

**CORRESPONDENCE****TO THE EDITOR****Re: Can J. Neurol. Sci. 2009;36:133-4 Teamwork, Cooperation, Innovation: Clues in the Canadian Success of Stroke Care**

Gustavo Sapovnik's editorial 'Teamwork, Cooperation, Innovation: Clues in the Canadian Success of Stroke Care' (the CNSF Journal 2009; 36; 133-134) is, at the same time, refreshing and timely.

Sapovnik's comments are refreshing because they remind us that developments leading to the Ontario Stroke Strategy, and those emerging in the other provincial health jurisdictions within the portfolio of the Canadian Stroke Strategy represent the integration of the five scientific foundation pieces supporting innovation in health – basic, clinical, health services, health behaviour and promotion, and implementation. As such stroke represents a model, cast in the Canadian context, for innovations in other domains of surgical neurology and neurology that can address the burden of disease and attendant disability that has been identified recently by the Canadian Neurological Sciences Federations (CNSF's) publication in 2007 of the "Burden of Neurological Diseases, Disorders and Injuries in Canada".

The editorial is timely because professionals linked to the CNSF have been presented recently with an opportunity to engage in developments similar to those described above that will impact on the health, human, economic, and social capacities of the Canadian population. The Royal College of Physicians and Surgeons of Canada encourages its professionals to embrace its Strategic Portfolio 2020 which calls for Advocacy and Health Policy to complement the pillars of Postgraduate Medical Education and Maintenance of Competence in the interests of timely, evidence-informed, quality specialty care.

The Royal College of Physicians and Surgeons of Canada has also endorsed the new disease/disorder quality framework of Accreditation Canada which certifies health organizations serving patients and their families across the continuum of care. Accreditation Canada will launch their new quality framework in the area of stroke in 2009.

Finally, the CNSF is now a member of Neurological Health Charities Canada; membership in this group offers the CNSF an unprecedented opportunity to build on its 2007 Burden Study by addressing the key words in the editorial's title: teamwork and cooperation in the interests of innovation.

With a framework now in place for professionals to engage the organizations within which they function to ensure effective and efficient services across the continuum, and with a made-in-Canada model of stroke innovation to guide us, the necessary elements for the call to action are now in place. While these elements are necessary, they are not sufficient; we must give more attention to integrating the validated and quantifiable process methodologies that characterize the emerging domain of implementation science into the scientific foundation pieces

underpinning health innovation. It is in this area where Sapovnik's notion of teamwork and cooperation will come to life.

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**TO THE EDITOR****Issue of hair shaving in Sikh patients undergoing a neurosurgical procedure**

Consider a case of a 50-year-old Sikh patient presenting with a brain tumour. The surgeon suggests an elective craniotomy for tumour resection. He explains the details of the operation and informs the patient that a part of his hair will be shaved in order to minimize the risk of surgical site infection. The suggestion of hair removal raises anxiety and concern in the patient.

Hair shaving is a common practice prior to intracranial surgery.<sup>1</sup> The few perceived advantages include: permitting better orientation, freedom in placement of incision, secure bandaging and reduced infection rate.<sup>1</sup> Hair is considered unclean and harbours bacteria, which may contaminate the surgical area and lead to an increased risk of infection.<sup>1</sup> However, the scientific literature fails to provide sufficient evidence that routine hair removal minimizes surgical site infection in cranial neurosurgery.<sup>1,2</sup>

Cultural and/or religious beliefs and values are of profound relevance in traditional healthcare practices and decision-making.<sup>3</sup> Sikhs have a significant demographic representation in North America and it is important for physicians to understand their varied perspectives. Many Sikhs strictly adhere to their religious beliefs, where they follow five symbols called the five K's.<sup>4</sup> 'Kesh' (hair) is one of these symbols, signifying humility and an acceptance of 'God's will'.<sup>4</sup> Hair shaving is forbidden in Sikhism except in emergent surgery where minimal amounts of hair can be cut.<sup>4,5</sup> An alternative technique to hair shaving that is well described in the literature is hair parting along the intended site of incision.<sup>2</sup>

In this aforementioned case, the surgeon should begin the initial dialogue by directly informing the patient of the "Western" approach of hair shaving prior to intracranial surgery.<sup>3</sup> He/she should not assume that the patient is aware or accepting of a Western biomedical view of illness. The surgeon should inquire, give his/her perspectives, and negotiate decisions accordingly.<sup>3</sup> Family is considered to be an important part of decision making in Sikhism, thus it is important to address their views as well.<sup>5</sup> This includes asking culturally relevant questions such as "do you or your family have any recommendations or prior wishes regarding this procedure?"<sup>3</sup> It is equally important to

suggest alternative techniques (i.e. hair parting). Religious information should not be considered a constraint or a barrier and negotiating it in a respectful and informative manner ultimately allows for a healthier surgeon-patient-family relationship.

Increasing global immigration/migration necessitates the need to practice medicine in a culturally sensitive manner. A significant effort is required to enhance cross-cultural awareness, which in turn may alter typical practices. Using teaching tools such as small group interactive environments and case-based learning may further aid healthcare professionals in better approaching cultural and religious issues in healthcare.

#### ACKNOWLEDGEMENTS

Shanil Ebrahim contributed to researching and preparing the first draft of the manuscript. Sheena Bance revised several drafts of the manuscript. Aria Fallah contributed to the final editing of the manuscript.

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