

Correspondance

plore the geographic distribution of stroke and better understand stroke risk and care in important subpopulations.

Such a surveillance system would help to guide policy decisions concerning programs and research for specific populations, in ways that research targeted to the science of the disease generally cannot. We recommend that a national stroke care, incidence and mortality monitoring system be given a high priority as an integral part of a full systems approach to reducing the burden of stroke in Canada.

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Update from the Canadian Stroke Consortium

In July 2000 *CMAJ* published a brief commentary by us on behalf of the Canadian Stroke Consortium concerning our current national study of stroke following cervical arterial dissection.¹ The goal of the study was, and still is, to determine the relationship of extreme head movements and other forms of head and neck trauma to dissection of the neck arteries and stroke. Therapeutic neck manipulation, performed usually for the relief of neck pain and mostly by chiropractors, is associated with only 20% of the cases of

dissection and stroke in our study.

We quickly received a large volume of email messages and faxes, mainly hostile and mainly from chiropractors. Trial by radio, television and print media was also swift, but the press coverage was generally favourable. However, “sides” were clearly declared. The study was vilified for not having “controls” and for being unscientific in general, and we were criticized for publishing results prematurely.

We have repeatedly protested that this is a collaborative national study (not a “Toronto study”) conducted to collect basic descriptive data on this underreported cause of stroke in young people. Data from the consortium and from centres in other countries consistently confirm dissection of neck arteries to be the major cause of stroke in young people.^{2,3} After our commentary was published, a case-control study showed that patients below 45 years of age with vertebrobasilar stroke were 5 times more likely than controls who had not had a stroke to have visited a chiropractor in the week before the event.⁴

Compared with a retrospective study design, the prospective nature of our study allows much more accurate evaluation of the role of trivial trauma in the occurrence of stroke and determination of the frequency of stroke recurrence in the acute phase, which may facilitate development of better therapies. We post data on our Web site as we accumulate it so that it is accessible to all.

Collaboration with our chiropractic colleagues is crucial to understanding and resolving the association between sudden neck movement and stroke. Blanket denial or distortion of our data from various quarters can only delay discovery of the necessary facts at the expense of the well-being of patients.

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[Editor's note:]

Articles on arterial dissection following cervical manipulation appear on pages 905 and 907 in this issue.

If it looks like a cow and moos like a cow ...

Canadian medicare is really a medical care insurance plan, run by an arm of government acting as an insurance agency. The government charges the population to recover its costs, and calls this charge a “tax.” But is this really a tax?

Some would argue that it is an insurance premium — if the beast gives milk, chews its cud and moos, it is a cow, regardless of what name you give it. In this case, the premium is bundled in with your income tax. However, honesty and full disclosure require itemization of this “income tax.” (I am not referring to the direct, picayune medicare premiums charged in some provinces.)

The first item would read “income tax” and the second “medicare premium.” You would be required to sum the 2 and pay the total to the receiver general. Then, at least, you would know what medicare actually costs you.

Canadian governments are the equivalents of the private health insurance companies in the United States. In both countries there is a contract between insurer and insured. There is a slight difference in this contract but it is insignificant. In the United States it is explicit. In Canada it is implicit, but nonetheless exists because of our premium (“tax”) payments to government.

In the United States there is consid-