

Australia's MDs decry poor state of Aboriginal health

Australia's physicians are growing increasingly concerned about the gap in life expectancy between Australia's Aboriginal and general populations. It remains stuck at roughly 20 years (compared with 7 years in Canada), and the Australian Medical Association (AMA) reports that there has been no improvement in the past decade. During the same period, the life span of non-Aboriginal Australians increased by 3 years.

The AMA outlined the data in *No More Excuses*, its report card on Aboriginal health. It concluded that the poor health outcomes result from inadequate community infrastructure, a "significant shortfall" in the number of health workers, and insufficient funding. Per capita spending on Aboriginal health is only 74% of spending in the general population.

Ian Ring, adjunct professor of population health at James Cook University in Brisbane, says the findings reflect a lack of commitment to Aboriginal

health. "Prevailing public opinion means Aboriginal issues aren't on the top of anyone's list," he said. "If you're 2% of the population, you don't have a treaty and you're not a potent political force, then commitment just isn't a priority."

The report card says treaties are part of the solution, citing them as the reason for successes in countries such as Canada and New Zealand.

Dr. Ngiare Brown, CEO of the Australian Indigenous Doctors Association, believes there are other factors, especially entrenched community ideas. "The Australian community is still quite divided about how they feel about Aboriginal and Torres Strait Islander people. [Improved health] is not going to happen until we acknowledge [them] as the traditional owners, as First Nation people."

The report card highlights gains in infectious and parasitic disease control, including dramatic improvements in the number of pneumonia-related deaths, as well as significant reductions in low-



In the outback: a life span that's 20 years shorter

birth-weight deliveries. These are attributed to vaccination and to health promotion programs.

Ring agrees these programs are important but "we don't need new solutions, new strategies, some magic bullet. Good primary health care would bring about sizable reductions in disease and deaths in the short term." — *Sally Murray*, Melbourne

Quebec tackles electroconvulsive therapy issue

Electroconvulsive therapy (ECT) may remain the only treatment alternative for some psychiatric patients, a study commissioned by the Quebec government has concluded, but there are still many "uncertainties" surrounding its efficacy and use.

"We believe there is a risk of retrograde amnesia ... but we don't know the incidence because the research isn't there," says Dr. Reiner Banken, the author. The report says the most significant risk is cardiovascular complications, but proper anesthetic technique can help prevent this. The mortality rate is approximately 1 death per 80 000 treatments.

The Use of Electroconvulsive Therapy in Québec (www.aetmis.gouv.qc.ca) calls for ECT patient registries, evidence-based clinical practice guidelines and "particular emphasis" on patient consent because of the inherent risks. Banken says additional education is crucial: "Medical students in psychiatry don't get adequate training, and there is no CME."

The report says ECT is an effective treatment for patients with severe forms of drug- and therapy-resistant depression. "It's not a cure," cautions Banken, because it is effective for only 4 to 6 weeks. After that, psychotherapy or drug therapy is required.

The report also presents data on the usefulness of ECT to treat different problems. While there is "excellent evidence" for using it to treat major depression that is drug and psychotherapy resistant, there is little evidence supporting its use to treat schizophrenia.

Banken's report was commissioned after *Québec Science* reported that the number of ECT treatment sessions in the province had nearly doubled between 1988 and 1995, from 4000 to 7200. The health minister asked the Agence d'évaluation des technologies et des modes d'intervention en santé to assess usage. In his foreword to the report, agency CEO Renaldo Battista described ECT use as "a sensitive issue" but said usage rates in Quebec are similar to in-

ternational rates. Banken confirmed that practices in Quebec correspond to international standards, but told *CMAJ* that these "aren't that good."

Banken found it difficult to gather data. He asked every province and territory how often ECT was used, but got no response. "There's a lack of systematic surveillance of ECT use," he concludes. The Canadian Institute for Health Information's in-hospital data indicate that about 3000 patients receive ECT per year, including 700 in Quebec.

Banken says the appropriate rate of use is unknown because "there's no epidemiologic evidence."

ECT has proved controversial since its introduction into psychiatric use in 1938. Proponents claim it is one of the safest and most effective therapies available, while opponents consider it degrading because of the adverse effects, including memory loss. Banken says the report recognizes the differing opinions and "we've made this report as impartial as possible." — *Barbara Sibbald*, CMAJ