- processes for evaluation of care and treatment be developed by the team in collaboration with the patient and family, the evaluation be related to the processes and outcomes of care and treatment, and the results of the evaluation be shared with the patient and family.

In addition, the new client-centred approach of the on-site survey focuses all activity on the patient and family to ensure that the processes achieve the intended results for that patient and family. Therefore, key components of the survey are interviews with patients receiving ambulatory care and inpatients as well as discharged patients who are interested in returning to the facility to share their experiences. The questions posed to patients and families are related to aspects of quality of care, including access to treatment, appropriateness of treatment, competence of providers, involvement in decision making about care and treatment, symptom control and continuity of care.

The survey team reviews documentation to assess the quality of the record, including the use of a tool for assessing pain and the effectiveness of pain management. The survey team conducts a formal interview with the care team, including patients and families, to determine the quality of care and services provided from the perspectives of the direct providers, support-service providers and the recipients of care. The key question to the team is How do you know that you are meeting the needs and expectations of those you serve?

The surveyors also tour the unit to observe work flow, safety provisions and interactions among providers, patients and families.

Thus, the revised CCHSA standards and survey process help a cancer treatment centre to assess and improve the quality of care and treatment through introspective and peer-review processes focusing on the specific, unique needs and preferences of patients and their families.

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**[The authors respond:]**

We wish to congratulate Mrs. Colton and her colleagues at the CCHSA on the implementation of the new 1995 accreditation standards for cancer treatment centres, and we wish to acknowledge the significant leadership role the CCHSA has taken to improve care for Canadians living with cancer. These standards promote assessment and management not only of pain but also of other symptoms that commonly cause suffering among cancer patients. Furthermore, similar high standards for pain and symptom assessment and management are established in the 1995 CCHSA standards for acute care organizations, which include hospitals.

Pain is prevalent among people with cancer in Canada, and it is undertreated. A large survey based on data from cancer registries in Quebec, Manitoba, Prince Edward Island and Ontario, sponsored by the Canadian Cancer Society, showed that a significant proportion of patients with pain were not receiving any type of medication for it.[1] A large North American survey of tertiary cancer care facilities revealed that two thirds of patients enrolled in a chemotherapy protocol had pain in the previous week, and more than 40% of these patients were undertreated for pain or were taking no analgesics whatsoever.[2]

In bright contrast, controlled trials have shown that routine assessment of pain with the use of simple, validated tools results in improved pain control.[3,4] Such assessment as well as routine documentation of the level of pain and other symptoms in the patient record are inexpensive and potentially powerful innovations. The Canadian oncology community is grateful to the CCHSA for its initiative, and we await assessment of the impact of the new accreditation standards.

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## NO PURPOSE TO SPANKING INFANTS OR CHARGING PARENTS

I am opposed to the repeal of Section 43 of the Criminal Code, which allows caregivers to use reasonable force to correct a child, but not for the reasons outlined in the ar-