Dr. Kenneth G. Marshall quotes R.M. Veatch, neither Marshall nor Dr. Edward Etchells and colleagues ("Bioethics for clinicians: 2. Disclosure," *Can Med Assoc J* 1996;155: 387-91), writing in the same issue, refer to the seminal article by Veatch (and subsequent letters).[1] Veatch questions whether physicians can obtain fully informed consent. Can physicians know what their patients want? Can patients understand medical procedures without becoming physicians overnight? I think the views expressed by Veatch should be given to all students, residents and physicians as mandatory reading.

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Reference

1. Veatch RM. Abandoning informed consent [see comment]. *Hastings Cent Rep* 1995;Mar–Apr: 5-12. Comment in: *Hastings Cent Rep* 1996; Jan–Feb:2-4.

Picking up the tab for rehabilitation care

Dr. Murray Waldman makes an important point about the increase in outpatient rehabilitation costs in his article "Conflict of interest, physicians and physiotherapy" (*Can Med Assoc J* 1996;154:1737-9).

To make a valid comparison between outpatient costs of rehabilitation, as covered by insurance companies, and inpatient length of stay and costs, it would be helpful to know further details.

In my experience, reducing inpatient stays for patients with fractured hips and for those undergoing total joint replacements has resulted in a direct increase in outpatient costs, as patient care is transferred from one setting to another. Hence, the quality of care does not change, but the nature of the care provided does. This obviously results in cost savings to the system.

People I know but have not treated who have undergone a total hip replacement in Toronto, not necessarily at Waldman's facility, have told me that their convalescent care was provided in nursing homes, to decrease their length of stay in hospital. I would be interested in knowing whether, in Waldman's experience, the use of nursing homes for these patients was an isolated case or a common practice.

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Those DARN acronyms

I empathize completely with Dr. Roy M. Humble ("MD boggled by acronyms in *CMAJ*," *Can Med Assoc J* 1996;155:274). In addition to his new acronym, TPOGM, which stands for the practice of good medicine, may I propose a further acronym: DAMN for don't abbreviate more than necessary? Or, better yet, its euphemism DARN for don't abbreviate unless really necessary?

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Harm-reduction strategies weapon of choice in BC's battle with drug addiction [correction]

Because of an editing error, this article by Heather Kent (*Can Med Assoc J* 1996;155:571-3) stated incorrectly that drug addiction costs British Columbia taxpayers $1.5 billion a year in social-service costs. The correct estimate is $500 million. We apologize for this error. — Ed.

Continuing the tradition [correction]

In this editor's page (*Can Med Assoc J* 1996;155:855) the e-mail address given for John Hoey was incorrect. Readers wishing to send comments and suggestions to him by e-mail can address them to hoeyj@cma.ca. We apologize for this error. — Ed.

Maintenir la tradition [correction]

Nous avons donné dans cette page du rédacteur en chef (*Can Med Assoc J* 1996;155:855) la mauvaise adresse électronique. Les lecteurs et lectrices qui souhaitent faire parvenir électroniquement leurs commentaires et suggestions à John Hoey voudront bien noter l'adresse suivante : hoeyj@cma.ca. Nous sommes désolés de cette erreur. — Réd.