Letters

Pathology practice in Canada

In their recent editorial, Kathy Chorneyko and Jagdish Butany made several excellent points about the challenges pathologists face, including human-resource shortages and the need for provincial governments to support quality-assurance efforts.[1] Their final recommendation was that a national body be created to oversee quality assurance and set national standards, among other roles. This recommendation, although worthy of consideration, is of uncertain value given the fact that several provincial and other groups already fulfill the roles that the editorialists proposed for their new national body.

Two critical aspects of pathology practice were not discussed in the editorial. First, clinical pathology was not mentioned. Medical biochemists, hematopathologists, medical microbiologists, molecular pathologists, cytogeneticists and other specialists in clinical pathology play vital roles in Canadian medicine. Discussions about human resources in pathology often focus on the practice of anatomic pathology; a broader view would be beneficial.

Second, and more importantly, the editorial did not address the greatest challenge affecting pathologists in Canada: the tendency by provincial governments and health administrators to view hospital-based pathology laboratories as cost centres rather than patient-care centres.[2] Laboratory resources, both human and financial, have been reduced again and again, following the recommendations of consultants obsessed with centralization and automation. Sadly, this continual paring of laboratory budgets often leads directly to poorer quality care for Canadians, including misdiagnoses, miscommunications, medical errors, longer turnaround times for results and inappropriate therapies.

Canadians may well benefit from "an appropriately resourced national body to promote excellence in the practice of laboratory medicine," as the editorialists suggested. However, without appropriately resourced laboratories, such a body would be nothing more than a well-dressed shell.

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Competing interests: None declared.

REFERENCES

1. Chorneyko K, Butany J. Canada's pathology [editorial]. *CMAJ* 2008;178:1523-4.
2. Ho DK. Restructuring the hospital lab. The view from Ontario. *MLO Med Lab Obs* 1996;28:52-6.

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Tasers

My interest in Matthew Stanbrook's editorial on tasers[1] was roused less by what Stanbrook had to propose than by the fact that *CMAJ* had finally thought fit to take up this issue. At the Toronto Police Services Board, the civilian governance body of the Toronto Police Service, we have grappled with the use and abuse of tasers for some time now.

Before we permitted limited deployment of conducted energy devices in Toronto, we asked the city's medical officer of health to undertake a review and provide us with his advice. He has never received financial or other compensation from TASER International. He was cautious about offering advice in the absence of sufficient evidence, and he emphasized the need for more independent research on the risks and benefits of the use of tasers.

Ontario's deputy chief coroner made an impassioned presentation to our board, advocating the use of tasers. He assured us that his published, peer-reviewed research had shown that not a single death could be directly attributed to the use of tasers.[2] He said that the deaths associated with taser use were a result of excited delirium caused by other factors, such as drug use. My fellow members of the Toronto Police Services Board and I are not health care professionals; we believed that excited delirium was a valid medical condition until recently, when a coroner's jury in Ontario called for further review of this condition. I hope that Stanbrook's call for independent research will be heeded and that medical researchers will tell us whether to give any credence to the view that excited delirium is responsible for the deaths associated with taser use.

I do note, however, that in Toronto the use of tasers has not been associated with a single serious injury, let alone a death. We believe this is because we train our people well, have good guidelines for the use of tasers, monitor taser use very closely, publicly account for the number of times tasers are used and the location and circumstances of each use, and have emergency medical personnel monitor each person on whom a taser is used.

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Competing interests: None declared.

REFERENCES

1. Stanbrook MB. Tasers in medicine: an irreverent call for proposals [editorial]. *CMAJ* 2008;178:1401-2.
2. Pollanen MS, Chiasson DA, Cairns JT, et al. Unexpected death related to restraint for excited delirium: a retrospective study of deaths in police custody and in the community. *CMAJ* 1998;158:1603-7.

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Electronic control devices

We are members of the TASER International Scientific and Medical Advisory Board, and we would like to comment on the recent *CMAJ* editorial on