3. Indian and Inuit Health Committee, Canadian Paediatric Society: Vitamin D supplementation for northern and native communities. *Can Med Assoc J* 1988; 138: 229–230

L'ALUMINIUM EST-IL EN CAUSE DANS LA MALADIE D'ALZHEIMER?

La controverse a rebondi il y a quelques mois dans ce journal sur ce délicat sujet entre le Dr David G. Munoz, le Dr Donald R. Crapper McLachlan, Theo P.A. Kruck, William F. Forbes et Jane F. Gentleman (*Can Med Assoc J* 1994; 151 : 268–271), et Martin[1] a publié récemment une remarquable mise au point qui aide à mieux comprendre la biochimie de l'aluminium.

Il me paraît cependant surprenant de ne pas rencontrer au centre de cette dispute le rôle que le métal est susceptible de jouer dans le fonctionnement des acides nucléiques, d'autant plus que l'un des auteurs préalablement cités — Crapper McLachlan — a été le premier à observer des concentrations intranucléaires d'aluminium[2].

Mes propres observations de concentrations naturelles du métal dans les noyaux de cellules aussi différentes que celles de l'épithélium thyroïdien ou du parenchyme hépatique, le fait que ces concentrations, quand elles sont expérimentalement induites, n'altèrent pas le métabolisme cellulaire, vont pourtant clairement dans le sens d'un tel rôle[3–5]. D'autres travaux, déjà anciens, tels que ceux de Matsumoto et Morimura[6] sur des végétaux, ou encore ceux de Karlik et ses collaborateurs[7], vont également dans ce sens.

Or, ces travaux ne sont que rarement, voire jamais cités; il est donc quelque peu abusif de juger de l'importance d'un sujet par le nombre des publications qui y sont consacrées. Un peu moins de formalisme et un peu plus d'imagination sont utiles dans le métier de chercheur. Je suggère donc que, tant dans le cas de la maladie d'Alzheimer que dans le phénomène des pluies acides d'ailleurs, l'implication de l'aluminium dans le métabolisme cellulaire par le biais des acides nucléiques devienne un sujet un peu plus étudié.

La génétique moléculaire aurait tout intérêt à se pencher sur la signification des métaux fixés sur les acides nucléiques; peut-être même, au-delà du système nerveux central humain, une des clés du mécanisme biochimique de l'évolution réside-t-elle dans ce phénomène, superbement ignoré depuis près de 20 ans qu'il a été, pourtant, nettement établi[8].

Michel Truchet
Équipe de cytophysiologie analytique
Université Pierre et Marie Curie
Paris, France

Références

1. Martin RB : Aluminum: a neurotoxic product of acid rain. *Acc Chem Res* 1994; 27 (7) : 204–210
2. De Boni U, Scott JW, Crapper DR : Intracellular aluminum binding; a histochemical study. *Histochemistry* 1974; 40 (1) : 31–37
3. Truchet M : Mise en évidence, par microsonde électronique et par microanalyse ionique, de localisations nucléaires d'aluminium dans les noyaux de divers types cellulaires. *C R Acad Sci Hebd Seances Acad Sci D* 1976; 282 : 1785–1788
4. Truchet M, Jeantet AY, Petter C : Intervention du noyau dans la concentration d'aluminium par les hépatocytes du rat; étude expérimentale. *C R Acad Sci III* 1987; 305 (7) : 259–263
5. Jeantet AY, Ballan-Dufrançais C, Petter C et al : Mécanismes de détoxication cellulaire, concentration nucléaire d'aluminium et protection de l'hépatocyte après surcharge expérimentale chez le rat. *C R Acad Sci III* 1992; 315 (10) : 379–386
6. Matsumoto H, Morimura S : Repressed template activity of chromatin of pea roots treated by aluminum. *Plant Cell Physiol* 1980; 21 : 951–959
7. Karlik SJ, Eichhorn GL, Lewis PN et al : Interactions of aluminum species with deoxyribonucleic acid. *Biochemistry* 1980; 19 : 5991–5998
8. Sissoeff I, Grisvard J, Guille E : Studies on metal ions–DNA interactions: specific behaviour of reiterative DNA sequences. [examen critique] *Prog Biophys Mol Biol* 1976; 31 (2) : 165–199

PAIN MANAGEMENT NOW PART OF STANDARDS FOR CARE IN CANCER CENTRES

In the article "Diffusion of standards of care for cancer pain" (*Can Med Assoc J* 1995; 152: 1205–1209), by Dr. Neil Hagen, Mr. John Young and Dr. Neil MacDonald, one suggested strategy to improve outcomes for patients with cancer pain is that the "process for accreditation of health care institutions should require documentation of cancer pain, its treatment and its outcome."

Readers should note that *Standards for Cancer Treatment Centres, a Client-centred Approach, 1995*, developed by the Canadian Council on Health Services Accreditation (CCHSA), are being applied within member facilities providing cancer care across Canada.

The new 1995 standards require that:

- a physical, physiologic and psychosocial assessment and history be conducted, including an assessment of needs and expectations from the perspectives of the patient and family. The assessment of history must be documented and must be related to symptoms, including pain.
- the providers of care and the patient and family identify the key components of care and treatment including the management of symptoms, including pain.
- palliative care, including pain and symptom management, be provided as required.

- 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.

Marilyn C. Colton, BScN, MEd, CHE
Assistant executive director
Standards Research and Development
Canadian Council on Health
Services Accreditation
Ottawa, Ont.

[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.

Neil Hagen, MD, FRCPC
Associate professor of neurology
University of Calgary
Calgary, Alta.
John Young, BEd, MEd
Associate professor
of education foundations
University of Alberta
Edmonton, Alta.
Neil MacDonald, MD, FRCPC, FRCP(Ed)
Director
Cancer Ethics Programme
Center for Bioethics
Clinical Research Institute
of Montreal
Professor of oncology
McGill University
Montreal, Que.

References

1. Young JR: *Final Report on the Needs of People Living with Cancer across Canada* [pub no 31 0942], Canadian Cancer Society, Toronto, 1992
2. Cleeland CS, Gonin R, Hatfield AK et al: Pain and its treatment in outpatients with metastatic cancer. *N Engl J Med* 1994; 330: 592–596
3. Faries JE, Mills DS, Whitt Goldsmith K et al: Systematic pain records and their impact on pain control. *Cancer Nurs* 1991; 14: 306–313
4. McMillan SC, Williams FA, Chatfield R et al: A valid and reliable study of two tools for assessing and managing cancer pain. *Oncol Nurs* 1991; 14: 306–313

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-