
Quill on Scalpel

Plume et scalpel

MACLEAN-MUELLER PRIZE

Jonathan L. Meakins, MD*

The third MacLean-Mueller prize is awarded to Dr. Carole Richard of the University of Toronto for her paper, coauthored with Dr. Robin McLeod, entitled "Follow-up of patients after resection for colorectal cancer." The implications for clinical practice are obvious. This paper reflects methodology that is becoming increasingly important in surgical research: the tools of epidemiology and the flourishing domain of health services research.

The follow-up of patients with can-

cer has been a somewhat capricious, largely physician-based exercise, dependent on the physician's experience and level of comfort with uncertainty. It has been apparent for some time that in patients with breast cancer, the regular and initial search for metastases leads to therapy in the absence of demonstrable benefit and to increased costs. Waiting for symptoms to arise has become a better way to address colorectal cancer, which in many, if not most, patients is systemic at the time of initial therapy.

It is hard on patients to undergo a

quarterly, biannual or annual search for metastases. It is also expensive, and the resources could be applied to the development of new therapies or programs.

The approach to the follow-up of colorectal cancer is timely and defines many of the uncertainties inherent in the management of this common disease. Based on data such as those in Richard and McLeod's paper, we can define how to manage and monitor our patients to the best advantage, with the least anxiety to them, and how to serve society in the best possible manner. ■

**Surgeon-in-Chief, Royal Victoria Hospital, McGill University, Montreal, Que. Coeditor, Canadian Journal of Surgery*

Correspondence to: Dr. Jonathan L. Meakins, Room S10.36, Royal Victoria Hospital, 687 Pine Ave. W, Montreal QC H3A 1A1

© 1997 Canadian Medical Association

PATIENT VERBALIZATION AND INFORMED CONSENT

Cecil H. Rorabeck, MD

In this issue (pages 124 to 128), Wadey and Frank present the results of a very interesting investigation into the mechanism of obtaining informed consent. The objective of their study was to determine if patient verbalization of the associated risks and benefits of anterior cruciate ligament reconstruction would enhance the patient's understanding of these risks and benefits. They carried out an elegant study and concluded that patients who were asked to verbalize the information given at surgical consultation showed, in answering a subsequent preoperative questionnaire, a greater understanding (and re-

tention) of the risks and benefits associated with the surgical procedure.

This study has a number of limitations, including the fact that the control and experimental groups were small, that the questionnaire had a multiple-choice format, and that it may be that recall rather than comprehension was what was measured. Despite these criticisms, the take-away message from this article must surely be that a well-informed patient is probably going to be a happier and, hence, a less litigious patient.

Although, the results of this study appear quite straightforward, appropriate for a patient with an anterior

cruciate ligament injury, I do not believe they are necessarily generalizable to all patients who undergo elective orthopedic procedures. This is not so much a criticism of the study but does raise some medicolegal issues that might be important, particularly if this study were to be considered the standard of care for all patients scheduled for elective surgical procedures. I think it is important to remember that the typical patient with a torn anterior cruciate ligament is likely to be young and therefore to have better retentive powers than an elderly patient about to undergo a total hip replacement, for example. ■

From the Division of Orthopedic Surgery, University of Western Ontario, London, Ont. Member, Editorial Board, Canadian Journal of Surgery

Correspondence to: Dr. Cecil H. Rorabeck, Chairman, Division of Orthopedic Surgery, University of Western Ontario, 339 Windermere Rd., London ON N6A 5A5

© 1997 Canadian Medical Association