

ed for neonatal intensive care (a well-established system of proven benefit) to an experimental, unproven project . . .". All of us recognize the limitation of health care resources. If, however, this is going to become a reason to veto all clinical innovation, then medicine in Canada as a progressive science is certainly in trouble.

Medical science has only progressed when imaginative individuals have been bold enough to try alternative approaches. Modern congenital heart surgery would not exist if resources had not been committed over the past three decades to "experimental, unproven projects". It is particularly troubling when such a statement comes from an organization like the Canadian Paediatric Society, with its commitment to the advancement of medical care.

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## Medical staffing in Ontario neonatal intensive care units

**D**r. Bosco Paes and colleagues have highlighted the difficulty of attracting physicians to staff neonatal intensive care units (*Can Med Assoc J* 1989; 140: 1321-1326). One explanation for this might be found in the advertisement in the Apr. 15, 1990, issue of *CMAJ* for clinical assistants in a neonatal intensive care unit in Toronto (page 905). The stipends for these positions range from \$60 000 for physicians with no pediatric experience to \$72 000 for physicians with specialty certification in pediatrics. This so-called generous salary is for a 48-hour workweek.

The nurses in Alberta are currently ratifying a contract that will pay a nurse who has graduated

from a 2-year college program a base rate of \$17.47 per hour for 1921 hours per year. This amount does not include the medical and dental benefits provided for them or the weekend and shift differentials, which may be as much as \$6 per hour for approximately 20% of a nurse's working time. The nurses will also be paid double time for overtime.

If the nursing contract arrangements are applied to the 48-hour workweek it is clear that a newly graduated nurse would earn \$56 351, not including her weekend and shift differential pay. A nurse at the most senior staff level would earn \$69 092, not including differential pay.

Perhaps the difficulty in recruitment for neonatology would be solved if physicians entering this field could expect to earn more than what is possible after completion of a 2-year program in a technical college.

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## Effectiveness of natural family planning

**L**ast year the Ministry of Health in Ontario circulated to all physicians in the province a series of pamphlets on various methods of birth control. In these pamphlets was a list of the comparative effectiveness rates of the various methods. The data were taken from the most recent edition of *Contraceptive Technology*.<sup>1</sup>

Unfortunately the data on the effectiveness of natural family planning, in terms of the rate of accidental pregnancy in the first year of use, are incorrect and would be very misleading to those considering this method of birth control. According to the original

document the failure rate of this method when used by a highly motivated couple adhering closely to the guidelines ranges between 2% and 11%. The more typical failure rate, when the method is used by couples with various degrees of motivation, is in the region of 20%. These rates correspond to effectiveness rates of 80% to 98%, "effectiveness" being the descriptive term used in the Ministry of Health pamphlet.

The ministry has stated that it will correct the data when the pamphlet is next printed. In the meantime, physicians should be aware of this source of error when providing information to their patients.

Qualified teachers in natural family planning are available in most major centres through Serena, a national organization providing information on this method of birth control (613-728-6536).

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## Reference

1. Hatcher RA, Guest F, Stewart F et al: *Contraceptive Technology, 1988-1989*, 14th ed, Irvington, New York, 1988: 151

## Cholestatic jaundice associated with lovastatin (Mevacor) therapy

**I** have recently treated a 72-year-old woman who had a clinical course similar to that described by Dr. Matthew J. McQueen (*Can Med Assoc J* 1990; 142: 841-842). During the 13 months that she had been taking lovastatin her serum cholesterol level had improved and her liver enzyme levels remained normal (e.g., the aspartate aminotransferase [AST] level had been 15 to 18 U/L).