ation of tea triggered the American Revolution, and prohibition spawned the greatest crime syndicate in the world.

It appears that 32% of Canadians are hard-core smokers unable to break the habit (I take no pride in being a member of this group for the past 50 years). They will smoke by hook or by crook, and I am afraid that for many of them it will be by crook. One of my observations, which is probably biased and should therefore be dismissed as anecdotal, is that there are more yellow fingers because of the need to get the last few drags out of a cigarette. The last 30 mm is heavily loaded with tar and other carcinogens, which makes such a practice hazardous.

I am sure that the present picture — of criminals, provincial and federal treasuries, retailers and the tobacco companies laughing all the way to the bank — is not what the well-intentioned agencies had in mind, but it was totally predictable.

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A comprehensive health care directive in a home for the aged

We read with interest Drs. D. William Molloy and Gordon H. Guyatt's study (*Can Med Assoc J* 1991; 145: 307-311) of the *Let Me Decide* directive in a home for the aged.

The development and application of advance directives are currently topics of much discussion. However, at Providence Centre, a long-term care facility in Scarborough, Ont., we have had a type of health care directive in place since 1987. The initiative for the directive (the Care Management Form) came from the staff on a continuing-care floor that is home to 56 patients suffering from the effects of strokes, chronic degenerative diseases of the nervous system and rheumatoid arthritis. Many of the patients also suffer from dementia of the Alzheimer's type. Staff members are committed to preserving patient autonomy.

Studies suggest that few residents entering long-term care facilities have a living will.[1,2] Molloy and Guyatt's study bears this out. On the continuing-care floor at Providence Centre none of the patients had advance directives at the time of admission. This can pose enormous problems when an acute illness occurs: few residents are able to voice their opinions about treatment options, and families are called on to make difficult decisions while coping with the distress of caring for a seriously ill relative.[3]

To allow patient participation in treatment decisions the Care Management Form was developed by a subcommittee of our Ethics Committee. Four pages long, the form records the patient's medical status, addresses the issues of decision-making capacity (naming a surrogate decision-maker if necessary) and describes the direction of care desired by the patient. Although the form does not categorize treatments as the *Let Me Decide* directive does, cardiopulmonary resuscitation, tube-feeding, treatment with antibiotics and admission to an acute care centre are listed as options. Space is allotted for "other" treatment choices, which might include diagnostic tests and treatment of fractures. The tenor of the discussion leading up to these choices is also documented; for instance, whether there was consensus or conflict among the participants.

The Care Management Form is meant to be completed in the course of one or several discussions among the patient and family, the physician and the multidisciplinary team. It is subject to review and revision at multidisciplinary care plan meetings and is a permanent part of the patient's record.

In general, feedback from the continuing-care floor has been positive. The Care Management Form is seen not only as a way of conveying patients' wishes to physicians called out in the middle of the night but as a vehicle to bring a very difficult topic — crisis management — into the open.

Questions about efficiency and the sometimes threatening subject matter of the form continue to be raised and reviewed. However, we take heart from the findings of Molloy and Guyatt and hope that through the Care Management Form patients at Providence Centre may be active participants in health care decisions.

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[Dr. Molloy responds:]

I am heartened to learn that the experience of Dr. Cranston, Ms. Campion and Ms. Diamond has been similar to ours in some respects and supports our conclusions. I would be interested to know more, particularly about how they deal with incompetent