



laboratory physician, I try to provide services within a defined budget and I have to live with recommendations and decisions taken in faraway places.

Roland Jung, MD

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Reference

1. Mendelssohn DC, Barrett BJ, Brownscombe LM, Ethier J, Greenberg DE, Kanani SD, et al. Elevated levels of serum creatinine: recommendations for management and referral. *CMAJ* 1999;161(4):413-7.

[One of the authors responds:]

Roland Jung raises important questions. Neither the Canadian Society of Nephrology nor the Canadian Task Force on Preventive Health Care has issued a directive about whether serum creatinine testing should or should not be included as part of periodic health examinations. Certainly, widespread population screening is not what we are advocating.

Many physicians perform serum creatinine testing as part of a routine panel of biochemical tests, which may be ordered for many different reasons. The guidelines do suggest a case-finding approach in describing characteristics of patients at high risk for renal failure, in whom serum creatinine should be tested. The guidelines are meant to recommend what should happen when an elevated serum creatinine level is discovered in these settings.

The question about frequency of testing is a difficult one to answer. It was considered by the committee but was not included in the guidelines because there are so many factors that must be considered. For example, annual or biannual testing is sufficient if a patient has mild, chronic and relatively nonprogressive renal failure, whereas monthly testing might suffice for a patient with severe chronic renal failure. Weekly or even daily testing might be required for a patient with rapidly progressive glomerulonephritis.

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Should we preach parsimony for health care?

Webster's dictionary defines parsimony as "extreme or excessive economy or frugality; stinginess." Surely Vahé Kazandjian is not serious in suggesting this as a goal in the provision of health care.¹ "Parsimonious" exactly describes the Canadian health care system at present.

Gerald E. Sinclair, MD

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Reference

1. Kazandjian, V.A. Power to the people: taking the assessment of physician performance outside the profession. *CMAJ* 1999;161(1):44-5.

[The author responds:]

In my review of the Physician Achievement Review initiative launched in Alberta, I discussed aspects of performance and quality by placing them within the context of quantitative analysis. The spirit of that analysis is to be scientific in its inquiry, implementation, and evaluation. As a guiding principle I proposed that such a series of steps be undertaken with "parsimony" in mind, or parsimoniously.

The golden rule of science is, indeed, that of parsimony. The Law of Parsimony, also called Ockham's Razor, goes back to the 14th century; William Ockham (died *circa* 1349) stated that *non sunt multiplicanda entia praeter necessitatem*, meaning that one should not increase, beyond what is necessary, the number of entities required to explain anything. This law, used sharply by Ockham (hence the razor), assumes that simpler explanations are inherently better than complicated ones. The scientific method of hypothesis generation and testing relies heavily on this powerful tool. In its recommendation to cut to the essence of things, the Law of Parsimony has shaped Western scientific thinking from Galileo to Einstein, who adapted the law as "make things as simple as possible – but no simpler." Epistemological in nature, the principle can be inter-

preted as saying that simpler models are more likely to be correct than complex ones.

The Law of Parsimony has also been used in the context of the definitions of quality health care in a seminal work by Donabedian.¹ He stated that "the use of redundant care, even when it is harmless, indicates carelessness, poor judgment, or ignorance on the part of the practitioner who is responsible for care. It contravenes the rule of parsimony which has been, traditionally, the hallmark of virtuosity in clinical performance."¹

The societal dimension of parsimony is also critical to health care: providing the appropriate care, at the appropriate time, without waste is the responsibility of the health care provider, who should take into account both quantitative and qualitative aspects of diagnosis, patient management and resource utilization.

It is within the context of scientific rigor, clarity of causal relationships and appropriate decision-making that I have proposed that we should be "parsimonious." The scientifically trained mind functions at its best when the desk is cluttered but the decision paths are stingily chosen.

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Reference

1. Donabedian A. *Explorations in quality assessment and monitoring, vol. 1. The Definition of quality and approaches to its assessment.* Ann Arbor: University of Michigan Health Administration Press; 1980. p. 29.

What's in a name?

The report by Roanne Segal and colleagues on the Oncology Rehabilitation Program at the Ottawa Regional Cancer Centre¹ is interesting, but they do not describe how this program differs from those designed for other diseases. For the label "Oncology Rehabilitation Program" to be valid, the program should deal specifically