able experience and greater control over the research they are undertaking," the council said.

Trial halted: Drug giant Bayer Inc. last month moved to suspend worldwide marketing of the drug aprotinin (Trasylol) until the final results of a Canadian trial are compiled and evaluated. The multi-year, multi-centre clinical trial weighing aprotinin's merits against 2 antifibrinolytic drugs in preventing bleeding during bypass surgery was suspended in October, prompting the US Food and Drug Adminstration to announce that is now weighing whether to remove the drug from market or require additional warnings on its label. The trial's Data Safety Monitoring Board shut down the study after preliminary findings indicated that patients given Trasylol had a 2% higher risk of dying compared with those given epsilon-aminocaproic acid and tranexamic acid. Co-chaired by *CMAJ* Editor-in-Chief Dr. Paul Hébert and Ottawa Health Research Institute Senior Scientist Dean Fergusson, the study's full name is "Blood Conservation using Antifibrinolytics: A Randomized Trial in High-Risk Cardiac Surgery Patients." — Wayne Kondro, *CMAJ*

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Dispatch from the medical front

Goats and sewing machines

George Puthenpurayil Jacob

Established by a small group of physicians in 2003, a novel home care initiative in India offers free medicines and wound dressings for terminally ill cancer patients in the final months of their lives. The program also aims to reassure the terminally ill that their families will be helped to get back on their feet after the patient's death. The latter has included the provision of things like goats and sewing machines to establish small commercial ventures, or monies to cover the educational expenses of children.

It had taken our medical team 45 minutes to drive to the small, dusty roadside hut of our next patient. We entered and saw an old emaciated woman, lying on the bare mud floor. Her daughter and 2 grandchildren who were standing anxiously by her side, seemed relieved at the arrival of "the doctors." The tumour in the woman's mouth had eaten away the flesh on her cheek, exposing her gums and teeth. Two hours later, after rehydrating her with IV fluid and giving her a nutrient-rich drink, we were back on the road. In a couple of days, we would return to bring her a coconut fiber mattress and a single bamboo cot. At the very least, we had ensured that she could now spend the last few days of her life in a more dignified manner, surrounded by those she loved.

As a first-year medical student at the University of Western Ontario, I was volunteering with a novel medical initiative called "Care Plus" in the south Indian city of Thiruvananthapuram. It was started by a group of local physicians who wanted to provide free palliative care to cancer patients in the city who could not afford the expense that the treatment would involve.

While talking to these patients, I learned that what worried them the most was not the grim reality of their impending deaths but rather, the enormous financial burden that their disease was placing on their family members. In response to this concern, Care Plus would provide them with the means — for example, a sewing machine — to set up a small business venture that would earn a steady income after the patient dies. In addition, they would occasionally cover the educational expenses of the patient's children, including tuition and the cost of school supplies. This holistic approach to palliative care, completely funded by donations, changed my perspective of end-of-life care and the role of medicine in fighting poverty.

I can still see the tears of joy rolling down the cheeks of one woman suffering from cancer after I told her that her daughter's nursing school education would be fully funded. It was so humbling to think that in the midst of such desperation, one could still offer a ray of hope. Is that not what palliative care is about, anyway? — George Puthenpurayil Jacob, London, Ont.

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CMAJ invites contributions to Dispatches from the medical front, in which physicians and other health care providers can provide eyewitness glimpses of medical frontiers, whether defined by location or intervention. The frequency of the section will be conditional on submissions, which must run a maximum 350 words or be subject to our ruthless editorial pencils. Forward submissions to: Wayne.Kondro@cma.ca