

- There should be a clear treatment plan, including follow-up procedures.

- If there is doubt about treatment the patient should be referred to a psychiatric consultant.

Psychotropic medications are safe and useful drugs when handled properly. They can turn into deadly poison if manipulated by patients without close follow-up.

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Reference

1. *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed, rev, Am Psychiatr Assoc, Washington, 1987

Interchangeability of oral contraceptive products

The Expert Advisory Committee on Bioavailability, Health Protection Branch (HPB), Department of National Health and Welfare, which approved the article (*Can Med Assoc J* 1991; 144: 1223-1224) to which Dr. Miklos Nadasdi takes exception (*Can Med Assoc J* 1991; 145: 200), includes three practising clinicians. Furthermore, the workshop report was vetted by clinicians who are members of the HPB Expert Advisory Committee on Human Reproductive Physiology.

Although not unanimous, agreement is growing that the analysis of plasma components to determine comparative bioavailability indices is an adequate means of establishing the safety and efficacy of generic oral contraceptives. Bioequivalence data on these products are accepted by the US Food and Drug Administration for such purposes, and at

least one international, research-based manufacturer of oral contraceptives has published and used data from bioequivalence studies.

Experience over two decades suggests that bioequivalence studies are an effective and economic means of determining the acceptability of generic drugs of many kinds; they are also used to monitor formulation changes of innovators' products. The studies can usually be carried out on relatively few healthy volunteers with an accuracy and precision required to meet the necessary statistical criteria. A limiting factor sometimes encountered is the need for very sensitive or specific methods of analysis.

Although clinical aspects were addressed by a member of the Expert Advisory Committee on Human Reproductive Physiology the main objective of the workshop was to examine the extent to which modern analytic methodology will now permit precise and accurate measurements of constituents of oral contraceptive drugs in the blood. This is why analytic chemists and pharmacokineticists were so well represented. The conclusion of the workshop was that suitable analytic methodology is now available for these purposes.

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Guidelines for a phlebotomy chair

The mundane phlebotomy chair is a source of problems for the phlebotomist and for patients in the clinical laboratory.

Patients may faint, collapse or fall off the chair during the phlebotomy procedure. This can occur as a result of a vasovagal attack due to the sight of the needle or blood, an overnight fast for laboratory tests or, rarely, events such as a heart attack. The constant bending is a source of back disorders in phlebotomy staff. Universal precautions require the chair to be easily cleaned.

For these reasons and since there are no adequate international guidelines or published standards in Canada the Section of Clinical Pathology, Canadian Association of Pathologists, has developed guidelines on the design of the phlebotomy chair. These guidelines were officially approved by the executive and council of the association on June 23, 1991. The three basic considerations are patient comfort, patient safety and phlebotomist comfort.

- The phlebotomy chair should be comfortable, be easily accessible and promote a sense of security for the patient. Physical restraints should not be considered for routine phlebotomy. Arm extensions or fixed arm positions allow for patient comfort while maximizing the visibility of the elbow region. Extension surfaces for both arms are essential, because some patients have easily accessible veins in only one arm. The patient should not be able to fall out of the chair or tip it, even if he or she collapses during the venipuncture process. Positioning the chair against the wall or using a chair with a head rest would prevent the head and chair from tipping backward.

- The chair should be easily cleaned (wood and cloth materials should be avoided) and sturdy, so that it does not tip. Its height should promote accessibility. If arm extensions are used they should be readily retractable in case a patient collapses.

- The chair should be ad-

justable so that minimal bending is required for venipuncture. A large enough arm rest to ensure ease of venipuncture is a necessity. The venipuncture apparatus should be visible and easily removed if the patient collapses.

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Call Display: a telephone disservice

I agree with the objections about Call Display outlined in Patrick Sullivan's article "New phone feature puts their unlisted numbers on display, doctors contend" (*Can Med Assoc J* 1991; 145: 720-721). I raised these objections and others when the service was introduced in Alberta in March 1990.

Very few of the so-called advantages of this telephone technology make sense. The contention that it allows users a "peephole" on who is calling is fallacious. Most people cannot recall more than 15 to 20 telephone numbers. Therefore, when a number that is not familiar is displayed there is no advantage. The telephone does not, after all, display a name.

We do not need such telephones to trace harassing or obscene calls. The technology already exists for every telephone user to trace this type of call.

There are various people whose privacy would be invaded or whose security may be threatened by the call-display feature; for example, women living alone or estranged from their husbands, or the elderly.

The points in the article about loss of privacy for physicians are important. We should

be allowed the privacy of our telephone number, especially if it is unlisted.

Call-blocking should be as widely advertised and made as widely available as Call Display, and it should be free. The consumer already pays extra for an unlisted telephone number and should not have to pay again to keep that number private. In 1990, when I negotiated with Alberta Government Telephones that they should offer call-blocking they agreed to do so at no charge but would not agree to advertise its availability. They said that if it became too widely known and used it would detract from the economic viability of the call-display feature.

Physicians and others across Canada should continue to protest this gimmicky invasion of security and lobby to restore a hitherto basic privacy.

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The call-display feature reached Edmonton in September 1991 with the additional feature of call record: the telephone keeps a record of the last 10 calls if it is not answered.

I fully agree with the article and with Dr. Hedy Fry's comment that this new service is a major intrusion into physicians' privacy. However, the loss of privacy of the intended recipient of the call is also important. A physician's call to a patient's telephone is displayed or recorded. This may breach the patient's privacy and the confidentiality between physician and patient. There are circumstances under which a patient does not want the rest of the household to know that he or she has been in contact with a physician.

The argument that the display of the caller's number is a deterrent against telephone harass-

ment is spurious. It drives the placer of such calls to telephone booths and the unauthorized use of other people's telephones. The ultimate weapon against harassment is to put the telephone down.

The monthly charge for the display service in Edmonton is about double the standard rate. To have an unlisted telephone number we are paying the telephone companies not to do something. In what other situation do we willingly pay so that something will not be done?

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Laughing all the way to the bank

Cries of triumph over the success of high taxation in reducing smoking are, to say the least, somewhat premature.

A little research reveals that although tobacco sales in Canada have decreased, the manufacture of Canadian tobacco products and the profits of the tobacco companies have increased! A dramatic growth in exports from 4% of total industry sales in 1988 to an estimated 13% during 1991 and the fact that the companies have been able to raise prices by 12% without the consumer even noticing account for these surprising statistics (*Financial Times of Canada*, Aug. 26, 1991).

Far more serious is the increase in crime, smuggling and hijacking (a truckload of cigarettes is now worth over \$2½ million). The incidence of store robbery and shoplifting has risen markedly. Historically, repressive taxation — like repressive legislation — has always led to rebellion and contempt for the law. The tax-