

Tattoo taboo: Injecting anesthetic through a tattoo may be risky, say UBC researchers and the American Association of Nurse Anesthetists. The researchers, Drs. Joanne Douglas and Jean Swenerton, caution women to think twice before getting a midline tattoo — the entry site for an epidural during childbirth (*Can J Anesth* 2003; 49[1]:1057-60). Although there have been no documented cases to date, theoretically, inserting a needle through the pigment of a tattoo may result in a tissue core that contains pigment, leading to possible neurologic complications later on. The AANA advise young women to “use caution” in the placement of their tattoos.

Casino medicine: What do a casino and a hospital have in common? For the Queen Elizabeth II in Halifax, it's a new shift schedule. Hoping to reduce the number of medical errors and improve the quality of patient care, the hospital is Canada's first to introduce “casino hours” for their emergency department physicians. The new system, similar to ones used in casinos, adjusts the timing of shifts and reduces them to 6 hours. For Dr. Pat Croskerry, the initiative's main proponent, the new schedule is designed to help doctors perform optimally by preserving the amount of sleep they get during the anchor period. In so doing, Croskerry, an emergency department practitioner for 20 years, explains, “the principal factor responsible for adverse effects — the disruption of the circadian rhythm — will be as minimal as possible.” According to former interim chief, Dr. Mary-Lynn

Watson, the casino hours schedule “has been overwhelmingly supported by the physicians.” — *Elisa Birnbaum*, Toronto

Home medicine: Philips Medical Systems hopes its HeartStart Home Defibrillator will become a must-have item, now that the US Food and Drug Administration has licensed over-the-counter sale of the automatic external defibrillators. Complete with a training video and voice and text prompts, the defibrillators (selling for US\$1495) are for use on adults or children aged 8 and older who weigh at least 55 pounds. Proponents contend that the more widely the devices are distributed, the more likely they will save lives, and point to their ease of use. One study (*Circulation* 1999;100:1703-7) compared the use of AEDs by 15 grade 6 students with that of 22 paramedics, and concluded the children were only “modestly slower” than paramedics in using the defibrillators. Critics worry that people will waste time searching for the defibrillators before calling 911, or point to the cost of the devices as a less-than-effective public health measure. HeartStart is also available in Canada without a prescription for \$2695.

Slower spending: Health care spending kept pace with the economy this year, according to new figures from the Canadian Institute for Health Information. The federal-provincial agency released *National Health Expenditure Trends, 1975-2004*, in December, projecting spending would reach \$130 billion in 2004 — at 5.9% the lowest annual increase since 1997. Total per capita spending is \$4077. When adjusted for inflation and population growth, the per capita increase in health spending is just 1.2%. “The spending on health this year is actually in line with growth in the economy,” said CIHI's Graham Scott. The proportion spent on physicians de-

clined slightly to 12.9% in 2004, from 13% in 2003; drug spending rose from 16.7% to 16.3%.

Needle phobia? New research shows only 37% of health care workers in the emergency departments of 4 teaching hospitals in London, Ont., were vaccinated against influenza during the 1999-2000 flu season (*Can J Emerg Med* 2005;7[1]:17-21). Vaccination rates were highest among respiratory therapists, at 45.9%, and declined to 35.3% for emergency physicians and residents, 34.5% for nurses and 27.1% for other health care workers. Older health care workers and people with chronic medical conditions were more likely to get vaccinated. Only 26.8% of those surveyed believed their patients were at increased risk of contracting influenza from emergency staff, but 58.3% believed they were at risk of contracting flu from their patients.

Lilly to register: Eli Lilly and Company has created a clinical trial register (www.lillytrials.com) that will post results from all clinical trials (“regardless of outcome”) of marketed products. The company will also post information on the initiation of Phase II through IV trials. The move comes in the wake of allegations of selective reporting of trials by some companies. In September, the 11 journals belonging to the International Committee of Medical Journal Editors (ICMJE) (*CMAJ* 2004; 171[6]:606-7) adopted a policy requiring all trials to be publicly registered at or before the onset of patient enrolment, as a condition of consideration for publication. The proposed registry, however, does not meet all the ICMJE requirements. — Compiled by *Barbara Sibbald* and *Laura Eggertson*, CMAJ



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