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An acute stroke unit in Halifax

Although the initial treatment of an acute stroke remains a subject of both research interest and debate, it has become clear that patients who have suffered a completed event do best with careful attention from a large team of professionals in a stroke unit. Stephen Phillips and colleagues describe the Acute Stroke Unit at the Queen Elizabeth II Health Sciences Centre in Halifax and compare their success from 1997 through 2000 with outcomes of stroke survivors in Halifax during the 4 years before the unit was established. In a related commentary, Michael Hill stresses the benefits of stroke units and multidisciplinary stroke teams and urges other centres to follow Halifax's example.

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colleagues, for the Canadian Hypertension Recommendations Working Group, discuss the most up-to-date guidelines for the diagnosis, investigation and management of hypertension.

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Physician role models

Do you have what it takes to be a role model? You probably already are one, whether you realize it or not. Physician role models have been proven to greatly influence the behaviours of medical trainees. Scott Wright and Joseph Carrese, from Johns Hopkins University, conducted in-depth interviews with 29 internists highly regarded for their personal qualities and clinical teaching skills. They analyzed the content of the interviews and identified specific characteristics related to being a good role model.

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New hypertension recommendations

Canadian guidelines for the management of hypertension have been updated annually since 1999 to respond to the intense research produced in the field. Using the hypothetical case of Mrs. J, Norman Campbell and

HIV infection and leaving hospital against medical advice

Leaving against medical advice (AMA) is a common and unfortunate occurrence in our hospitals. It is frustrating for caregivers, potentially harmful for patients, particularly those with chronic, difficult diseases such as HIV infection. The impetus to leave is likely a perception of an unmet need. If one were better able to identify patients at risk of leaving AMA, their chances of leaving might be reduced. Aslam Anis and colleagues attempt to identify risk factors for the 13% of HIV-positive patients leaving AMA from a Vancouver hospital and quantify the impact on readmission and length of hospital stay. In a related commentary, Richard Saitz discusses other reasons why patients are leaving and how physicians and other health care workers might encourage them to stay.

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