FOR THE RECORD

## Wait time report card

Spotty progress" and inadequate information are the hallmarks of Canada's $6 billion effort to decrease wait times in 5 priority clinical areas, according to the fourth annual Wait Time Alliance report card.

"Although there are signs of improvement, the lack of uniform and timely information on wait times is just one symptom of the 'unfinished business' relating to wait times in Canada. What's going on?" the alliance asks in its *Unfinished Business: Report Card on Wait Times in Canada*.

Wait Time Alliance Co-chair Dr. Lorne Bellan told reporters that "governments have much more work to do if they are going to provide a complete, accurate and real picture of how long patients can expect to wait for care. We need to do a better job of tracking and reporting on the full wait time that patients experience to access necessary medical care."

The report indicates that significant progress is being made in Ontario, Manitoba and British Columbia with respect to treating patients in 4 of the 5 priority areas: joint replacement (hip and knee), cataract surgery, coronary artery bypass grafts and radiation therapy. Within those 4 areas, progress is less evident in the Atlantic provinces, while in some cases, such as Alberta, no grades were awarded because the province's wait-time registry website was down due to technological problems.

Equally problematic is that wait-time benchmarks have not even been established in the fifth priority area: diagnostic imaging (magnetic resonance imaging and computed tomography).

The alliance also notes in its report that the benchmarks used to measure wait times in Canada paint a false picture of the time patients actually wait for treatment. "These benchmarks do not include the time patients spend waiting for the specialist consultation including all necessary diagnostic testing after being referred by their family physician," states the report (www.waittimealliance.ca/June2009/Report-card-June2009_e.pdf). — Wayne Kondro, *CMAJ*

## European drug ad furor

A European Commission "pharmaceutical package" sparked controversy among European Union health ministers, many of whom expressed concern that proposals would weaken the ban on advertising prescription drugs directly to consumers.

Many health ministers argued that the distinction between "information" and "advertising" in the proposed regulation was not sufficiently clear, according to a press release following an early June meeting of the Council of the European Union.

Information to the public about prescription drugs must be improved, but the commission proposals don't guarantee that the prohibition on advertising prescription drugs directly to the public "will not be circumvented," many ministers agreed.

The pharmaceutical package was developed by the Enterprise and Industry division of the European Commission.

An alliance of health stakeholders welcomed the health ministers' reservations. Due to "unavoidable conflicts of interest," the pharmaceutical industry should not be allowed to communicate directly with the public about medicines it produces "beyond the boundaries currently set in law," Anne-Sophie Parent of the European Older People's Platform stated in a press release.

"A lot of countries are concerned about the economic consequences if the package is passed," since it has been established that direct-to-consumer advertising of prescription drugs would increase drug spending, says Teresa Alves from Health Action International.

The European Commission should work to improve patient information leaflets, encourage health authorities to provide more information on drug safety and efficacy, and develop comparative information about patients to improve informed treatment choices, states the alliance release.

As well, the alliance urges that consideration of pharmaceuticals be shifted from Enterprise and Industry to a Directorate General focused on health.

The health ministers sent a "political signal" about the pharmaceutical package, but have not yet adopted a common position, EU officials stated in an email. The package will likely go to the European Parliament this fall, but it is subject to a codecision with the Council, Alves says. — Ann Silversides, *CMAJ*

## Standardized protocols for medical laboratories

The Canadian Association of Pathologists has unveiled voluntary national standards of quality assurance for pathologists and clinical immunohistochemistry laboratories in a bid to quell public distress about shoddy practices.

The Association argued that patient care would be significantly improved if provincial governments adopted and enforced the proposed "Best Practice Recommendations for Standardization of Immunohistochemistry tests," along with cancer reporting protocols developed by the College of American Pathologists and new benchmarks for determining the workload of pathologists.

The nation's pathologists have been under siege in recent years as a result of flawed cancer diagnoses in Newfoundland, New Brunswick, Ontario and Manitoba which led to retesting in more than 60 000 cases and prompted widespread demands for reforms, including the creation of a national body to oversee accreditation of laboratories (*CMAJ* 2008;179[2]:125-6 and *CMAJ* 2008;178[12]:1523-4).

