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Children's hospitals: still relevant

The article "Are children's hospitals an idea whose time has come and gone?" (*Can Med Assoc J* 1993; 148: 1774-1776, 1778), by Dr. Peter P. Morgan and Lynne Cohen, illustrates that interesting and regrettable Canadian trait: lusting for the bronze.

When one considers which Canadian hospital is best known internationally for excellence, the Hospital for Sick Children, Toronto, has few rivals. The concentration of like-minded clinicians and researchers who provide excellent service and research has resulted in world-class research and clinical expertise. Is excellence important to the Canadian health care system? I think so. Would such excellence have occurred had pediatric care in Toronto been spread

across seven or eight general hospitals with a primary focus on the care of adults? I think not.

The article suggests that general hospitals provide good but not great care, especially tertiary care, for children and that critically ill children receive better care in a children's hospital. I concur. The changing demographics of children admitted to children's hospitals means that these institutions have large ambulatory care clinics that manage many illnesses, which previously required care on an outpatient basis, while inpatient beds are reserved for small, fragile and critically ill children. These children usually require the ongoing care of pediatric subspecialists and other consultants such as surgeons, who see both adults and children. Would these children receive optimal care in a general hospital? Regrettably, for many, I think not.

The authors suggest, with reason, that there are insufficient numbers of children in catchment areas not currently served by children's hospitals to justify new facilities. Do we need the ones we have? Absolutely. Children have no money. Children don't vote. When politicians and planners weigh the needs of children against those of adults, children are usually given the short end of the stick. The problem with providing highly specialized care for children in a general hospital is that the needs of the many (most patients being adults) will outweigh the needs of the few, especially in times of resource constraint.

When resources are scarce it is the small and weak who suffer. The health care system has been guilty of many prejudices that have harmed, injured or killed children. However, the Canadian public remains very supportive of children's hospitals, perhaps because it expects excel-

lence in the care of its children, who, they feel, represent the future. Maybe the public has something there.

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I take exception to the suggestion that children's hospitals are passé and too expensive. Children's hospitals located in a populated area can and have contributed significantly to child health care.

The contemporary pediatric hospital provides a full array of medical and surgical subspecialists. The nursing staff and physicians are trained to treat children with complex medical or acute life-threatening conditions. Most patients live in the city in which the hospital is located, but some are transferred from remote regions and other provinces depending on the problem. It is highly unlikely that such a facility could be established in "a ward of a general hospital."

A general hospital functions to serve adults, who account for most of its patients. Laboratory techniques and radiologic services are oriented to the older patient, as are the nursing and medical staff. Consequently the budget of the typical general hospital supports adult intensive care units, surgical procedures such as coronary artery bypass surgery that are peculiar to the adult and programs directed to the geriatric patient. In some general hospitals with 10 or fewer pediatric beds, children are placed on a ward and sometimes in the same room as adult patients with surgical and chronic medical conditions. Pediatric patients may share space in an emergency room with an alcoholic or abusive adult.

Former public health nurse, Ot-

tawa mayor and member of Parliament Marion Dewar states that "children feel comfortable at home and homes aren't built just for children, so why should hospitals be?" I submit that homes are built for family units, and the child is among adults he or she knows well. In the general hospital a sick child may be surrounded by adults who are strangers. Many children's hospitals have been creative proponents of family-centred care and "care by parent" in recognition of the special needs of the child. Is Dewar's advice what we would want for our own children or pediatric patients? Can children recover in such a setting?

For several years I was head of the Department of Pediatrics at Foothills Provincial General Hospital, Calgary. That institution has justifiably developed a reputation as an outstanding teaching hospital. Despite its commitment to excellence in the care of all patients there were subtle signs that pediatric patients were not the top priority. For example, it was not uncommon for infants and children to be placed at the bottom of the daily list for surgery. Ultimately, the hospital elected to transfer its pediatric program to the newly developed Alberta Children's Provincial General Hospital, established to provide acute medical and psychosocial services. I earnestly believe that children and their families fared better in the children's hospital.

Children's hospitals have contributed immensely to the development of new knowledge directly applicable to child health. These new advances are more likely to surface in children's hospitals, with their child-oriented physicians and scientists. A few noteworthy examples of Canadian scientific contributions include the revolutionary operation for congenitally dislocated hips, developed by Dr. Robert Salter, and the operation to correct the transposition of the great vessels, devised by the late Dr. William Mustard, at the Hospital for Sick Children. Dr. Charles Scriver, of the Montreal Children's Hospital, has

significantly contributed to the understanding of genetic diseases in children, and the late Dr. Bruce Chown and Dr. John Bowman, at the Children's Hospital of Winnipeg, developed the treatment for rhesus factor incompatibility, the often fatal hemolytic disease of the newborn. More recently, Dr. Lap-Chee Tsui and his colleagues, at the Hospital for Sick Children, have set the stage for curing cystic fibrosis.

Thus, it is the unique services that a children's hospital brings to its patients and the development of new techniques and cures that more than justify its existence. Although fundraising to support these activities is critical, surely the ability to attract donations is not the overriding reason for such a hospital, as Robert Evans and Stephen Birch state.

Not every city can justify having a children's hospital. As the article notes, the population of the catchment area and the time required to transport a sick child to a larger centre with a children's hospital must be considered. Furthermore, not every child belongs in a children's hospital. Many children with less severe illnesses are well served in a general hospital that is cognizant of a child's unique developmental and social needs. Greater numbers of children can now successfully be managed with outpatient services or brief stays in hospital. It is true that children's hospitals are more expensive than their adult counterparts. Thus, increased emphasis should be placed on the rationalization and sharing of services with adult hospitals and other facilities. At the same time, we must not lose sight of the marvellous contribution that children's hospitals have made and will continue to make for the children of Canada.

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The article by Dr. Morgan and Lynne Cohen provides anecdotal opinions about whether children's hospitals are necessary and suggests that the buildings exist for fund-raising purposes. Children's hospitals exist in many countries that do not raise funds for health care facilities.

Of "Canada's 10 existing children's hospitals [that] should be amalgamated with other facilities," 2 are; another hospital has been working toward a single-site plan to amalgamate 4 hospitals, and another has just undergone a government-directed site review that ruled out a merger of the children's hospital with a general hospital.

Marion Dewar says that the justification for a children's hospital in Ottawa was originally challenged because ill children could be evacuated elsewhere by air in 1 hour. She then complains that, today, the drive for parents past three other hospitals to the Children's Hospital of Eastern Ontario (CHEO), Ottawa, "can be really inconvenient." Most people choose the "inconvenience" of driving to children's hospitals because their experience at such hospitals is superior.

Dewar also deduces that there is no need for hospitals to consider children's orientation because "children feel comfortable at home and homes aren't built just for children." Children are not merely small adults. The care they require should always take into account their state of development and their unique physical and psychologic needs. Further, preventable injuries are the number-one cause of death in Canada for children and youth aged 1 to 18 years. Creating safe environments in our homes and communities would improve children's health considerably.

Unfortunately the article focused on health care as a function of the building rather than of the child. Many pediatric health care professionals will treat a child anywhere provided the child's needs are met. However, our society does not always consider children as citizens of equal importance and status as