**For the record**

**Fallen MAPLEs**

Persistent technical problems and "economic impediments" have sunk the over budget, overdue and overdesigned Multipurpose Applied Physics Lattice Experiment (MAPLE) reactors, long touted as the future jewel of Canadian medical isotope supply.

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As reported earlier in *CMAJ*, total costs to date for the MAPLEs project have easily topped $500 million (although precise outlays have never been disclosed), and the agency has been entirely perplexed by a fundamental design flaw that invariably generated unexpected positive power coefficient reactivity in operational tests.

Lunn said the government has asked Atomic Energy of Canada Ltd. to seek an extension of the aging National Research Universal reactor's operating site licence beyond Oct. 31, 2011, to ensure isotope supply. That, in turn, prompted the Canadian Association of Nuclear Medicine to call for the development of a contingency plan in the event the reactor is again shutdown for reasons of safety or maintenance.

The lack of contingency planning and Canadian isotope distributor MDS Nordion's disdain for international efforts aimed at developing a global isotope contingency plan were the subject of several *CMAJ* news articles (*CMAJ* 2008;178[5]:536-8 and *CMAJ* 2008;178[6]:668), which prompted parliamentarians to earlier this year request that *CMAJ* staff appear before Commons committees.

With the MAPLEs having been cancelled and the Auditor General of Canada having estimated it will take at least $600 million to refurbish the Chalk River site where the national reactor is located, the question of long-term continuity of supply becomes a critical issue. But Atomic Energy of Canada Ltd. has offered no hint whether it will launch an exercise to design an alternative to the MAPLEs.

**Nursing “misadventures”**

There’s a 1 in 5 chance that a hospital patient will be administered the wrong dose of a drug, according to a Statistics Canada survey of the nation’s nurses.

Medication errors are most commonly made by nurses working overtime, with 22% indicating that they’d either “occasionally” or “frequently” administered the wrong drug to a patient while putting in extra hours, according to the “Correlates of medication error in hospitals” report. By comparison, some 14% of nurses admitted to medication errors made while not working overtime.

The findings are based on data culled from the 2005 National Survey of the Work and Health of Nurses, which conducted telephone interviews with nurses on condition of confidentiality.

The study found that nurses working 12-hour shifts are less likely (18%) to make medication errors than nurses working 8-hour shifts (22%). There was less statistical variation for other factors such as hours of work per week, full-time versus part-time employment, and day or night shifts.

The nurses attributed the cause of the medication errors to excessive workload, “poor” relations with the attending physicians, work stress or lack of support from coworkers. – Wayne Kondro, *CMAJ*