The association argued that standardization of the immunohistochemistry testing process would help to redress long-term systemic problems associated with Canadian pathology.

The proposed standards include the adoption of common terminologies and methodologies, along with minimum education and training standards for laboratory personnel (http://cap-acp.org/cmsUploads/CAP/File/Best_Practice_Recommendations_for_Standardization_of_IHC_Tests.pdf). But adoption of the standards is entirely within the purview of the provinces, as laboratory accreditation falls under their jurisdiction.

At its 60th annual general meeting in July, the Association also unveiled standards that called on governments to expand the criteria for determining pathologist workloads beyond population figures and budgets to account for such factors as the complexity of cases and other duties such as teaching and management.

The association also endorsed the recently revised reporting protocols developed by the College of American Pathologists to avoid variations in the content of cancer-related pathology reports. — Wayne Kondro, *CMAJ*

## Lord Darzi bails

Surgeon Lord Ara Darzi has resigned as the United Kingdom's health minister, saying he had largely accomplished his goal of introducing a patient-centred approach to reform of the health care system and "the time has now come for me to return to care for my patients, lead my academic department, and continue my research on a full time basis."

Darzi also stated in his July 14 resignation letter to British Prime Minister Gordon Brown that he believes that the reforms introduced under the National Health Service Next Stage Review process that he oversaw as health minister have made the service "the first health system in the world to systematically measure, record and openly publish the quality of care that it achieves."

"Making quality the organising principle of the NHS has revitalised professional pride, created great appetite for improvement, and built enormous momentum," Darzi stated.

Darzi's 10-year plan aimed to introduce a more patient-centred and evidentiary model of care provided by the National Health Service. It was ostensibly built around the precepts of providing patients with more local choice and higher quality care, with quality defined as "clinically effective, personal and safe," (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825).

Darzi agreed to take on a new role as the government's Health and Life Sciences Ambassador and chair of an NHS Global Forum to promote the service and the UK's life sciences industry around the world.

As of July 23, Brown had not yet named Darzi's replacement. — Wayne Kondro, *CMAJ*

## Pandemics and work

The Canadian nuclear energy industry has been a leader in preparing staff and establishing protocols for the H1N1 pandemic, but all businesses should be anticipating business continuity issues, according to a Conference Board of Canada report.

Canada ranks third after Chile and Australia in confirmed cases of H1N1 per million population and the origin and speed of transmission of the virus caught businesses by surprise, notes the report, based on a June meeting of 30 of Canada's leading corporations and institutions.

The nuclear industry has been active making plans to ensure its ability to operate since facility operators are highly trained and if they became ill, few could fill their roles.

But all businesses should actively monitor absenteeism, test pandemic plans and ensure clear communications with employees — steps which require an "erosion of the silos" between different company departments.

The current state of preparation is akin to a "fire drill," since the first wave of H1N1 has been relatively mild, but companies have to be ready to maintain operations, manage fear and support employees should the pandemic worsen, as many predict.

As well, the culture of "presenteeism," in which employees come to work despite being sick, should be discouraged as it can be very dangerous during an epidemic, stated the Jul. 20 report, which prepared by conference board's the national security and public safety group.

Because business continuity may be disrupted, and companies may need to communicate about this to the general public, businesses should speak with a single credible voice and build relationships with experts in disease outbreaks and pandemic managements, as well as with members of the media.

Empathy and caring rank first among the attributes that company spokesperson should have, the conference was told. The response of Maple Leaf Foods' President Michael McCain to the Listeriosis outbreak in 2008 is considered a gold standard for building trust in a crisis, the report notes. Dedication, transparency and expertise — in that order — are also important, Terry Flynn, assistant professor at the DeGroote School of Business at McMaster University in Hamilton, Ontario, told the meeting. — Ann Silversides, *CMAJ*

DOI:10.1503/cmaj.091238