

Birth of Nova Scotia midwifery program delayed

After spending months drafting new legislation that would make midwifery a self-regulating profession, the Nova Scotia Department of Health has put its legislative plans on the back burner. Although self-regulation would allow a midwife's services to be covered under the province's medicare plan, it would also require that an effective self-disciplinary process be put in place. According to the minister of health, there are only 4 midwives in all of Nova Scotia, an insufficient number for self-disciplinary action.

"If you had 4 people it would be very difficult," says Health Minister Jamie Muir. "If there was a single disciplinary matter, it would mean there would only be 3 people left to deal with it."

Although the government has scrapped its plans to regulate midwifery, the issue is still on the table. In response to the health minister's announcement, the Association of Nova Scotia Midwives called for a meeting

with Muir. That meeting, described as "encouraging" by president Carrie Harlow, leaves the door open for future negotiations.

Last year a report entitled Recommendations for the Regulation and Implementation of Midwifery in Nova Scotia was released by the provincial government. That report, compiled after a year of research and consultation, recommended that midwifery be legally recognized as an autonomous, self-regulated primary health care profession and included as an insured service. The report also recommended that the government financially support the training of midwives in the same way the training of other health care professionals is supported. It also called for the establishment of a college of midwives in the province.

Although not currently recognized as a health procedure that can be billed under medicare, midwifery is recognized as a legal procedure in Nova Scotia. — *Donalee Moulton*, Halifax

One of medicine's most famous ORs now a museum

Thirty-three years ago, in a small South African operating theatre in what had once been a barn, an operating room team came together and changed the way medicine is practised. The team, led by Dr. Christiaan Barnard, performed the world's first heart transplant on Louis Washkansky, a 55-year-old grocer. The donor was a 25-year-old woman, Denise Darvall. Washkansky lived for 18 days after the historic operation, but died after developing pneumonia; his new heart beat strongly until the end.

Today, the Groote Schuur Hospital in Cape Town, where Barnard performed that first human heart transplant after perfecting his technique on dogs and baboons, is a thriving facility that treats patients from South Africa and beyond. The site originally became

home to South Africa's first medical school in 1912, with the hospital opening 26 years later.

Today, the operating theatre where Barnard and his team worked has been transformed into a museum, where visitors can transport themselves back to Dec. 3, 1967, when the operation was performed.

Barnard, who recently announced that he is leaving South Africa after 77 years, did not believe in putting patients through treatments that were not going to make them feel better. "The prime goal," he said, "is to alleviate suffering, and not to prolong life. And if your treatment does not alleviate suffering, but only prolongs life, that treatment should be stopped." — *Donalee Moulton*, Cape Town

Health Canada sounds warning over St. John's wort

Health Canada is warning physicians that a popular herbal remedy for depression could "seriously alter or diminish the effectiveness" of prescription medications.

A study conducted by the National Institutes of Health in Maryland found that St. John's wort (*Hypericum perforatum*) significantly decreased the presence of indinavir, a protease inhibitor used to treat HIV infection, in the bloodstream. The study found that St. John's wort decreased plasma concentrations of indinavir, possibly by inducing the cytochrome P450 metabolic pathway.

Although the study (*Lancet* 2000;355:547-8) referred only to indinavir, officials at both the US Food and Drug Administration and Health Canada are urging patients taking St. John's wort concurrently with any retroviral drug to consult their physician. In a letter to physicians, Health Canada also warns that St. John's wort may affect the metabolism of a variety of prescription drugs, including anti-epilepsy agents, oral contraceptives and immunosuppressant, antidepressant and anticoagulant drugs.

"Although drug interaction studies with St. John's wort are not available for antiretroviral agents other than indinavir, the possibility of significant decreases in the blood concentrations of all of the currently marketed HIV-1 protease inhibitors should be considered," warned the letter.

Patients have also developed "serotonin syndrome" by using St. John's wort in combination with conventional antidepressants. The syndrome is characterized by tremors, headaches and restlessness. — *Steven Wharry*, CMAJ