



## Your Editorial Board: Dr. C. David Naylor

David Naylor, a longtime contributor to *CMAJ*, is senior scientist emeritus at the Institute of Clinical Evaluative Sciences in Toronto. A specialist in internal medicine at Sunnybrook and Women's College Health Sciences Centre, he is a professor in the Department of Medicine at the University of Toronto.

### What aspect of your work gives you the most pleasure?

Learning from others as they grow in competence and confidence.

### What research paper has had the most influence on your career?

Cochrane AL. Effectiveness and efficiency: random reflections on health services. London: Nuffield Provincial Hospitals Trust, 1972.

### What novels did you last read?

*A Fine Balance* by Rohinton Mistry, *The Shipping News* by



David Naylor with (from left) Karli, Max, Melinda and Sam

E. Annie Proulx and *The Englishman's Boy* by Guy Vanderhaeghe.

### What was your biggest mistake?

Looking back I see so many bloopers and detours that it's not clear which one deserves top rating on a relative stupidity scale!

### What alternative profession would you have liked to pursue?

Vertebrate paleontology.

### What illness do you fear most?

A nonfatal, severely disabling stroke.

### What complementary therapies have you tried?

Glucosamine and chondroitin for early knee osteoarthritis.

### What advice do you have for a young physician?

There are 2 principles that I sometimes "rediscover" with chagrin. The first is that most people mean well most of the time, and so positive reinforcement of desirable behaviours is usually the best way to make a difference in the world. The second is that complexity and synergy are integral to modern existence. Thus, constructive plans to improve systems and enhance accountability within them will almost always do more good than destructive criticisms of individuals and groups.

### What was your biggest achievement?

I can answer that 20 years from now if my 4 children are good citizens.

## New era in butting out

Canada's first nicotine-free stop-smoking drug is "changing the whole nature of smoking cessation," an expert says. Dr. Frederic Bass, head of the BC Doctors' Stop-Smoking Program, says bupropion (Zyban) "reflects our progress in understanding tobacco addiction" and has entered wide use since coming on the market last August. Glaxco Wellcome Inc. says the drug captured 36% of the prescription and over-the-counter market in smoking-cessation prod-

ucts during October. Bass predicts that bupropion will be the first of many non-nicotine drugs. Nicotine releases dopamine and norepinephrine, while bupropion is a weak dopamine re-uptake inhibitor that reduces nicotine craving and withdrawal symptoms. It is not addictive.

But Bass cautions physicians against relying solely on the new drug. He advocates a multipronged strategy for the "chronic condition," including counselling lasting more than 10 minutes, long-term follow-up and a team approach. "These are

as effective as pharmacology," he says.

Dr. Lynn Wilson, an addiction specialist at Toronto's St. Joseph's Health Centre and the Addiction Research Foundation, recommends that physicians who prescribe bupropion meet patients every 2 to 3 weeks for the first 3 months. The drug is accompanied by a support program that includes a toll-free number for putting smokers in touch with nurse advisers. The drug costs about \$1.60 per day, compared with around \$3 for the patch. — *Barbara Sibbald*