Chauvinism in the medico-political arena

At the recent CMA annual meeting, in Vancouver, I became concerned about the attitude of some of my colleagues.

For example, when the revised code of ethics was being discussed in General Council a delegate stated that he could not understand why it was necessary to render the code "genderless" and that "he" and "his" did not denominate gender. Yet any dictionary of the English language explicitly defines these words in terms of the male sex.

During the scientific session a colleague, in addressing the panel of speakers, referred to one of the guest speakers, a lawyer, as the "little lady". The other speakers were referred to by name and with due respect for their expertise.

Near the end of General Council a resolution that had been withdrawn was erroneously flashed on the overhead screen. It read "that the CMA reconsider its affiliation with the Federation of Medical Women" and was proposed and seconded by two well-recognized members of council. I understand that this resolution was originally submitted as a "joke" to get a reaction from the floor. I suspect that the humour was lost on the handful of women delegates scattered among the hundreds of men.

The number of women in medicine has increased over the years, so that many graduating classes are now 50% women. Furthermore, some specialties are becoming female-dominated. However, the few female physicians who have entered the arena of "power and politics" are the exception. The attitudes demonstrated by male delegates at this CMA meeting will continue to deter women from becoming involved. Women in medicine may excuse themselves from involvement in academic and political arenas because of conflicting demands of family, office and other personal endeavours. So may many men. But without mutual respect, there remains an enormous barrier that women must overcome in order to contribute.

If the CMA wishes to improve its profile and truly represent the profession, some of its members need to be sensitized to the issues that are important to their female colleagues and patients. Antagonism and chauvinism will not encourage women physicians to be active in the medicopolitical arena. I advocate a nurturing environment, one that is adaptive and fair to all.

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Fatal food allergy

I completely agree with Dr. J. Michael White about the need for proper labelling of all packaged food sold in restaurants (*Can Med Assoc J* 1988; 139: 8). However, I have learned with profound dismay that many patients with food allergies are discharged home taking a simple antihistamine and being told "avoid these foods from now on". Many physicians seem to minimize a patient's initial episode of food-induced anaphylaxis. They should instead be informing all their patients with food allergies of the potential risk of food-induced anaphylaxis.

At the last annual conference of the American Academy of Allergy and Immunology, in Anaheim, California, Dr. John W. Yunginger presented the results of an investigation of fatal food-induced anaphylaxis conducted by him and his colleagues at Mayo Medical School, Rochester, Minnesota: most of the victims had never been given the instruction to have an epinephrine kit available, and in all cases epinephrine was not used until at least 1 hour after the onset of a serious anaphylactic reaction.[1]

There are new epinephrine kits, such as the EpiPen syringe, that make administration of this medication easy for anyone who has the potential for fatal anaphylaxis. People with IgE-mediated food allergies must be provided with these kits for prompt use at the first sign of an adverse reaction. Sending a patient home from the emergency department after treatment of an episode of anaphylaxis without providing an epinephrine kit should be considered medical malpractice.

As far as I know, the use of allergy shots for food allergies is contraindicated in these patients.

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Reference

1. Yunginger JW, Sweeney KG, Sturner WQ et al: Fatal food-induced anaphylaxis. *JAMA* 1988; 260: 1450-1452

I suggest that the method proposed by Dr. White for preventing fatal food allergy — legislation of food labelling — is unreasonable. It would seem more sensible to ensure that potential victims always carry with them injectable medication for immediate self-administration.

Sheila Copps's private member's bill follows the unfortunate fashion that shifts the individual's responsibility onto the shoulders of some third party; I would not support it.

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As Dr. White proposes, proper food labelling is certainly desirable for many reasons, but I submit that it will do little to prevent fatal allergic reactions. Hungry teenagers eat first and may or may not read ingredient lists later. Moreover, fast foods are usually not served in containers that lend themselves to extensive labelling.

Food-allergic patients have to be told to avoid all prepared foods of unknown composition.

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