Response

Thanks to Drs Jayabarathan and Batty for their comments. I understand their desire to press on for male vaccination against human papillomavirus (HPV); their arguments invoke the terrible conditions that HPV can inflict on men.

The reality is that, at present, the emphases of research protocols have been on the prevention of cervical intraepithelial neoplasia and cervical cancer. But there are ongoing studies in males and older women, and the results should be out soon.

Instead of passionate discussions about who should receive the vaccine, and when and why, we should formulate a long-term plan to combat HPV and the diseases it might inflict on its bearers, based on available data. My suggestion is a 25-year arrangement, divided into 4 areas:

Education of the general public. Examples of important topics include sex education at schools, steps to minimize the risk of acquiring the virus and other sexually transmitted diseases, and the beneficial effects of the vaccine as well as local availability.

Widespread vaccination. Commence the vaccination program without delay, based on available data in girls and women aged 9 to 26. Target the HPV-naïve population—mostly 11- and 12-year-old girls—for whom the vaccine is most effective. Add other target groups as new data become available.

Continue with research. Important missing data include the long-term effects of the vaccine and the effects of administering the vaccine in older women and men.

Improve detection of all cancers caused by HPV. Maintain the Papanicolaou smear screening program, which has been so successful in the detection and early treatment of cervical cancer and its precursors. At the same time, start a drive to improve the recruitment of women who avoid Pap smears, such as immigrant and aboriginal women. Formulate a plan for early detection of anal cancer and other diseases caused by HPV in men.

I hope that at the end of the 25 years HPV and its diseases will be at least contained, if not defeated.

—Roberto Leon MD FRCSC FRCOG FCOG(SA)
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by Rapid Responses

Integrating integrative medicine

I appreciate the positive and upbeat note of the article by Willms and St Pierre-Hansen about integrative medicine.[1] We need to promote this agenda vigorously in the undergraduate medical school curriculum.

After graduating in 1977 (and receiving Certification from the College in 1979), I quickly came to realize that medical school, as taught primarily by the "hospitalists," prepared me for the 10% of the population that they diagnosed and treated. I honour and respect their integrity and the passion with which they sought to define "single-cell medicine" and "microsurgery." I was totally unprepared, however, for the complaints of the 90% of people that they didn't see, the "walking wounded" and the "worried well."

The commentary articulated very clearly the dichotomy between what medicine purports to be and what it has become. We should be the listeners, the supporters, the guiders (when necessary), and the providers of care when we know that the benefit outweighs the risk.

How can we integrate all this into an already-stuffed curriculum? I don't have an answer. Once, when asked how many years of schooling I had, it took me a while to count out that I had 24 years of academic education, not including continuing medical education. The questioner put down his pen, looked at me, and laughed. I'd spent over half my lifetime learning and still hadn't got it right! He'd left school after Grade 10, was older than me, had a house, grandchildren, and a pension plan.

We can't learn it all, and I agree that what we have learned in medical school is a bit skewed—cock-eyed if you will. "We've got to get ourselves back to the garden," in the words of Joni Mitchell. I hope that the integration of complementary and alternative medicine and integrative medicine into our mainline thinking will help us along the way.

—John Kent MD CCFP FCFP
Bar Yochai, Israel
by Rapid Responses

Reference

1. Willms L, St Pierre-Hansen N. Blending in. Is integrative medicine the future of family medicine? *Can Fam Physician* 2008;54:1085-7 (Eng), 1093-5 (Fr).

Full disclosure

I note that the article on acute otitis media in children with tympanostomy tubes[1] lists as a competing interest the fact that the article was "funded by RT Communications Inc," with no further explanation. While I commend the authors for disclosing this fact, I would suggest that this disclosure is entirely inadequate to permit readers to evaluate the potential biases and conflicts of the authors, which is ultimately the whole point of including the disclosure section. While the article appears to be entirely objective and evidence-based, the credibility of its conclusions rests on the credibility of the study's authors, who made the selection of the articles reviewed. And here we have no information to guide us. There is no statement attesting to the author's connections, or lack of the same, with the pharmaceutical companies manufacturing the products in question. On the contrary, the reference to the funding arrangement leaves the strong