Health Organization has listed these agents on their essential drug list in recognition of their activity against malaria. Is there any indication that they will be available in Canada on an "emergency release" basis in the near future?

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Reference

1. Kain KC, MacPherson DW, Kelton T, Keystone JS, Mendelson J, MacLean JD. Malaria deaths in visitors to Canada and in Canadian travellers: a case series. *CMAJ* 2001;164(5):654-9.

[One of the authors responds:]

We thank Russell MacDonald for his interest in our paper.[1] As he points out, artemisinin derivatives are potent antimalarials that result in faster parasite and fever clearance times than any other class of antimalarials. The use of artemisinin-based suppositories represents a breakthrough in the management of severe and complicated malaria in medically underserviced areas of the developing world.

Unfortunately, unlike standard treatments such as parenteral quinine (currently the treatment of choice for severe malaria in Canada), artemisinin-based drugs have not been shown to decrease the mortality associated with severe malaria.[2,3] Furthermore, most of the compounds currently in use have not gone through the formal safety and toxicity testing generally required by drug regulatory authorities in order for them to be licensed for use in developed countries. In addition, until recently these drugs were not generally produced using good manufacturing practices. However, a number of these derivatives are now made using good manufacturing practices and I posed MacDonald's question regarding their availability to the Health Protection Branch. Although there was some interest, they indicated that at present there are no plans to make these agents available in Canada.

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1. Kain KC, MacPherson DW, Kelton T, Keystone JS, Mendelson J, MacLean JD. Malaria deaths in visitors to Canada and in Canadian travellers: a case series. *CMAJ* 2001;164(5):654-9.
2. Tran TH, Day NP, Nguyen HP, Nguyen TH, Tran TH, Pham PL, et al. A controlled trial of artemether or quinine in Vietnamese adults with severe falciparum malaria. *N Engl J Med* 1996; 335(2):76-83.
3. Van Hensbroek MB, Onyiorah E, Jaffar S, Schneider G, Palmer A, Frenkel J, Enwere G, et al. A trial of artemether or quinine in children with cerebral malaria. *N Engl J Med* 1996;335(2): 69-75.

Weighing the risks and benefits of autologous blood donation

In their article on the use of a decision aid for patients considering autologous blood donation before open-heart surgery, Curry Grant and colleagues did not mention storage time for blood.[1] This issue should be discussed when autologous blood transfusion is being considered. Is this a component of the decision aid?

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Reference

1. Grant FC, Laupacis A, O'Connor AM, Rubens F, Robblee J. Evaluation of a decision aid for patients considering autologous blood donation before open-heart surgery. *CMAJ* 2001;164 (8):1139-44.

[One of the authors responds:]

We agree with Alastair Weir that the storage time of self-donated blood should be discussed with patients considering donating their blood. Self-donated blood has a shorter shelf life than volunteer-donated blood (35 v. 42 days) because of differences in processing methods. We have added the shelf life of self-donated blood to our revised decision aid.[1] The short storage time may contribute indirectly to the increased risk of having a transfusion of either type of blood in patients who have donated their own blood, because there may not be adequate time in some patients for regeneration of red blood cells before surgery. With each unit of blood transfused, whether self-donated or volunteer-donated, there is a small risk of human error resulting in a transfusion reaction and a very small risk of bacterial contamination of the blood. Patients who are considering donating their own blood before surgery should weigh the reduced risk of viral transmission against the increased risk of human error and bacterial contamination owing to the greater average number of units transfused.[2] The revised decision aid is available on the Ottawa Health Research Institute Web site (www.ohri.ca/programs/clinical_epidemiology/OHDEC/decision_aids.asp).

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Reference

1. Grant FC, Laupacis A, O'Connor AM, Rubens F, Robblee J. Evaluation of a decision aid for patients considering autologous blood donation before open-heart surgery. *CMAJ* 2001;164(8): 1139-44.
2. Forgie MA, Wells PS, Laupacis A, Fergusson D. Preoperative autologous donation decreases allogeneic transfusion but increases exposure to all red blood cell transfusion. *Arch Intern Med* 1998; 158:610-6.

Alberta's Bill 11

In a recent commentary, Samuel Shortt expressed the fear that Alberta's Bill 11 will lead to the destruction of Canadian medicare, increased privatization and the entry of American health care providers into the Canadian market.[1] I have trouble understanding Shortt's position because it is not the law that will determine whether his fears are