

## No ban on reuse of single-use medical devices imminent

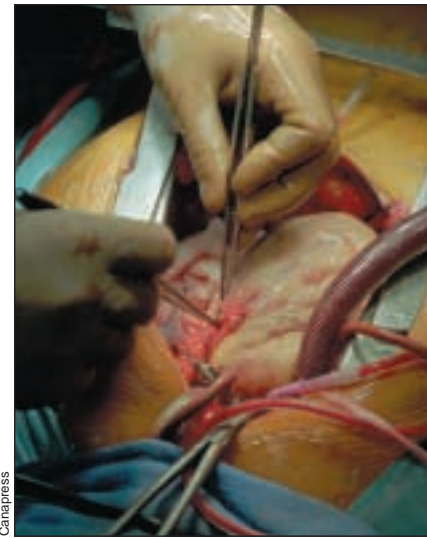
The widespread reuse of single-use medical devices (SUDs) within Canadian hospitals is unsafe and needs to be regulated, delegates attending a February conference were told. The conference, sponsored by the Ontario Hospital Association, was held 2 months after the \$27.5-million settlement of a case involving a Toronto neurologist whose patients developed hepatitis B after undergoing electroencephalography. The tests were conducted by a clinician infected with the virus, and some electrodes used in the tests were reused.

The reuse of SUDs — these include surgical drills, biopsy forceps, catheters and laparoscopy scissors — is common in many hospitals, yet the cleaning and sterilizing protocols differ greatly. “This issue needs to be brought out into the open and discussed rationally — we need some national directive on this,” Dr. Michelle Alfa, associate professor of microbiology at Wayne State University in

Detroit, told the conference. “It’s going on and there’s nothing to regulate it. A lot of people don’t realize the extent and types of reuse.”

Alfa, an expert on the safe reprocessing of these devices, says it is impossible to sterilize many types of SUDs adequately. For instance, balloon cardiac catheters cannot be sterilized in an autoclave because of heat sensitivity, and may be left with residual cellular material after undergoing gamma irradiation.

But any hope of quick action from the federal government may be wishful thinking. Dr. Philip Neufeld, manager of Health Canada’s Medical Devices Bureau, pointed out that Canadian hospitals have been reusing instruments for more than 3 decades. Several drafts of legislation and information letters proposing standards for the proper cleaning of these devices have been written, but there is no federal legislation enforcing the rules.



**No federal law to enforce national protocols for sterilizing reusable devices**

The US Food and Drug Administration began phasing in new rules last year in order to control hospital reuse ([www.fda.gov/cdrh/reuse](http://www.fda.gov/cdrh/reuse)) and third-party reprocessors. Although Neufeld urged health professionals to use caution, he stopped short of promising immediate action. He said Health Canada is “examining its authority to regulate reuse, and exploring its options. We’re thinking about it.”

A 2001 Health Canada survey of 741 hospitals revealed that 38% of institutions with more than 250 beds had a committee on reuse, while only 3% of hospitals with fewer than 250 beds had one. Manitoba banned the reuse of all critical care devices after Alfa’s 1999 report on reuse in Manitoba was leaked (Fallding F. Surgical reusables’ sterilization faulted. *Winnipeg Free Press* 1999 Dec 5; Sect A:4) That decision has cost the province an estimated \$5.5 million.

The combination of alarm over proper reuse and the lack of federal directives left some at the Toronto conference feeling anxious. Susan Hadfield of Winnipeg’s Health Sciences Centre admits to being caught between budget worries and concerns about patient safety. “I wish Ottawa would just say no to reuse. But the way the federal budget is going, we’ll just have to deal with it in our own way.” — *Brad Mackay, Toronto*

## CMAJ joins BMJ, NEJM on HighWire

*CMAJ*’s online edition is about to get a facelift, with substantial improvements to existing features and enhancements that will make the journal more convenient and useful for physicians.

On Apr. 12, *eCMAJ* ([www.cmaj.ca](http://www.cmaj.ca)) will join more than 300 other journals on HighWire Press, a popular scientific information portal operated by Stanford University. It already hosts the *BMJ* and the *New England Journal of Medicine*.

The revamped *eCMAJ* will include new features developed to meet the needs of physicians and researchers. A powerful search engine will deliver quick and accurate results to users, whether they are searching for information on a specific topic, looking for papers by a particular author or browsing through illustrations.

The new subject-collection feature will let specialists keep current in their field with the click of a mouse. For example, physicians with an interest in addictions can consult the addictions collection for a linked list of all *CMAJ* articles on that subject. Subject collections on topics such as diabetes will include articles dating to 1999, and will be updated with each issue.

In addition to the full *CMAJ* electronic table of contents currently delivered by email to subscribers of this service, users will soon be able to register for customized email alerts that will notify them whenever new research in their field is published in *CMAJ*.

Popular features from the old site will be maintained, including free full-text access, e-letters, reference linking and the bilingual English/French interface. Web extras such as drug alerts and health care commission news will be ongoing features.

Signing on with HighWire Press affords many advantages to *CMAJ* and its readers: *eCMAJ* articles will now be available to physicians searching the medical literature through the popular HighWire Library of the Sciences and Medicine ([highwire.stanford.edu](http://highwire.stanford.edu)), and as a leader in electronic scientific publishing, the company will keep *CMAJ* on the cutting edge of online information delivery.

— *Rebecca Fleming, CMAJ*