

## FP uses PDA to ease angina diagnosis

This year's Pfizer Investigator-in-Practice award goes to a family physician who came up with an innovative way to diagnose patients with possible angina. Dr. Michelle Greiver and her coinvestigators, Dr. Neil Drummond, Dr. David White and Palm programmer Jason Weshler, adapted the recent American Heart Association guidelines on angina for use on personal digital assistants (PDAs). The program helps physicians manage patients with chest pain by stratifying their risk and suggesting appropriate investigations. It will be pilot tested by a group of family physicians this fall. Greiver, on staff at North York General Hospital, is a member of the Nortren, the North Toronto Primary Care Research Network. — *CMAJ*

## New Brunswick's physician-management plan constitutional: court

The New Brunswick Court of Appeal has dismissed an appeal by 4 physicians and the professional association that represents residents throughout the Maritimes. They had claimed that provincial legislation denying billing numbers to doctors in certain communities was unconstitutional, but the court ruled that the legislation does not violate the Canadian Charter of Rights and Freedoms.

"It was a disappointment," says Sandi Carew Flemming, executive director of the Professional Association of Residents in the Maritime Provinces (PARI-MP). "However, we still feel strongly about the case and are considering an appeal to the Supreme Court of Canada."

Money and opportunity will determine whether that step is taken. The PARI-MP has already spent more than \$400 000 in legal fees and related costs, and a trip to the Supreme Court of Canada would cost another \$100 000. Although residents' associations and medical societies across the country have donated money, PARI-MP has paid the lion's share.

Manpower changes are also an issue. New Brunswick now has a shortfall of about 50 physicians. However, even though the market for physicians is now strong and the law itself has little impact, Carew Flemming says PARI-MP remains concerned about the potential impact in the years to come.

The legal wrangling began 9 years ago when 4 physicians and PARI-MP sought to have the province's new physician resource management plan struck down. They argued that the plan violated their charter rights, particularly by restricting doctors' mobility. In his 83-page decision, Appeal Court Justice Joseph Robertson said that "the law is clear that the mobility right does not create an entitlement to work." — *Donalee Moulton*, Halifax

## ON THE NET

### Medical error and patient safety

After years of "the culture of silence," medical error and patient safety have become topics for open discussion. Public expectations of greater transparency have combined with a widening focus on systemic contributions to error. For example, the Canadian Institutes of Health Research and the Canadian Institute for Health Information have issued a call for proposals to study health-system error in Canada. At Health Canada, the Therapeutic Products Directorate now collects data on medication error as part of its monitoring of adverse drug events ([www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng](http://www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng)).

Other Canadian institutions with an interest in system improvement and patient safety include the CQI Network ([www.thecqinetwork.com](http://www.thecqinetwork.com)), which offers workshops on planning and implementing quality improvement, the National Association of Pharmacy Regulatory Authorities ([www.napra.org](http://www.napra.org)), the Canadian Society of Hospital

Pharmacists ([www.cshp.ca](http://www.cshp.ca)) and the Canadian Nurses Association ([www.cna-nurses.ca](http://www.cna-nurses.ca)). Halifax bioethicist Chris MacDonald has collected links to organizations, institutes, publications and reports under the title *Ethical Aspects of Clinical Error and Patient Safety* ([www.medicalerrors.ca](http://www.medicalerrors.ca)).

In the US, the Institute of Medicine's Quality of Health Care in America Project ([www.iom.edu/qhca](http://www.iom.edu/qhca)) has produced an influential report on the scale and causes of and solutions for medical error, *Crossing the Quality Chasm: A New Health System for the 21st Century* ([www.nap.edu/catalog/10027.html](http://www.nap.edu/catalog/10027.html)). The US Agency for Healthcare Research and Quality has information on error occurrence and preventive measures ([www.ahrq.gov/errors.htm](http://www.ahrq.gov/errors.htm)).

The Institute for Safe Medication Practices in the US has been collecting data and issuing warnings and recommendations on medication error for more than 25 years ([www.ismp.org](http://www.ismp.org)).



ISMP Canada, an independent non-profit agency with close ties to its American counterpart, was created in 1999. Its Web site ([www.ismp-canada.org](http://www.ismp-canada.org)) offers an anonymous reporting system for medication errors, as well as newsletters and a list of links to collaborating organizations. — *Alison Sinclair*, CMAJ