



Coronary care challenges explored in inaugural Keon Lecture

Dr. David Naylor began the inaugural Keon Lecture in Ottawa by lauding the man it is named after. He suggested that only one Canadian physician — Dr. Wilder Penfield of the Montreal Neurological Institute — had been as innovative and creative as Wilbert Keon.

The lecture, organized by the Medical Research Council of Canada and the medical faculty at the University of Ottawa, was designed to honour Keon, founder and head of the University of Ottawa's world-famous Heart Institute. Naylor, senior scientist emeritus at the Institute of Clinical Evaluative Sciences (ICES) in Toronto and member of *CMAJ*'s Editorial Board, spoke about his work during the past decade, and especially about ICES scrutiny of how coronary care is delivered within the province. The subject was well chosen, because Keon has been closely associated with this work.

Naylor described several aspects of care in the 9 Ontario centres where coronary surgery is performed. In the US, he pointed out, rates of bypass surgery are approximately 17% higher than in Canada. Does this mean more lives are saved? Naylor went through data that revealed that once surgery rates rise above 90 procedures per 100 000 population, there are marginal returns in terms of increased survival. "But there are still significant quality-of-life improvements," he said. "So we are all faced with a difficult ethical choice. Should we increase our provision of service not to prolong life, but to improve it?"

Naylor also explored some of the issues surrounding quality-of-care assessment. ICES has recently completed assessments of all 9 cardiac care facilities in Ontario and pinpointed some anomalies. He was quick to point out that all centres

now conform to the norm "and wherever you go in Ontario, you will receive an excellent standard of care."

But he and his team also considered whether scrutiny should extend beyond individual centres to individual cardiac surgeons. This has been happening in the US, but Naylor argued that such scrutiny might distort the behaviour of both surgeons and patients, particularly since there can be huge year-to-year variations in an individual physician's records.

Naylor suggested that individual report cards might be appropriate in the US, where cardiac facilities are not concentrated in a handful of large, carefully accredited centres and where every "mom and pop health centre" promises adequate care. However, he sees no reason to institute report cards on individual surgeons in Ontario. — © *Charlotte Gray*

In the news . . .

Ontario raises bar for RNs

Toronto — Quebec recently lowered education standards for registered nurses (*CMAJ* 1998;158:1262), and now Ontario has raised them. Beginning in 2005, all new Ontario RNs must hold a baccalaureate degree in nursing. The 140 000-member College of Nurses of Ontario (CNO) also approved new entry competency standards at its December council meeting. The practice competencies in 6 categories relate to issues such as clinical practice, community health and research. The On-



tario government is expected to approve the CNO's move into the practice-regulation field.

No to gay "reparative" therapies

San Francisco — The board of the American Psychiatric Association has agreed unanimously to oppose any psychiatric treatment that attempts to change a person's sexual orientation from homosexual to heterosexual. The 2000-member Gay and Lesbian Medical Association (GLMA) applauded the decision, made at the APA board's December meeting. "There is no scientific evidence that attempts to change an individual's sexual orientation can be successful," said Dr. Bob Cabaj, a psychiatrist and GLMA board member. "There is, however, extensive evidence that men and women have been psychologically harmed by psychiatrists who have told patients that homosexuality is a mental disorder and have used these therapies to 'cure' them."