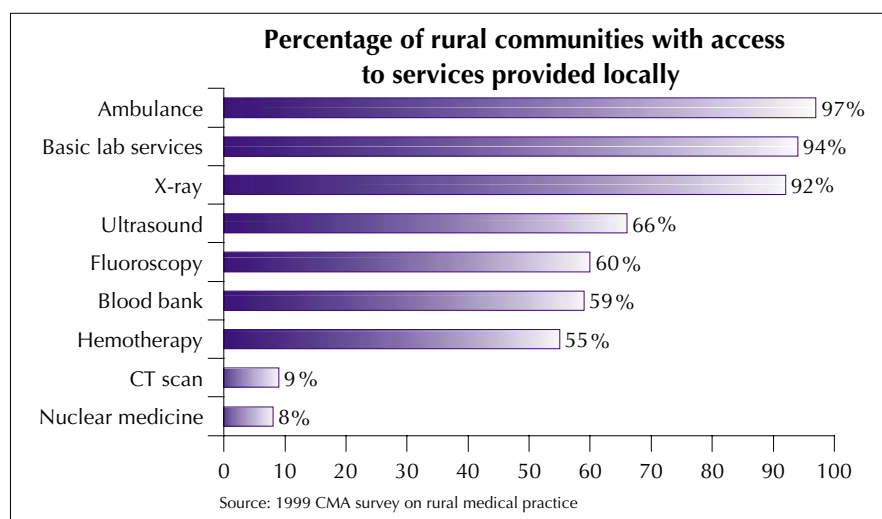


Pulse

Availability of services in rural areas

Just 55% of rural physicians surveyed by the CMA in 1999 said their communities could provide cesarean sections if needed. (For the purposes of this study, rural physicians were defined as doctors living in communities with 10 000 or fewer residents.) Respondents reported that normal deliveries were handled in 70% of rural areas, but only 47% could provide epidural analgesia for labour. Tonsillectomies were done in 51% of communities, while hysterectomies could be performed in less than half (49%). Of the choices given in the survey, fracture management was the most common service handled locally, with 83% of rural physicians reporting that the service was available in their communities through family physicians or specialists.

Almost all physicians (97%) reported that they had access to ambulance services, and the vast majority had basic laboratory (94%) and x-ray (92%) services within the community. More than half (55%) could provide



chemotherapy, but only 17% had dialysis services available locally.

While many communities did not have specialists living within their boundaries, many had access to regular visits from specialists. The majority of respondents (60%) reported having either a permanent or visiting radiolo-

gist. The proportion was slightly less for general surgeons (57%), internists (53%) and psychiatrists (51%), and substantially less for obstetricians/gynecologists (39%) and anesthesiologists (32%). — *Lynda Buske*, Chief, Physician Resources Information Planning, CMA (buskel@cma.ca).

Improperly sterilized endoscopes cause concern in Halifax

Everything looked fine on the surface, but closer examination revealed that endoscopes being used at the Queen Elizabeth II (QE II) Health Sciences Centre in Halifax were not being sterilized properly. As a result, 277 patients who were tested over a 2-week period in December have been informed that there is a chance they may have been infected with HIV or contracted an infectious disease such as hepatitis C. That chance is slim, however — it is literally one in a million, the same odds normally associated with the procedure.

The culprit in this case was a filter in the machine used to disinfect the equipment. It had not been properly

fitted and the machine was not able to sterilize the endoscopes completely. The problem was detected because of the hospital's ongoing quality assurance program, which calls for scopes and other equipment to be tested every few weeks. In December the scopes were found to contain bacteria commonly found in the stomach. Tests for viruses were not conducted because they are too fragile to exist outside the body for anything but a brief time. The hospital responded by closing down the GI clinic temporarily; other sites at the QE II were also examined carefully.

The hospital sent a letter to all patients examined with an endoscope

from Dec. 10 to Dec. 23. They were offered tests to detect HIV and hepatitis C, with most patients opting to receive them. "We did have a problem," says Bob Smith, president and CEO of the hospital. "We will from time to time have things that occur that we need to address publicly."

But this public acknowledgement of mistakes, he adds, "is a different way of doing business in the health care system. It is recognition that the goalposts have changed in terms of what our responsibility is to the public. It's a significant ethical and moral shift and an improvement for the QE II." — *Donalee Moulton*, Halifax