

No vast numbers of untreated women

Oh dear. Another article from academic medicine¹ telling us how badly we are doing. Are the authors really telling us that an asymptomatic woman in her late 80s with a casual blood pressure of 160/60 mm Hg has to reduce her systolic blood pressure to 140 mm Hg?

Why is there no mention of adverse effects or the number needed to treat to prevent 1 stroke? Why are specific drugs mentioned? Do the authors have conflicts of interests with companies making these drugs? Retrain every 6 months to take a blood pressure? Take blood pressures at every visit? Have a nonphysician take the measurements? Does anyone in the present climate have resources to divert staff for this?

I have 6 centenarian women in my small practice of 800 patients, most of whom I have looked after for decades. My municipality has the oldest cohort of people in the country. More than 60% of my patients older than 65 are taking antihypertensive drugs. There are not vast numbers of untreated patients out there.

Most older ladies die of dementia or a neurodegenerative disorder whose relationship to hypertension is unclear. A substantial number die of complications of falls, which are more often than not complications of drug therapy.

—Peter Loveridge MBBS DMRD FRRMS
Glenwood, NS

Competing interests
None declared

Reference

1. Gelfer M, Bell A, Petrella R, Campbell NRC, Cloutier L, Lindsay P, et al. Take urgent action diagnosing, treating, and controlling hypertension in older women. *Can Fam Physician* 2020;66:726-31.

Can Fam Physician 2020;66:879. DOI: 10.46747/cfp.6612879

MAID is a Rigorous process

I am deeply offended by Dr Ladouceur's suggestion that medical assistance in dying allows us to dispose of life.¹

As someone who has experienced a loved one hang himself years ago to end his terrible, terminal suffering (his wife found him), and more recently a loved one (Dr Jay Keystone) who chose medical assistance in dying to end his terrible, terminal suffering surrounded by his family, I cannot imagine that either chose to dispose of their lives.

Dr Ladouceur is frightened by how simple it is to die. It is not simple. It is a rigorous process that leads to a peaceful and dignified death. It is also very courageous. I look forward to the courts extending the criteria for people who choose to die with dignity.

—Donna Keystone MD CCFP FCFP
Toronto, Ont

Competing interests

None declared

Reference

1. Ladouceur R. Medical assistance in dying. *Can Fam Physician* 2020;66:709 (Eng), 710 (Fr).

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Thankful to have a choice

In response to Dr Ladouceur's editorial,¹ in my practice I do not have the opportunity—the privilege—of being with patients who have the ability to choose the time and mode of their own death. In my practice, death would be terrifying, unexpected, and without family members. I would not wish it on anyone, and I am thankful that I and my family members finally have—with informed consent—options about our deaths that we already have about our lives. No physician is forced to provide medical assistance in dying unwillingly, but no physician is allowed to prevent a patient from accessing that which is their right. And so it should be. Philosophizing about the nature and meaning of death and suffering is important, but I will not impose the result of my personal philosophical musings on others. I would not even impose it on a suffering pet.

—Sowmya S. Dakshinamurti MD
Winnipeg, Man

Competing interests

None declared

Reference

1. Ladouceur R. Medical assistance in dying. *Can Fam Physician* 2020;66:709 (Eng), 710 (Fr).

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Recognizing white privilege

I was struggling with expressing what “white privilege” and “systemic racism” mean to my neighbours and community members only to open the October issue of *Canadian Family Physician* and follow the thread back to Dr Dhara.¹ I identify as a white heterosexual cis female. My contribution to this discussion is as follows*:

It was embarrassing to watch the RCMP commissioner stumble over the presence of systemic racism but, sad as it might be, she might have the questionable benefit of innocence. While she recognized the presence of racism in the police force, like many white people, she has had no idea what systemic racism was.

Indeed, we are taught to see racism in individual or group acts of violence against persons or people of colour. When pressed, we might find a policy or principle that subtly discriminates (eg, facial recognition software). This narrowness allows us to ignore the implications of membership in the dominant white race, an automatic privilege that our skin colour bestows upon us.

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