

Correspondance

Helping physicians with alcohol problems

A recent public health item in *CMAJ* pointed out that although the precise prevalence of problems with alcohol and other drugs among physicians is unknown, it is probably similar to that in the general population.¹ Single and colleagues' estimate of 9% was quoted.² This estimate applies to current drinkers who have experienced any of a list of specific problems at least once in the past year; these individuals do not necessarily need treatment. Single and colleagues broke down the overall estimate by demographic variables: 7.6% of those with university education and 5.8% of those employed in a profession reported any alcohol-related problem in the past year. These latter figures are probably better estimates of the rate of problems among physicians.

More recent data from the 1996–1997 National Population Health Survey showed that, overall, 2.5% of people who drank in the year before the survey drank at “levels associated with clinical dependence on alcohol.”³ The rates were 1.1% for those with a uni-

versity education and 0.8% for those employed in professional or semi-professional positions. These figures approximate the percentages of physicians ever having received treatment for problems with alcohol and other drugs: 1.2% in Ontario,⁴ 1.8% in Canada⁵ and 1.3% in the United States.⁶

Most provincial medical associations have programs for physicians who need treatment for problems with alcohol and other drugs. However, the discrepancy between estimates of those who experience consequences of drinking and those who require and receive treatment points to a large group whose needs are not being addressed. Provincial physician health programs include educational outreach and lectures to medical students and physicians,⁷ but there is little help for those who feel distress and are beginning to develop problems. Medical schools, hospitals, professional organizations and individual physicians should unite in a health promotion approach to physician health that goes beyond prevention programs, to reduce systemic stresses and involve physicians in building a healthier work environment.

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References

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Policies must keep pace with the evolution of vaccines

Although I wholeheartedly support your editorial on vaccination, I feel that one important element was lacking: the need for ongoing research.¹ Concerns have been expressed about various vaccines at various times, and re-evaluations have led us to modify certain products and policies.

The pertussis vaccine is a different product today than it was some years ago. Policies regarding the administration of injected and oral poliomyelitis vaccines have been changed. We are now in the process of eliminating thimerosal as a preservative and replacing it with other agents. Questions have been raised regarding a possible relationship between the measles–mumps–rubella vaccine and the significant increase in the incidence of autism; such an association remains unproven, but more research is needed. We are administering more vaccines than ever before, and concern has been expressed about possible overburdening of the immune system in some infants; this needs to be evaluated.

As responsible and caring people of science, we must keep our minds open and, from time to time, recheck beliefs and policies we have taken for granted.

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Reference

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