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Shortage of psychiatrists plaguing Northern Ontario

In the recent article by Cameron Johnston (*Can Med Assoc J* 1992; 146: 1625-1626) I was incorrectly quoted as saying that I had been sending as many as 100 adolescent patients yearly to the United States. Although something like that number may have been referred from northwestern Ontario for the treatment of mental health problems and substance abuse I would only have been responsible for a small fraction of that number.

Incidentally, the large number of adolescents being sent from northwestern Ontario reflects not so much a shortage of psychiatric manpower as the continued lack of adolescent assessment and inpatient treatment programs in our area of the province and the small, substandard residential treatment program for chemically dependent adolescents. These deficiencies represent the combined failures of the Ministry of Health and the Ministry of Community and Social Services to work cooperatively in establishing a resource that is, year after year, identified as a high-priority need for our area.

I have recently toured two of the US centres that have received most of the referrals from our area. One of the programs offered is of particularly high quality, probably stronger in many aspects than any comparable Ontario program. I was impressed with the

substantial involvement of psychiatrists in the assessment and treatment of youngsters with problems of substance abuse and in the legislative process. The legislation is quite realistic when it comes to the treatment of adolescents; specifically, in Minnesota an adolescent can be held in a locked ward and must serve a formal "notice to leave," which gives the staff time (12 hours in the case of mental health problems and 72 hours in the case of substance abuse) to persuade the adolescent that it is in his or her best interests to continue in treatment.

I have never been a big fan of "cross-border shopping" to get the mental health needs of our own children and adolescents properly met. However, we in northwestern Ontario wonder how much longer our residents need to wait before the government recognizes that failure to provide such resources risks lives today and serves only to generate costs down the road (for our welfare system, children's aid societies, corrections services and adult psychiatric facilities).

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A licence to smoke?

I have been giving a lecture to various audiences entitled "Failure of the medical model to prevent chronic obstructive pulmonary disease." This lecture could equally well be entitled "Failure of the medical model to prevent all smoking-related diseases." What is interesting is the apathy of the medical audiences who have heard this lecture and their apparent lack of interest in a nonmedical approach to the problem.

I think that it will be several generations before we can develop an approach to the elimination of smoking-related disease. This is probably a bad thing, since it appears that we are not going to be able to afford to treat these diseases with such ample resources as we have become accustomed to.

My proposal is to control access to tobacco for current non-smokers. License the current smokers, let them buy until they die, and don't replace them with new addicts. Granted, there will be all kinds of objections to such a proposal, but if society is really serious about eliminating smoking-related disease the government will some day have to face the issue of tobacco accessibility to current nonsmokers.

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Confidentiality of medical billing

The public might be listening to the uproar in the medical profession, particularly in the Ontario Medical Association (OMA), about the Martel-Donahue affair (see the News-brief "OMA president calls for cabinet minister's resignation after confidentiality uproar" [*Can Med Assoc J* 1992; 146: 1784]); they might start questioning the reason for the confidentiality of billing information. Others who spend public money are subject to public scrutiny. Why not physicians?

Provided that patient identity is protected we should be willing to throw the books open to anyone who wishes to look. We have nothing to hide, have we?

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