To put the data in perspective, Canadian authors have also published a review of the topic.[2]

The correct answer should be B.

The SESAP questions are a good way to incite interest in a topic. However, in our current information explosion it is important for readers to question references, especially textbooks. The current series in *JAMA* of Users' Guides to the Medical Literature is a useful aid in this evaluation. Participation in the online learning tool, Evidence Based Reviews in Surgery, available through the Web site of the Canadian Association of General Surgeons (http://cags.medical.org), can also help surgeons evaluate the evidence and support best practice.

John W. Drover, MD, FACS, FRCSC
Chair and Medical Director
Critical Care Program
Associate Professor
Department of Surgery
Queen's University
Kingston, Ont.

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Outreach multi-beneficial

I read the article by Dr. Mark Burnstein about his experience with surgical outreach clinics with interest. In it he commented that specialist outreach clinics should be a "win–win–win situation." Let me add my enthusiastic endorsement.

The Maritime provinces have a lengthy history with surgical specialists' outreach clinics, particularly in pediatric orthopedics. Such clinics have been a continuous part of our delivery of care for 75 years. I myself have had 30 years' experience with such programs in a variety of centres. The periodic presence of the surgical specialist outside the referral area of major academic centres has many benefits for patients, especially for evaluation and follow-up. The savings to this population in travel and lost work time are huge.

Patients are not the only beneficiaries; surgical trainees, for example, profit from community exposure. Less well defined gains can include connection with patients and with their communities, introducing a more realistic appreciation of the resources (human as well as facility) available there. Contact with community physicians also creates opportunities to undermine the too-common perception of "ivory tower" specialists.

As noted by Dr. Burnstein, these clinics are time-intense and require consultants to be absent from their home institution, where their inability to be on-call adds to the burden on coworkers. But there is really no other downside to community outreach. Full-time equivalents adequate to provide outreach services must be incorporated into human-resources planning in the various disciplines.

Integrating continuing medical education into such outreach programs is an obvious opportunity, and doable. Surgical departments today should consider specialist outreach programs an integral and important element of their educational responsibilities as well as of their services.

Based on our Maritime experience, these programs definitely are a win–win–win situation.

J.C. Hyndman, MD, FRCSC
Head, Department of Orthopædics
IWK Health Centre
Professor of Surgery
Dalhousie University
Halifax, NS