

Some British MDs balk at providing care for asylum seekers

The recent refusal by a British mental health care group to treat asylum seekers has raised questions about the National Health Service's (NHS) ability to provide services for thousands of would-be refugees.

Physicians working with asylum seekers in north London received a letter from the Barnet, Enfield and Haringey Mental Health Trust stating that it would no longer accept referrals for patients whose status in the country "is still uncertain." NHS guidelines state that asylum seekers have the same rights to medical care as British nationals. (In Canada, refugee claimants receive "essential coverage" under the Interim Federal Health Program until they are eligible for coverage through provincial medicare plans.)

Last year the British Medical Association (BMA) said many health profession-

als are uncertain about their obligations to asylum seekers. It noted that they often have complex health problems and urged that additional payments be made to doctors offering them expanded services.

"In some cases, hundreds of asylum seekers have been moved into a surgery's catchment area without prior notification," the BMA said. Physicians' offices that are already oversubscribed do not have to accept new patients, but the BMA warns that this could lead to other problems, such as inappropriate use of emergency services.

The Home Office says 19 500 people applied for asylum in Britain during the first 3 months of this year, a 4% increase over 2001. The country received 88 300 asylum applications last year, more than double the number in Canada and more than in any other European country ex-



Asylum seekers caught trying to enter the UK via the Channel Tunnel

cept Germany. It has since joined the European trend of tightening its rules concerning refugee entry.

In a confidential letter to physicians seeking referrals for asylum seekers, the Barnet, Enfield and Haringey trust advised GPs to seek help from private charities. A spokesperson told *The Guardian* that the trust was treating many asylum seekers but such patients "do not have English as their first language, they are highly transient and have long-term needs." Several British charities, such as the Medical Foundation for the Care of Victims of Torture, provide help to political refugees but view their work as a supplement to NHS services, not as a replacement for them. — *Mary Helen Spooner, West Sussex, UK*

Federal health research spending to hit \$1 billion, but when?

Health Minister Anne McLellan and Dr. Alan Bernstein both foresee a \$500-million raise for the Canadian Institutes of Health Research (CIHR). But the timing of the increase is another matter.

At BIO 2002, a huge international biotechnology conference held in Toronto in June, McLellan said Ottawa will increase CIHR funding to \$1 billion "in the near future." Bernstein, the CIHR president, says the "near future" is 3 years and that he is only echoing McLellan and her predecessor, Allan Rock, when he calls for funding growth to \$1 billion by 2005. CIHR had a \$560-million budget this year. Its first budget, in 2000, was \$365 million. CIHR, which replaced the Medical Research Council of Canada in June 2000, is the country's premier federal agency for health research.

"Our increases over the last couple of years have been phenomenal," says Bernstein. "But, obviously, it's not quite enough to meet our mandate, and that's why we've set a goal of \$1 billion for 2005." He says Canada needs increased funding if it is to remain "a major player" in health research. "We can't be a bystander."

He says Canada currently invests a much smaller amount in health research per capita than the US. And at a time when the country is investing less than 1% of health system spending on research, a law in the United Kingdom mandates that 1% of health spending must be devoted to health service research alone.

Canada's spending on biotechnology research includes the investment of more than \$4.6 billion in Genome Canada, the Canadian Foundation for Innovation, Canada Research Chairs and Technology Partnership Canada.

The government has also announced \$88 million in funding for 51 CIHR Strategic Training Program Grants that are supposed to help researchers develop their skills by working with experienced colleagues; 20 grants, worth almost \$34 million, involve biotechnology. CIHR is responsible for some of the funding, says Bernstein, and charities and industry partners are also involved.

BIO 2002 attracted 15 565 registrants, including visitors from 47 US states and 23 countries. More than 1050 exhibitors took part. — *Alex Robinson, Ottawa*

Whiplash rates turning heads in BC

British Columbia's claims rate for whiplash, about 900 per 100 000 population, is more than twice the rate for any other jurisdiction in the world, the *BC Medical Journal* reports. Dr. Murray Allen, a former associate professor of kinesiology at Simon Fraser University, says whiplash accounts for about 60% of all injuries reported following vehicle collisions in BC, compared with 35% worldwide (*BCMj* 2002;44:241-2). He says part of the "high claims behaviour" may be explained by lawyers' earning potential from such cases. — *CMAJ*