

FDA issues warnings about drugs used to treat fungal nail infections

The US Food and Drug Administration (FDA) is warning physicians against prescribing itraconazole (Sporanox) to treat fungal nail infections in patients who have congestive heart failure (CHF) or a history of CHF (www.fda.gov/cder/drug/advisory/sporanox-lamisil/advisory.htm). It also warns that itraconazole and terbinafine hydrochloride (Lamisil) have been associated with serious liver problems.

Recent studies indicate that itraconazole may weaken the force of the heart's contractions. This effect was observed when the drug was injected into anesthetized dogs and healthy human volunteers. In these studies, the adverse effect resolved once use of the drug stopped.

Since becoming aware of those findings, the FDA analysed US and international postmarketing adverse event reports involving itraconazole that were received between its approval in 1992 and April 2001. It received 94 reports in which patients receiving the drug developed CHF, and thinks itraconazole contributed to or may have been the cause of CHF in 58 of the 94 patients.

The advisory also alerts physicians about rare cases of serious liver disease, including liver failure, associated with the use of itraconazole products and terbinafine tablets. It says physicians should obtain nail specimens for laboratory testing to confirm the diagnosis of fungal nail infections before prescribing either medication.

CMAJ now posts FDA warnings at www.cma.ca/cmaj/FDA-Advisory/index.htm. — Steven Wharry, CMAJ

Quebec's residents worry that sharing of medical duties will affect training time

Who should provide what care to patients? The Quebec Medical Association tackled the issue this spring by surveying 500 physicians about sharing some duties with other professionals — 68% supported the idea — and then dedicating the scientific portion of its annual meeting to the topic.

"[Respondents] seemed receptive to widening the scope of practice to include professionals other than physicians," said Dr. Daniel Wagner, the past president. This would mainly involve

the transfer of "technical procedures" to other professions. Although Quebec physicians seem willing to share or delegate some traditional responsibilities, they stipulate that it should be done only to improve care, not simply to save money.

Many of the 150 participants at the meeting had legal concerns. Others, like Dr. Jean-François Cailhier, president of the Fédération des médecins résidents du Québec, were worried that the arrival of a new class of worker would affect their training time. "We have concerns about the ability to maintain the quality of medical training, particularly in surgical cases, [if] duties are passed from the surgeon to a nurse practitioner. We need to make sure that residents have first priority for doing procedures."

Quebec was the first province to recognize the role of nurses as "first assistants" in surgical procedures by passing legislation last December. Cailhier said residents tried to secure changes to the law that would recognize the primacy of residents in carrying out surgical procedures delegated by surgeons, but failed. He said they will now seek these guarantees at the institutional level.



In Quebec, some OR responsibilities are shifting from MDs to other workers

Nurses decry profession's 1:19 male-to-female ratio

In the last 50 years medicine has moved from a male-dominated profession to one in which medical school spaces are shared equally by males and females. Now some Canadian nurses want their profession to take a similar step and leave its female-dominated roots behind.

In the latest issue of *Canadian Nurse* (2001;97[5]:14-8), nursing student Matthew Davis and Queen's University Assistant Professor Wally Bartfay say that female nurses outnumber males by a proportion of 19 to 1, and in only 3 provinces is the proportion of males higher than 5%. "The disproportion is startling given the tremendous strides men have made in other professions once dominated by women," they argue.

They say some nurses view their profession as a symbol of women's struggle to find a field that not only accepted them but was also respected and valued, "and hence believe it should remain a women's profession." However, "there is a need to recruit men actively into all areas of the profession ... to tap into the energy, strength and ideas they could bring to nursing." They conclude that career counsellors must start promoting nursing as a viable career for men and recruiters must make greater efforts to portray males in nursing. "As male role models become more evident within our profession, the number of men joining will continue to increase." — Patrick Sullivan, CMAJ

Dr. Roch Bernier, who heads a provincial task force examining the sharing of medical duties, said it will develop a comprehensive plan on professional roles within a year. "Consensus has emerged that the responsibility for diagnosis will likely always stay with physicians, that this is the heart and soul of what doctors do," Bernier said. "But practice guidelines and protocols can almost certainly set out areas where other health care professionals can do other tasks." — Steven Wharry, CMAJ