



Avoid proliferation, keep CPGs current, workshop told

Clinical practice guidelines (CPGs) have a key role to play in Canada's health care system, but a workshop on the implementation of guidelines has been told that attempts must be made not only to keep CPGs current but also to keep them from proliferating. The 2-day workshop was part of the National Partnership for Quality in Health, which was established by the CMA in 1991 to coordinate and facilitate the CPG process in Canada. The workshop was designed to share information, develop a handbook on the implementation of CPGs and encourage networking among people involved in the CPG process.

Common themes such as the need for effective coordination among

CPG developers emerged during the meeting. Participants also concluded that consumers have an important role to play in the implementation of CPGs, and that computer technology and the Internet are important tools for disseminating information about them. Because of Canada's current emphasis on getting its financial house in order, participants recognized that demonstrating the cost-effectiveness of CPGs will play a key role in encouraging their implementation.

Further information about guidelines is available from the CMA's CPG Infobase (www.cma.ca/cpgs [English] or www.cma.ca/cpgs/index_f.htm [French]), which has a wealth of information, including many full-text CPGs. It is made possible in part by unrestricted education grants from Astra Pharma Inc. and Merck Frosst Canada Inc.

It's between me and my doctor

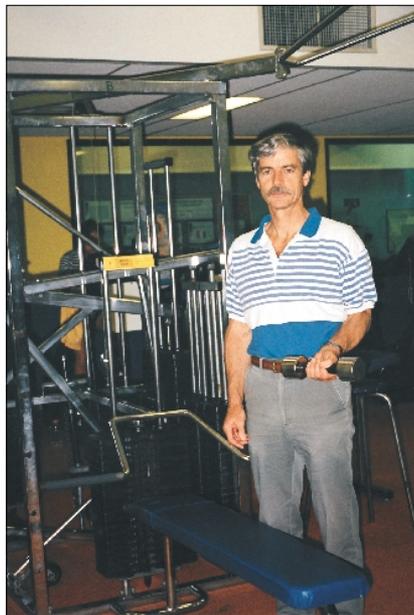
A poll suggests that an overwhelming majority of Canadians want access to their medical records limited to themselves and their physicians. The Angus Reid poll, conducted in April for the accounting firm Ernst & Young, found that 97% of those asked felt they should have access to their own records and 95% believed their doctors should also have access. Beyond that, however, respondents are very concerned about who sees their personal health information.

Of the 1500 Canadians polled, 56% felt pharmacists should have access to their records. That figure dropped to 51% for community-based health care providers and 42% for medical researchers. At the bottom end of the scale, 38% felt insur-

Might weight training help older women?

Older women are beginning to enter the traditional male domain of the weight room. A recent study conducted at the University of British Columbia's (UBC) School of Human Kinetics explored strength and bone-mineral-density changes in 44 women aged 65. The subjects, medically screened by Dr. Jack Taunton, one of the project investigators, were randomly assigned to exercise and control groups.

The weight-training group worked out in the Human Kinetics Laboratory at UBC 3 times weekly for 3 months, with activities such as bench presses and exercises to strengthen their biceps. There was also an additional 9 months of exercise at community centres. Compli-



Dr. Alan Martin: new study planned

ance was encouraged through monthly lunch meetings and visits by a coordinator. After 1 year, upper-body strength had improved dramatically — by about 50% — in the group doing the exercise. Bone density improved modestly in the lumbar spine.

Dr. Alan Martin, a coinvestigator, says the findings are significant because of the improved functional capacity of the women who did the weight training. Most continued to train after the study ended and some have returned to former sporting activities.

Martin is now recruiting 70 women aged 75 for a similar study that will start this September. — Heather Kent



ers should have access, while only 15% felt employers should be able to look through their medical records.

Drop in recruitment of primary care MDs reported

An American firm reports that recruitment of physicians by managed-care firms appears to have stalled, at least temporarily. A review of more than 1600 assignments completed by Merritt, Hawkins & Associates, a recruiting firm in Irving, Texas, indicated that the number of searches it conducted for primary care physicians decreased, while demand grew for specialists and physicians in solo practice. "Managed care is supposed to be depressing incomes for specialty physicians, increasing the need for primary care physicians and reducing the viability of solo practice," said Joseph Hawkins, the company's

CEO. "None of these trends is evident in this year's survey." He added that managed care "has churned the market for physicians like a twister, and the last 12 months may have been a lull in which the market paused to catch its breath."

Pink slips tackle poor handwriting

Boston's Institute for Healthcare Improvement has started a program to cut the number of adverse drug events, and a major part involves the distribution of pink slips to physicians who have written illegible, incomplete or suspect medication orders. The little slips are returned to the physician with a copy of the questionable order and suggestions for improvement. *American Medical News* reports that prescribing and transcription errors in a unit at a medical

centre in Michigan fell by 85% within a few months of the program's introduction.

New "envirohalers" on way

Pharmaceutical companies are phasing out the use of chlorofluorocarbons (CFCs) as the propellant for metered-dose inhalers (MDIs), but the change will likely make little difference for physicians or their patients. The new inhalers not only help protect the environment but also are more efficient and deliver medication more reliably in cold weather and near the end of an MDI's life span. Physicians should know that the new MDIs, which will be available this fall, will provide patients with a softer "puff" of medication and have a different taste than the old inhalers. The change in propellant is part of an agreement signed by more than 150

The end of an era?

A leading Canadian cardiac surgeon says we are witnessing "the end of an era" in health care in which hospitals and physicians in solo practice may require "endangered-species status."

Dr. Wilbert Keon, director of the University of Ottawa Heart Institute, told physicians attending the recent annual meeting of the Canadian Association of Radiologists to expect hospitals to continue to close, medical staffs to continue to shrink and more patients to be cared for at home. "Large hospitals are dinosaurs," he said. "They're not cost-effective and they're dying."

Keon suggested that the best way to reform the health care system is to develop integrated delivery systems to provide linked and coordinated health services. An integrated

system of delivery would move the focus from hospitals to patients.



Keon: large hospitals are dinosaurs

Under his model various specialties would be grouped into "clusters" of health services such as child and family medicine or mental health and addiction medicine to improve communication and reduce the duplication of efforts and actions. "We need to . . . increase communication because until we accept the concept of integration the technology that is available to us is useless."

Keon said physicians must speak out against "unreasonable" reforms to ensure that the best interests of patients are considered. He considers the regionalization of health care a potentially hazardous reform. "The problem with regionalization is that it could create various regional health czars, and that is very dangerous." — *Steven Wharry*