PRESCRIBING FOR THE ELDERLY IN NB

Davidson and colleagues present an alarming view of family-physician prescribing for the elderly in New Brunswick ("Physician characteristics and prescribing for elderly people in New Brunswick: relation to patient outcomes," *Can Med Assoc J* 1995; 152: 1227–1234), one that only too readily reinforces an unfortunate public image that physicians are more concerned with practice volume and income than with quality of care.

Do the authors have any explanation for their finding that general practitioners whose patients had high hip-fracture rates did not differ from their peers in their prescribing of barbiturates and benzodiazepines? One would expect more hip fractures in patients whose doctors prescribed sedating drugs liberally.

Could the authors tell how closely new prescriptions matched office visits? Physicians do not always assiduously record telephone prescriptions, either new prescriptions or renewals. Large numbers of telephone prescriptions, which are not unusual in high-volume practices, may point to a group of physicians whose patients are particularly susceptible to the problems of "polypharmacy."

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[The authors respond:]

We are not saying that all physicians are more concerned with practice volume and income than with quality of care, but we believe that some are.

Although benzodiazepines have been implicated in hip fractures in elderly people, our data did not bear this out. We have no explanation for this finding.

Dr. McSherry's final point is an excellent one. We did not match office visits with prescriptions. Telephone prescribing may represent a special problem for elderly patients because it is even less likely that a careful history has been taken before a prescription is made by telephone than before one is written in the office. We do not know the actual number of telephone prescriptions in our data, but telephone prescribing likely has an important effect on our outcomes.

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MEDICAL STUDENTS' CAREER CHOICE PREMATURE

In "Generation X arrives at medical school to find changing expectations, growing pressures" (*Can Med Assoc J* 1995; 152: 239–241), Michael OReilly describes Robert McMurtry, dean of medicine at the University of Western Ontario, as believing that it is a good thing for medical students to select their career paths by early in the third year of undergraduate training.

When I graduated from the University of Western Ontario in 1949, I chose to intern at Victoria Hospital in my home town of London because my father was dying of amyotrophic lateral sclerosis. What to do afterward was still a question, although I had finished my undergraduate training and was in the first year of internship.

Although I took the natural course of discussing my future with faculty members, my decision was hastened by a visit from the chief surgical resident late one Friday evening while I was working in the public surgical ward.

"Don, the chief [of surgery], wants to see you."

The chief's approach was typically direct. "I have watched you and would like to offer to train you in surgery."

I asked if I could think this over for the weekend, after which I accepted the offer. If I had had to make my choice in the third year of medical school, I would not have had the variety of experience in the rotating internship, and the chief of surgery would have had little or no opportunity to see me in action.

Mandatory premature choice of career can seriously misdirect medical students and hinder the choices of chiefs of residency programs. As well, I understand that once one has begun a program, one cannot change direction. The good old days were not all bad!

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PROSTATE CANCER: DETECTION AND PATIENT INVOLVEMENT IN TREATMENT

I admire Ron Evason's initiative, stamina and courage in the face of stage C carcinoma of the prostate ("I am 60 and I have cancer," *Can Med Assoc J* 1995; 152: 84–86). However, despite my compassion for his situation, there is no good evidence to support his statement that a digital rectal examination for the detection of prostate cancer "could save your life." Although such an examination could result in earlier detection of prostate cancer, this would not nec-