

## Auditor general slams feds' response to *Salmonella* outbreak

The incoherent response to a recent disease outbreak (see editorial on page 5) means that a formal framework detailing the roles and responsibilities of the Laboratory Centre for Disease Control (LCDC) is urgently needed, Canada's auditor general says. In a report tabled Nov. 30 ([www.oag-bvg.gc](http://www.oag-bvg.gc)), the federal watchdog detailed the facts behind a nationwide outbreak of foodborne disease that eventually involved at least 800 mostly young Canadians. All had eaten a snack containing cheese and developed *Salmonella enteritidis*; at least 60 people were hospitalized. The report said the LCDC was not prepared to manage disease outbreaks and had no established procedures for responding to foodborne disease outbreaks and no formal protocols for working with other bodies when outbreaks occur.

The problem was first noticed in Ontario in early March of 1998, and the provincial Ministry of Health was criticized for failing to inform the LCDC as soon as it had information. However, even when Newfoundland's chief medical officer informed the LCDC of the possible problem on Mar. 25, "LCDC officials were not sure who in their organization was responsible. No one in LCDC was formally tasked with managing these outbreaks." Eventually, an LCDC epidemiologist took responsibility for coordinating the investigation "on her own initiative."

Although the food causing the problem had been identified by Mar. 31, 1998 — the problem was traced to the water supply and other problems at a cheese factory — packages of the

snack were still being found on store shelves a month later.

The auditor general concluded that many people could have avoided the illness had federal and provincial officials acted "more swiftly and cooperatively." It responded with 5 recommendations, the main ones being a call for Health Canada to create a chain of command for determining who is responsible for responding to foodborne diseases, and for Health Canada and the Canadian Food Inspection Agency to work more collaboratively with other bodies when problems arise. Health Canada is also supposed to ensure "a more timely exchange of information" between Ottawa and the provinces when problems arise. The report indicated that "corrective action" is already being taken. — *Patrick Sullivan, CMAJ*

## NEJM editor reflects on his firing

If the editors of 2 of the world's most prestigious medical journals can be fired following disputes with their publishers, where does that leave the other ones? This crucial question was explored by Dr. Jerome Kassirer, recently fired editor of the *New England Journal of Medi-*

*cine*, during the *CMAJ*'s annual Editorial Board meeting this fall. Kassirer, the *NEJM* editor for 8 years, lost his job in a dispute with his publisher, the Massachusetts Medical Society. It involved the society's plan to "brand" products that "had nothing to do with" the *NEJM* name. They also wanted to move the journal offices from the Countway Library at Harvard University, which Kassirer considers an ideal location, to the society's new offices. He believes firmly that society and journal offices should remain separate.

Kassirer acknowledged that money can dominate a publisher's relationship with a journal, but he argued that medical organizations that own journals have much to gain — besides profits — from the journals they publish. "Medical societies have an important responsibility to be shepherds of a journal that is focused not on the [medical] society so much as on general physicians and the public."

Following the meeting, Kassirer accepted an invitation to serve on *CMAJ*'s Editorial Board. — *Barbara Sibbald, CMAJ*

## Open med-school doors wider: report

CMA President Hugh Scully's August 1999 call for more medical students has received official endorsement from the Canadian Medical Forum, which represents the country's main medical bodies. The forum says first-year enrolment should increase by more than 400 students a year — to 2000 students — beginning this year; it currently stands at 1577 students. "If we delay this decision," the forum warned in a 24-page report released Nov. 22, "Canada will sacrifice the principle of self-sufficiency in physician workforce supply and will [continue] to deny outstanding Canadian students positions in medical schools." The report said Canada needs another 540 to 600 physicians a year just to cope with a rising population. The report was presented to Canada's health ministers, who responded that the production of more doctors is only one step to be considered.



Barbara Sibbald

**Dr. Jerome Kassirer: shepherd your journals well**