus for prescribing hormones to postmenopausal women comes from social prejudice fueled by drug company pressures? How much of our attitude to this kind of treatment comes from subliminal messages, such as erroneous names for drug regimens and pictures of older women looking unhappy when automatic prescribing of drugs is called into question? Administering exogenous hormones to postmenopausal women

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