

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.

Robert H.A. Haslam, MD, FRCPC

Professor and chairman
Department of Pediatrics
University of Toronto
Pediatrician-in-chief
Hospital for Sick Children
President, Canadian Paediatric Society
Toronto, Ont.

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

adults. Once society's view of children changes, more options can be considered.

Finally, for Morgan and Cohen to conclude that general hospitals need to learn to harness some of the appeal that comes naturally to children's hospitals undermines what children's hospitals do and discounts the fact that appeal comes naturally to children, not hospitals.

Diane C. Barei
Executive director
Canadian Association of Paediatric
Hospitals
Ottawa, Ont.

I am profoundly disturbed by the article by Dr. Morgan and Lynne Cohen, who seemed prepared to sound the death knell of children's hospitals. This ill-conceived, badly constructed and largely anecdotal presentation is to be deprecated.

All parties would agree that it is unnecessary, expensive and inefficient to have freestanding children's hospitals in small- to medium-sized communities. However, a comprehensive pediatric facility in a larger, metropolitan centre is, in my opinion and experience, essential. Children are not small adults and do not receive optimal care in adult institutions. Pediatric illness, pathology, investigation and treatment are, for the most part, completely different from their adult counterparts.

Like CHEO, British Columbia's Children's Hospital, in Vancouver, is, practically speaking, "the only show in town." None the less, it has developed into and widely held to be a centre of excellence. In the overwhelming number of parents' opinions, access to this hospital completely negates any inconvenience in travelling to it. Indeed, there is an increasing insistence — nay, demand — that children be treated "in the children's hospital." In British Columbia it is the stated wish of politicians and some administrators that there be "repatriation" and a "closer-to-home" policy that allows and in fact forces children in surrounding areas to remain in these

sites for treatment. This makes the tacit assumption that the facilities and standards in these communities are equal to those in a comprehensive children's hospital. I question this assumption, as do many parents of children I see.

Morgan and Cohen quote the late Dr. Lionel McLeod, of University Hospital, Vancouver, who "grudgingly" admitted that ill children get better support in a children's hospital." With great respect to McLeod, I do not agree with his statement that the need for such care was the result of administrative mismanagement. It is my feeling that in any walk of life a person who performs a function and task exclusively and continually, like a physician in a children's hospital, is likely to provide a better service and have a higher degree of skill and commitment than one who might perform the same duties part-time.

Some of the sources quoted in the article infer that children's hospitals are built to attract pediatric specialists and public donations. This is arrant and arrogant nonsense. Rather, it is perceived that when such a centre exists the standard of care and reputation does indeed encourage ongoing improvement, and, speaking personally, donations are usually made on a basis of the donor's best assessment of where his or her contribution would do the most good. Certainly, children's hospitals do attract numerous generous donations — and so they should, because the public and the parents of children feel that they deserve their fullest support. Setting aside the opinions of the politicians and some of the money managers, I suspect that the medical profession feels the same.

Graham C. Fraser, MD, FRCSC
Head
Division of Pediatric Surgery
Clinical professor of surgery
British Columbia's Children's Hospital
University of British Columbia
Vancouver, BC

CMAJ appropriately questioned the

need for children's hospitals in the modern Canadian health care system. Regrettably, the opinions expressed lack substance and insight.

Children's hospitals have arisen across North America and elsewhere in the developed world in an attempt to assure high-quality care for ill children. The creation of these separate hospitals was a tangible manifestation of the concern for young people by professionals and communities. In general, children's hospitals have earned respect because they deliver the goods.

Some new health care issues and priorities require interventions extending well beyond the walls of a conventional hospital (e.g., the appalling incidence of child abuse and suicide in our communities); others lie at the interface between pediatric and adult care (e.g., the care of the high-risk fetus). Children's hospitals have been strong advocates for pushing these issues to the top of our health care agenda.

The current (overdue) attention given to preventive strategies and facilities that permit ill patients to remain out of hospital does not diminish the continuing essential role for inpatient facilities. New approaches must evolve, but we must maintain the capacity to deal with children who have illnesses such as cancer and congenital defects requiring hospital care of increased intensity and complexity. The crushing cost of modern technology alone demands that we examine new ways to align children's hospital facilities with other segments of the hospital sector. Because they are small, because they are immature physically, emotionally and intellectually and because they are so dependent children require special hospital facilities and resources, both physical and human.

Marion Dewar is out of touch with the plight of children in contemporary society, in which poverty, violence and broken homes threaten so many young people. To a degree, public education and social services have abandoned our children over