

discretion when following those guidelines and on his or her own when not doing so.

Second, Scamvougeras asks whether it could be allowed that the concept of essential hypertension as a quantitative disease may serve as a useful heuristic model for conditions that are harder to conceptualize. No. A logically impossible notion, be it a self-contradiction or — as in this case — a category error, cannot serve as a useful model for anything.

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Reference

1. *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed, rev, Am Psychiatr Assoc, Washington, 1987

La sécurité des aliments

La version française de *What Everyone Should Know About Food Safety*, brochure qui accompagnait la livraison du 15 juill. 1991 du *JAMC*, s'intitule *C'est quoi, la sécurité des aliments*. Cette brochure porte sur les préoccupations que de nombreux consommateurs ont au sujet des aliments. On les informe de ce que font les gouvernements et l'industrie agricole à ce sujet, et de ce qu'ils peuvent faire pour assurer la sécurité de leurs aliments.

L'Institut des agronomes de l'Ontario a publié cette brochure dans le but de fournir au public des renseignements exacts et une source d'information sur laquelle il peut compter. Comme les consommateurs s'adressent souvent aux praticiens de la santé pour obtenir des conseils sur la sécurité des aliments, on espère que la brochure aidera les praticiens à répondre aux questions de leurs patients.

Il y a eu un problème d'im-

pression avec certains exemplaires anglais de la brochure. Si vous avez reçu un exemplaire imparfait ou si vous voulez commander des exemplaires en français ou en anglais, veuillez communiquer avec l'Institut des agronomes de l'Ontario, à l'adresse ci-dessous.

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Walk-in clinics: implications for family practice

In his rebuttal letter to Dr. Eric Fonberg (*Can Med Assoc J* 1990; 144: 631-632) Dr. John Rizos states that medical care for the patients of walk-in clinics alleviates the load on the emergency department and is more cost efficient.

Although it may be true that clinics do siphon off patients from emergency departments and thereby alleviate the load it is unclear whether this is always a good thing — aside from the emotional satisfaction it may give to patients. On the other hand, I would be very interested in seeing proof that these clinics are, in fact, more cost efficient to the overall health care system.

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[The author responds:]

Dr. Ockenden poses a very important question. Unfortunately the overall implications (including net costs) to the health care system of walk-in clinics cannot be accurately assessed at this time and must await further studies. However, in neither the article (*Can Med Assoc*

J 1990; 143: 740-745) nor the letter did I make any assertions regarding overall costs. My claim was that the group of patients attending walk-in clinics who would otherwise have gone to the emergency department for care are treated more cost efficiently in a walk-in clinic.

To formally validate this claim I approached several officials at the offices of the Ontario Health Insurance Plan (OHIP) for an average cost per patient visit (exclusive of the physician's fee) in various Ontario emergency departments. After numerous calls and much frustration I was referred back to the financial departments of our local hospitals.

The hospital charge to an uninsured Canadian resident for any emergency department treatment in both of the Kitchener-Waterloo hospitals is \$56 (x-ray fees are an additional charge). If the patient is not a Canadian resident the fee is \$138. These figures vary according to the hospitals' location.

The manager of financial operations at one of the hospitals felt that \$56 would barely cover the hospital's costs to service a nonurgent visit to the emergency department (e.g., for an upper respiratory tract infection). The physician's OHIP fee depends on when the visit was made and the complexity of the case. The lowest fee is for a minor (one-system) assessment made during the daytime hours of a weekday and is \$12.60. Therefore, the minimal cost to OHIP of a nonurgent visit to an emergency department is \$68.60. As a number of nonurgent visits are multiple assessments (for which the fee is \$25.20 during a weekday) or involve minor surgical procedures this figure is an underestimate.

In our study 24% of the patients said that they would have sought care in the emergency department had the walk-in clinic been closed. Furthermore, less