Show some compassion

Although I am not a physician, I frequently read my husband's copy of *CMAJ*. I have generally found the journal to be informative and interesting. However, I was appalled at the recent death notice for Suzanne Killinger-Johnson.[1] There was absolutely no need to indicate the nature of her death or to mention that her child's life was also taken. Suicide for whatever reason is tragic, and it is obvious that Killinger-Johnson was suffering from some form of mental anguish. To indicate that she died "apparently as a result of postpartum depression"[1] trivializes her illness. Why could the writer not simply have said that she died under tragic circumstances, instead of casting a dark cloud over her name once again? I hope that Killinger-Johnson's spouse does not receive a copy of this magazine; I think he would be appalled at the lack of compassion and empathy shown toward his family. I hope that in the future more thought is put into writing about the loss of medical colleagues.

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Reference

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[Editors' note:]

Several editors debated whether our obituary should refer to the tragic circumstances surrounding Suzanne Killinger-Johnson's death. One proposal was simply to announce her death and ignore these facts. In the end, we decided that this would do no one a service. Shrouding such events in silence in our view perpetuates the stigma that still, unfortunately, accompanies mental illness and suicide. We also felt that omitting any reference to the death of Killinger-Johnson's child would be disrespectful of the importance of that young life. Physicians experience medical problems every bit as severe as those faced by their patients. We hope that acknowledging such incidents when they occur will raise an awareness that may, perhaps, help to prevent future tragedies.

Screening for colorectal cancer

Kenneth Marshall's views on screening for colorectal cancer[1,2] are a welcome breath of fresh air in the triumphalist haze propagated by Sidney Winawer and Ann Zauber.[3] In the real world, it is extremely important to balance potential benefit with risk. In the case of screening for colorectal cancer the benefits are very small and the risks anything but insignificant. It is astonishing that Winawer and Zauber in their rebuttal state that "medical harms have been studied and have not been demonstrated."[4] One of the studies they quote in support of this statement clearly demonstrated a complication rate of 0.5% from colonoscopy; of the patients with complications 85% required surgical intervention.[5] This is a very serious toll that might be acceptable for patients under investigation for cancer but is unacceptable for the large number of people who have a colonoscopy as a result of a false-negative occult blood screen.

Nobody will argue against Winawer and Zauber's closing statement that "losing even one life prematurely is a tragedy,"[4] but this argument does not overcome the naïveté of their case in the light of the very small benefit, the substantial harm and the enormous opportunity cost of screening for colorectal cancer.

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Sidney Winawer and Ann Zauber claim that screening for colorectal cancer with the fecal occult blood test will save 12 325 life-years per 100 000 people screened annually and that it costs less than $20 000 per life-year saved.[1] I submit that neither conclusion is tenable.

For colorectal cancer screening to save life-years, lives have to be saved. However, no colorectal cancer screening trial has shown a reduction in mortality. Indeed, when the results from the 3 published randomized controlled trials of screening with the fecal occult blood test are combined they fail to show any trend toward mortality reduction: of the 137 377 patients who were screened, 25 609 died; of the 121 348 patients who were not screened, 22 158 died.[2-4] Thus, there were 186.41 deaths per 1000 people in the screened groups and 182.60 deaths per 1000 people in the unscreened groups.

The conclusion seems unavoidable: screening with the fecal occult blood test changes the way people die, in that it modestly reduces the rate of deaths from colorectal cancer, but it fails to save lives. The published evidence fails to support the claim that any life-years are saved by colorectal cancer screening or that screening is cost-effective. Since no lives are saved, the cost per year of life saved is incalculable.

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