

References

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De-inking and docs

There are a few points in Collier's article on tattoo removal¹ that I must point out in the interests of accuracy:

- Using the second-degree-burn incident at Bye Bye Tattoo in Quebec to advocate for physician control over laser tattoo removal is misguided. The burns to the client were chemical in nature, not physical, and were caused by the injection of a chemical intended to "lift" or "dissolve" ink embedded in the skin. This story illustrates what we can expect if laser tattoo removal is made inaccessible to the general public. The public will continue to seek out unproven and dangerous options like chemical injection.
- Adding laser use to the list of restricted activities will not result in laser tattoo removal being performed strictly by regulated health practitioners. Restricted activities only apply in the context of providing a health service. There is simply no defensible argument that laser tattoo removal and other cosmetic laser treatments performed by estheticians or tattoo artists are somehow health services.



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- The assertion that because these are cosmetic procedures they somehow fall outside of a health ministry's purview shows poor recognition of the larger public health family to which physicians belong. Ministries of health absolutely have an interest in cosmetic services. This is evident from the prevalence of personal-service legislation throughout the country. For decades, public health inspectors in Canada have successfully inspected personal service activities like body piercing, tattooing, permanent makeup, acupuncture, electrolysis and chemical skin treatments. Their track record tells us that they would be ideally suited to bring increased safety to cosmetic laser services.

Overall, the article¹ asks a relevant and timely question, but ends up being myopic in its scope by intimating that the field of medicine is the best profession to provide the answer. No one would disagree with Collier's argument that calls for regulation, oversight and a complaint mechanism around the use of cosmetic lasers. However, since medicine cannot regulate outside of its own profession, medical professionals are better suited in this scenario as advocates for change. The question is not, "Should medicine take over tattoo removal," but, "How can medicine advocate for better outcomes?"

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Heart failure guidelines fail

We read with great interest the two articles regarding heart failure with reduced and preserved ejection fraction that highlight common and practical issues faced by patients and clinicians.^{1,2} However, we were surprised to see that the first of these articles¹ did not mention the Canadian Cardiovascular Society Heart Failure Guidelines, available in print, online (www.ccs.ca) and in app format. These guidelines are the national source for

Canadian practitioners and were designed and written for a Canadian audience.

Indeed, the authors should be aware that a recent guideline³ and a focused guideline update in 2014⁴ covered this topic in detail. Had the authors been aware of the former and corrected their article regarding the latter, they would have been aware of the guidance regarding spironolactone:

We suggest that in individuals with HFpEF, an increased NP [natriuretic peptide] level, serum potassium < 5.0 mmol/L, and an estimated glomerular filtration rate (eGFR) ≥ 30 mL/min, a mineralocorticoid receptor antagonist like spironolactone should be considered, with close surveillance of serum potassium and creatinine (Weak Recommendation; Low-Quality Evidence).

The second of these articles² incorporates the guidelines correctly.

Finally, it behooves all authors (and editors) to ensure appropriate and relevant local information is conveyed, while ensuring that international science and guidelines are also incorporated. It is our belief that this means inclusion of Canadian data and guidelines for a medical publication that has a principal readership that is Canadian.

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Letters to the editor

Letters have been abbreviated for print. See www.cmaj.ca for full versions and competing interests.