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aspects of the Criminal Code related to the offence of impaired driving in the circumstance in which the alleged intoxicated driver has been injured and is being treated in a hospital. Changes to the legislation need to be implemented so that injured drivers with alcohol abuse problems can readily be reported to the OSMV. We recommend that alcohol and drug abuse counseling be promptly available to every patient injured in a motor vehicle crash and who has a blood alcohol level greater than 17.3 mmol/L. This alcohol counseling should be made available to patients in the emergency department prior to discharge and be offered to patients in hospital if they are admitted and on an outpatient basis if they are discharged. We all know of the carnage that drinking drivers can cause. Effective strategies are required to deal with this problem, and we should all push hard to have these strategies implemented.

—Roy Purssell, MD
Chair, Emergency Medical Services Committee

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in memoriam

Dr Mimi Divinsky: 1953–2007

Miriam Divinsky was born in Winnipeg in 1953, the middle of three girls: Judy, Miriam (Mimi), and Pamela. Her family then moved to Vancouver where Mimi spent her childhood and undergraduate years. Passionate about ballet, Mimi toyed with becoming a professional ballerina; instead, she studied medieval and French history at UBC. In 1975, Mimi entered UBC medical school, where I first met her over our cadavers; we were side by side, my last name being Elwood and Mimi's being Divinsky.

Mimi moved to Toronto's Women's College Hospital for her family medicine residency. She then practised family medicine in downtown Toronto and adopted Toronto as her home. She was a Fellow of the College of Family Physicians of Canada and a lecturer in the Department of Family and Community Medicine at the University of Toronto. Mimi died in February of 2007, at the age of 53, after coping with the ups and downs and ravages of multiple myeloma for 8 years.

Mimi's family chose these words for her tombstone: "Her goodness made the world a better place." There are so many stories of how Mimi's goodness made the world a better place—if you Google Mimi Divinsky you will discover some of them, though she would never have told you about them herself—her work for the homeless, the poor and hungry, for those who have been sexually assaulted, and for the Medical Reform Group. Mimi's goodness was who she was; this was how she practised family medicine. Her patients adored her and she adored them—with her caring, compassion, and empathy—and her ability to listen to the underlying story that her patients were telling her.

Mimi was Canada's pioneer in "narrative medicine." That term was coined in 2000 by Rita Charron,[1] but Mimi had always been doing narrative medicine. Even in first-year medicine, Mimi would spend our anatomy lab coffee breaks reading William Carlos Williams's poetry or *The Problem of Pain*[2] while the rest of us swotted our anatomy textbooks. Mimi read more books—humanities, philosophy, history, literature, art, dance—than anyone I know. Mimi not only read her books, she underlined the important sentences and made notes in the margins and inserted relevant newspaper clippings and other related articles between the pages. She remembered all the details of what she read in her books—she breathed and exuded their ideas—which she would discuss with intellectuals and philosophers.

In 2003, when Rob Wedel and I started working together on gathering Canadian family physician stories, we met Mimi to explore ways that she might become involved in the project. Mimi had just cut back on her practice of family medicine because of her illness. She was grieving her loss of the practice of medicine and she was struggling with the necessary transition forced upon her; she wasn't sure how much longer she would live. She was thrilled to join the project because it resonated deeply with her and the issues that she cared about.

For this project, Mimi compiled an extensive bibliography of narrative medicine literature—all the books and journal articles that she had ever read on the subject. She hoped that her bibliography would become a resource for physicians wanting to learn more about narrative medicine for themselves and for those wanting to incorporate narrative into teaching medical students and residents. The History and Narrative Medicine Project has uploaded Mimi's bibliography onto its searchable database web page.

Mimi also prepared narrative medicine content material to present as an introduction to our story-gathering workshops. Mimi's introductions brought to us and to our story-gathering activities a wider perspective, setting us within a historical and interdisciplinary context. Based on this work, Mimi wrote a commentary entitled, "Stories for Life," which was published in *Canadian Family Physician* a week after she died.[3] During those last weeks of her life, Mimi took great comfort knowing that her commentary would serve as an introduction for a future journal issue that would be devoted to narrative and would include an article written by Rita Charon.[4]

—Ruth Elwood Martin, MD
Vancouver

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Please see page 270 of this issue for information on the 2008 Mimi Divinsky Awards for History and Narrative in Family Medicine.

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letter 68. Jan-Feb 2008. http://ti.ubc.ca/en/letter68.

TI responds

We thank Drs Ur and Dawson for their comments on the *Therapeutics Letter* 68 entitled "Glycemic targets in type 2 diabetes." We agree with their conclusion that "the precise glucose target has yet to be identified." That in fact is one of the main conclusions of *Letter* 68. In addition, we felt that the ACCORD result showing increased mortality in the <6% HbA1C target group was important and compelling enough to justify reporting at this time.

The following is our response to each of the other points.

1. The *Letter* was not meant to be and does not claim to be a systematic review but rather a description of the two most recent trials looking at glycemic targets.

2. The data we quote and the reference we use are on the NIH ACCORD study web site. We accept that the mortality data reported there are valid as the trialists stopped the study because of these results.

3. It has been a policy of the TI to not include authors of *Therapeutics Letter* issues; however, this policy is now under review and may change. The authors of all issues of the *Therapeutics Letter* are available on request. I am the author of *Letter* 68 and declare no conflicts. Publication of the *Therapeutics Letter* is made possible by a grant from the BC Ministry of Health. *Letter* 68 was sent for expert review to three internists, nine family practitioners, three pharmacists, and others. As is common in peer review, we don't have permission to release reviewers' names.

4. We believe that total mortality outweighs microvascular outcomes, but we did not ignore them. The *Letter* reports the evidence on microvascular outcomes from the UKPDS trial.

—James M. Wright, MD
On behalf of the Scientific Information and Education Committee
Therapeutics Initiative