



Canada puts out the medicare red carpet for visiting VIPs

Some visitors needn't worry about buying medical insurance before their arrival in Canada. Health Canada will take care of that detail — but only if they're important. As the department's national VIP coordinator, Lyse Brunet's job is to ensure that

medical contingency plans are in place whenever heads of state, members of the Royal Family or the Pope land on Canadian soil.

"Under the Geneva Convention for diplomatic missions, the host country usually provides essential emergency health care for any visiting foreign dignitary," says Brunet, a nurse who works for Health Canada's Occupational and Envi-

ronmental Health Services Branch.

However, the medical services offered depend on how important the VIP is and on the security risks they face. Obviously, President Bill Clinton fits in the very important category. When he came to Ottawa in February 1995, Health Canada had an ambulance and the Ottawa Civic Hospital on constant standby. If he required emergency care, Brunet's

New breed of drug detailers proving popular in BC

In a new twist on drug detailing, a different type of drug representative has been visiting physicians in North and West Vancouver. With no ties to any pharmaceutical manufacturer, they are bringing CME to the doctor's office in an attempt to help busy physicians select the best drugs for their patients (see *Can Med Assoc J* 1997;156:876-8).

"There are more than 2500 prescription drugs available and each year about 100 new drugs come on the market," said Dr. Terryn Naumann, clinical pharmacist for the North Shore Community Drug Utilization Program, which operates out of North Vancouver's Lions Gate Hospital. "It can be pretty overwhelming. I help them sort fact and fiction."

Naumann, who holds a doctorate in pharmaceutical science, researches and writes a quarterly newsletter that outlines the effectiveness, safety and costs of various families of drugs. In the past 4 years topics have included antihypertensive and antibiotic medications,

nonsteroidal anti-inflammatory drugs, antidepressant drugs and inhaled and topical corticosteroid

Vancouver family physician Juanita Anderson. "But Terryn talks about what is important — what works, what helps the patient and what is the best price."

Dr. Janice Blocka, also of West Vancouver, agrees: "It is good, basic stuff that is very applicable to our practices."

The program was the brainchild of Bob Nakagawa, director of Pharmacy at Lions Gate Hospital, who 4 years ago created the program, the first of its kind in Canada. The innovation won him an award from the International Hospital Federation in 1994. Since then similar projects have been launched in Saskatoon and Nanaimo.

"Our credibility comes from the fact that what we are doing is completely unbiased," says Nakagawa. "The drug companies have nothing to worry about if they have a good product. But if what they are promoting is simply a 'me too' product that is twice as expensive but no more effective than some older drug, we let the doctors know." — © Anne Mullens



Dr. Terryn Naumann (right) visits Dr. Juanita Anderson

products. The newsletter is sent to the 100 family physicians and all specialists and pharmacists in the region, as well as to other interested readers. One physician who trained in BC has Naumann send the newsletter to her in Newfoundland.

Naumann follows up the mailing with a 15- to 30-minute visit to each doctor's office to discuss that quarter's topic. "As doctors we are inundated with so much advertising and so many drug reps that that is often all you see and hear," says West



team already knew his blood type and any relevant personal medical information.

It turned out that Clinton's secretary of state, Warren Christopher, was the one who needed a doctor. Suffering discomfort from a bleeding ulcer, he spent a night at the Civic and flew home the next afternoon with Clinton.

Whenever VIPs come calling, Brunet coordinates with regional representatives and provincial officials to ensure that a hospital has been designated and placed on emergency notice. Plans became complicated this summer during the Queen's visit to Bonavista, Nfld. The town only had a cottage hospital, says Brunet, and that wouldn't do. Health Canada added a helicopter, which could airlift the Queen to nearby

Gander, to its contingency plans, which also allowed for a team of paramedics and an ambulance.

Things became even trickier late last year when hundreds of VIPs converged on Ottawa and Vancouver for separate international conferences. The Ottawa meeting to sign the global treaty banning the use of land mines attracted foreign ministers from well over 100 countries, and they not only had access to physicians but could also call on dentists and an optometrist.

The Vancouver meeting of the Asia-Pacific Economic Cooperation Forum involved 18 heads of state and at least 14 of the leaders, including Clinton, were designated high-security VIPs. Each one had a personal physician assigned around the clock, and until they left their entourages

always included an ambulance. A medical clinic that operated 12 hours a day was also set up at the Vancouver meeting. — © *Christopher Guly*

Diabetes threatening young native children

An epidemic of non-insulin-dependent diabetes (NIDD) in First Nations' adults in central Canada is now affecting the health of aboriginal children as young as 6, a Winnipeg pediatric endocrinologist says.

Dr. Heather Dean says she started to see First Nations' youngsters with NIDD in the early 1980s. "It took me quite a while to realize that this was not type I diabetes because it was appearing in such a young population," she said.

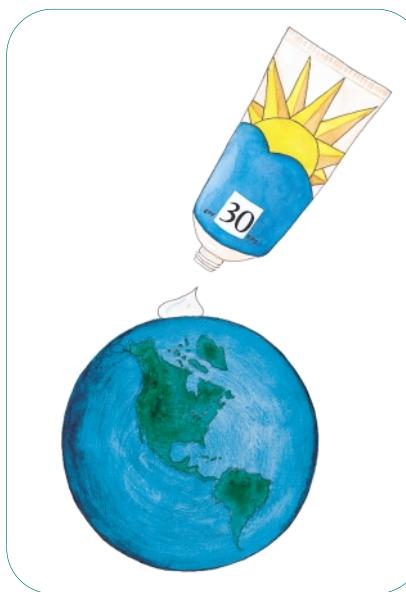
Indeed, Dean said her original pa-

Action needed on ozone layer, auditor general warns

Canada's auditor general, who usually comments on federal finances, took an extraordinary step in December when he chastised the federal government for ignoring the growing health threat posed by a thinning ozone layer. He also said that many Canadians don't even take simple precautions, like using a sun-screening lotion, despite the potential danger. Canada is considered to be at severe risk because the thinning ozone layer has been most noticeable over the Arctic. An audit conducted by Denis Desautels' department found that Canada's efforts to protect the ozone layer "have lost momentum." So have Canadians' efforts to protect themselves by using sun screens and taking other precautions — the auditor's report said half of Canadians do not protect themselves adequately from ultraviolet radiation during leisure activities. The report also criticized federal departments

for failing to take the lead in eliminating the use of ozone-depleting substances.

Jeanne Simpson



The thinning of the ozone layer hold serious implications for Canada's physicians. "Because of its

northern location, Canada is one of the countries most at risk from the harmful effects of ozone depletion," said Desautels. "It is believed to have played a role in the 300% increase in the rate of melanoma cancer between 1969 and 1992. In 1997 it is estimated that 61 000 Canadians will develop skin cancer and 3200 will have melanoma."

The annual auditor general's report usually casts a close eye on examples of government waste. In entering the ozone-depletion debate, the federal agency said that even though this is considered one of the most serious health threats humans have ever faced, "the federal government has failed to live up to its own commitments to lead by example in 'greening' government." The report concluded that Ottawa should attempt to develop effective strategies and work closely with the provinces to help deal with the problem. — *Patrick Sullivan*