Letters to the Editor

The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.

The Family as Object of Care

To the Editor:

The family case study reported by Williamson et al *(Williamson P, McCormick T, Taylor T: Who is the patient? A family case study of a recurrent dilemma in family practice. J Fam Pract 17:1039, 1983)* and the commentary on it by Brody *(Brody H: Ethics in family medicine: Patient autonomy and the family unit. J Fam Pract 17:973, 1983)* illustrate very well the complexity and ambiguity that so often surround the management of ill older people as they lose the ability to continue functioning in accustomed ways. Clinical decision making in such situations must be based on both a careful examination of pertinent facts and an understanding of relevant ethical considerations. Unsound conclusions may be reached if either the clinical realities or relevant conceptual considerations are addressed inadequately.

In this case the primary question was whether to permit the patient to live at home or to put her in a nursing home against her wishes. Any commentary on the management had to be conjectural unless the discussant knew the patient and family and could assess the nuances of the situation. Was the choice purely between nursing home placement and return to the status quo ante or, as Brody suggests, might community resources have been enlisted to enable the patient to stay at home without an undue burden on the married son? Was the strain on the son in fact bad enough to threaten his marriage? Was he reaching the limit of his ability to meet his mother's needs? In my view, consideration of the family aspects of the case was appropriate if only for pragmatic reasons, for if the son ceased to be supportive the mother would have to be placed in a nursing home anyhow.

The issues raised by these two papers are important and need to be addressed. However, there is a risk that discussions of such cases will be recondite and of limited value in practice both because the clinical situations are inherently ambiguous and because more material is presented than the audience can assimilate. The ethical and clinical aspects must be explicated in sufficient detail but as clearly and succinctly as possible.

Finally, we must not lose sight of the fact that in many of these situations there is no single correct course of action. Whatever is done turns out to be an improvisation based on clinical and financial realities, disparate ethical perceptions, and the human limitations of the people involved.

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Technique of Vasectomy

To the Editor:

I would like to comment on a letter to you from Dr. Richard Hopkins in which the writer describes his technique of vasectomy *(Hopkins R: Technique of vasectomy, letter. J Fam Pract 17:23, 1983).*

Dr. Hopkins mentions that he ties each end of the vas and proceeds to close the wound, but he does not mention any specific step taken to interpose a layer of fascia between the two ends. The technique for creating a fascial tissue barrier, by pulling the sheath of the vas over one end, has been described by Lipshultz and Benson.[1] According to some practitioners, burying the end of the vas in the fascial tissue, after any method of sealing the vas, is the most effective, if not absolutely guaranteed, method of preventing recanalization.

Schmidt[2] has reported on his

series of over 4,200 vasectomies, with five failures in the first 150 cases, where the vas was simply excised and ligated. In contrast, there have been no failures reported in over 4,000 subsequent cases in which the distal end was buried in the fascial sheath. The recent update of his series was via personal communication at a vasectomy seminar sponsored by the Association of Voluntary Sterilization in June 1983.

In addition, the Population Information Program of The Johns Hopkins University has just published a comprehensive review of vasectomy. Your readers may find that population report (series D, No. 4, Nov-Dec 1983) especially valuable.

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References

1. Lipshultz LI, Benson GS: Vasectomy: An anatomic, physiologic, and surgical review. In Lipshultz LI, Cunningham GR, Schill WB, Hafez ESE (eds): Regulations of Male Fertility. The Hague, Netherlands, Martinus Nijhoff, 1980, pp 159-186

2. Schmidt SS: Prevention of failure in vasectomy. J Urol 109:296, 1983

Fluoride Supplementation

To the Editor:

Authors Stephen Messimer and John Hickner *(Oral fluoride supplementation: Improving practitioner compliance by using a protocol. J Fam Pract 17:821, 1983)* are to be commended for their awareness of the need to assess the fluoride content of home well water in calculating a child's need for fluoride supplementation. The underlying assumption for any supplement is that its intake should be at optimal level. As obvious as this concept is, it is amazing how often its application is ignored in the instance of fluoride use.

The next logical step for the authors is to assess their patients' other sources of fluoride intake, particularly fluoride in the food chain. The typical diet of children includes many unsuspected sources of fluoride, most of which is introduced in food processing. This problem has been thoroughly investigated by Rose and Marier[1] of the Canadian National Research Council, validated by numerous food surveys[2,3] in this country, and reviewed recently by Leverett in *Science*.[4]

If this summing of fluoride exposure is pursued, one finds that the typical "unfluoridated" child's fluoride ingestion meets or exceeds the recommended optimal dose as established by McClure in 1943. The happy conclusion to all this is that the optimal supplementation dose falls to zero, and the various problems addressed by Messimer and Hickner's protocol cease to exist.

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References

1. Rose D, Marier JR: Environmental Fluoride 1977. National Research Council of Canada, No. 16081, July 1978

2. Lee JR: Optimal fluoridation—The concept and its application to municipal water fluoridation. West J Med 122:431, 1975

3. Wiatrowski E, Kramer L, Osis D et al: Dietary fluoride intake of infants. Pediatrics 55:517, 1975

4. Leverett D: Fluorides and the changing prevalence of dental caries. Science 217:26, 1982