Public health capacity in Canada

W. Harding Le Riche is correct in suggesting that increasing public health capacity is an important challenge.[1] However, the suggestion that responsibility should be jointly supported by the academy and the Royal College of Physicians and Surgeons of Canada fails to recognize the government (if they are interested). I recently requested, under the Access to Information Act, the following document: *Survey of Public Health Capacity in Canada — Report to the Federal, Provincial and Territorial Deputy Ministers of Health by the Advisory Committee on Population Health*, January 2001. My request was refused because the report is "exempt from disclosure." Why has this report, with its interest in the public health of Canadians, not been made public?

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1. Le Riche WH. Community health programs in Canada [letter]. *CMAJ* 2002;166(5):579.

[Editors' note:]

The Minister of Health, Anne McLellan, did not acknowledge our request for a response.

Coronary artery bypass grafting in octogenarians

We read with great interest the article by Kelly Smith and colleagues about coronary artery bypass grafting in octogenarians and septuagenarians.[1] We recently published the results of our experience with coronary artery surgery in octogenarians.[2] Between January 1990 and December 2000, 3282 patients underwent surgical myocardial revascularization at Montpellier University Hospital in France. Forty-two (1.3%) of these patients were 80 years of age or older. Of this group, 13 (31%) underwent valvular replacement with bioprosthesis and 5 (11.9%) died in the first 30 postoperative days. The principal factor associated with decreased survival was valvular replacement. However, long-term results were excellent for patients who underwent isolated coronary surgery; the probability of survival was greater than 85% at 5 years.

In a preliminary retrospective study at the Montreal Heart Institute, we compared the results of coronary artery bypass grafting surgery with and without cardiopulmonary bypass ("on-pump" and "off-pump") in patients over 80 years of age.[3] We found a statistically significant difference in early mortality: about 20% of patients in the on-pump group died in the first 30 postoperative days, compared with 6% of patients in the off-pump group.

In octogenarians without serious comorbidities, age should not be a contraindication for surgical myocardial revascularization. Moreover, off-pump coronary artery bypass surgical techniques may reduce the early mortality rate for octogenarians. A prospective randomized study is warranted to confirm this hypothesis.

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1. Smith KM, Lamy A, Arthur HM, Gafni A, Kent R. Outcomes and costs of coronary artery bypass grafting: comparison between octogenarians and septuagenarians at a tertiary care centre. *CMAJ* 2001;165(6):759-64.
2. Demaria R, Rouvière P, Vergnes C, Albat B, Piot C, Frapier JM, et al. Résultats de la chirurgie coronaire chez l'octogénaire. *Arch Mal Cœur* 2001;94:659-64.
3. Demaria RG, Fortier S, Martineau R, Cartier R, Pellerin M, Hébert Y, et al. Comparative results of coronary artery bypass grafting surgery with and without cardiopulmonary bypass in patients over 80 years of age [abstract]. *Circulation* 2001; 104(2 Suppl):443.

[The authors respond:]

We thank Roland Demaria and colleagues for their interest in our article on coronary artery bypass graft (CABG) surgery in octogenarians and septuagenarians.[1] It is encouraging that similar results in octogenarians are being reported in other provinces and surgical institutions. Our results suggest that CABG surgery in octogenarians (without concomitant valve replacement) is as safe as, and no more costly than, CABG in the younger septuagenarian group, when octogenarians are appropriately triaged. As suggested by Ghali and Graham,[2] an open discussion and debate on the ethical and societal implications of adopting a policy of aggressive revascularization treatment in elderly patients needs be undertaken. First, however, further investigation on the nonmedical outcomes of CABG surgery, such as health-related quality of life, self-efficacy and the impact on independent living, needs to be conducted to bring to this debate a full awareness of the risks and benefits of CABG surgery in elderly patients.

Demaria and colleagues also bring up an interesting point with respect to CABG surgery without the use of cardiopulmonary bypass ("off-pump"). This particular topic was recently discussed in Oct. 2001 at the first meeting of the Canadian Registry for Off-Pump CABG Surgery. This was a Canadian Institutes of Health Research University/Industry funded project, bringing together surgeons from across Canada to develop a data set from which future research will emerge. Results from our