Apart from Pender Island, which has 2 physicians, each of the other 6 islands has only 1 doctor. They depend on water taxis and helicopters for medical evacuations, and some islands lack ambulances. Keegan-Henry calls it a "very unsupported situation," although she acknowledges that having a nurse to provide coverage at the island's clinic 2 days and 3 nights a week means she is in a better position than some of her colleagues. "It allows me to stay on my feet — just," she says.

Keegan-Henry is the eighth doctor to practise on Mayne Island in about 10 years, and she wants another physician to share the workload. She sees twice as many patients as when she arrived 2 years ago, and 60% of them are older than 60. Her island has 1 ambulance, which is staffed by workers with industrial first-aid training. In emergencies, a water taxi will reach Victoria in 45 minutes; in serious cases a helicopter is called in. In the summer, when the population triples to about 3000 people, Keegan-Henry has arranged up to 3 helicopter evacuations in a week.

As well as the challenges posed by emergency coverage, she says, it is "incredibly difficult" to leave the island for continuing education, and she rarely sees other physicians. She has been able to take 17 days of holidays thanks to the provincial rural locum program, which she describes as a "godsend."

When she arrived with her husband and 2 young children, Keegan-Henry intended to stay on Mayne Island permanently. Unless her load is lightened, however, she is going to leave. She says the island doctors' stand concerns an "issue of quality of life in rural communities."

"All I want is a chance to sleep and see my kids." — © *Heather Kent*

New system helps disguise facial deformities

London Press Service

British chemist Ray Winter demonstrates the Cosmesil system

British researchers have developed a silicone-based system that may help ease the plight of patients left with facial deformities because of surgery. The use of artificial eyes and other items to hide deformities dates back hundreds of years — some have been found in ancient Egyptian tombs — but the major concern today is to use synthetic materials as an alternative to corrective surgery, especially when a malignant lesion is likely to reappear or when the vascular condition at the site of the deformity is so poor a successful graft is unlikely. A new system called Cosmesil, developed by Principality Medical Ltd. of Wales, features "feather edges that effectively disguise the line between the prosthesis and the existing skin tissue."

Abortions now funded in Newfoundland

A recent decision by the Newfoundland government means women no longer have to pay for abortion services at the Morgentaler Clinic in St. John's. When the clinic opened in October 1990 it received no government funding. Instead, it charged patients a fee of $400 to $750 to cover the cost of the procedure. The clinic was able to reduce its fees in 1993 after the province agreed to pay the physicians who performed the clinic's abortions.

But lawyers for the Morgentaler Clinic argued that the province should pay the entire bill, since abortion is considered a medically necessary procedure that is covered by the Canada Health Act. Nothing happened until early 1995, when the federal health minister of the day tackled the issue.

Diane Marleau ordered provincial governments to foot the bill for services provided by private clinics in cases where they are already paying the doctors' fees. "The minister was saying that if the province paid the doctors, it was recognizing the service as legitimate," says Peggy Keats, manager of the Morgentaler Clinic in St. John's. "And they should be pay-

ing for it — all of it. [Instead], we had women paying for a health service that should have been covered by their taxes."

Provinces that did not comply with Ottawa's request by October 1995 were penalized because the federal government began clawing back their transfer payments. "The Newfoundland government was losing anywhere from $8000 to $11 000 a month," says Gerry White, assistant deputy minister of health (policy and planning). "Women were paying for the service at the clinic and that amount was being deducted on the other end by Ottawa."

After 2 years of reduced payments, Newfoundland decided to stop fighting the decision. In January the province announced it would cover the full cost of abortion services provided at the clinic. "The province is now in full compliance with the Canada Health Act," says White. "Abortion is considered an insured service, so women who go to the clinic can now use their MCP [health insurance] card.

For its part, the Morgentaler Clinic has eliminated its fees. "This is a province where people don't have a lot of money," explains Keats. "We've had women coming in here with income tax cheques, with their student loans, with whatever money they could come up with. That should never have happened."

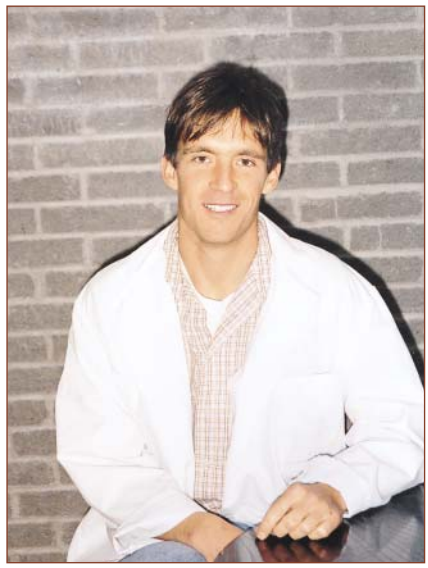
So far, the only opposition to the decision has come from the Care Centre for Women, which is run by the local right-to-life association. The group has been writing letters to the local papers, condemning the government's change in policy. — © *Beth Ryan*

A bittersweet summer in Zaire

The summer of 1997 provided a profoundly bittersweet experience for Simon Pulfrey, a second-year medical student at the University of British Columbia. He joined Médecins Sans Frontières/Doctors Without Borders (MSF) for 3 months as a nutritionist at the height of the civil war in the former Zaire, now known once again as the Congo. When MSF hires physicians they must have at least 2 years' experience and most will have worked with other aid organizations, explains Nadine Ijaz, coordinator of MSF's western regional office. In Pulfrey's case, his master's degree in nutrition, ability to speak French and work experience in Tibet and Nepal qualified him for the project in Zaire. "I have always wanted to work in situations with an elemental need and where I will be challenged," explains Pulfrey. "I enjoy being tested. I enjoy being humbled."

Pulfrey got all that and more after he arrived in Goma, Zaire, on the same day rebel forces took over the capital, Kinshasa. "It was just mayhem," he remembers. He spent the first few nights in a villa patrolled by 4 guards and scanned by searchlights, and was then evacuated to Canada. He returned 10 days later, when conditions had stabilized.

Pulfrey's job was to get food to villagers who had been displaced by the fighting and were now living in the jungle. Being part of a large organization gave him "free rein and a lot of responsibility," he says. He arranged for vehicles and radios, hired cooks and set up fencing for the feeding stations. He also recorded the incidence of malnutrition and death and reported the data to UNICEF, which then shipped food supplies from Europe. Many of the villagers he saw were young children; the diseases they faced included measles, malaria, meningitis, tuberculosis and HIV, as well as malnutrition. Although some children improved dramatically over a few days, Pulfrey says he also had to "turn his back on a lot of desperate situations. It was horrific at times and inspiring at other times."



Pulfrey: horrific and inspiring

Every day the MSF team encountered different ethnic groups and "you were never sure who was on who's side." There was also the incongruity of brutal warfare taking place in a picturesque setting. In one case Pulfrey went by a burnt-out bus with "corpses that you walked over, and in the heart of all this chaos was a beautiful place." He remembers elephants walking in the background, against brilliant blue skies, as he surveyed the bus.

Pulfrey found it difficult to leave the "very inspiring people" with whom he lived and worked in Zaire. "I walked away with so much insight." — © *Heather Kent*