doctor visit, and about twice that to see specialists. But after \$150 in 1 year, visits are free, and no citizen pays more than \$300 per year including prescription drugs.

The country's drugstores are government-run, though the first private pharmacies are slated to open by January 2009.

Emergency services remain the domain of public hospitals, but as the tone of debate over public versus private health care in Sweden softens, there are fewer and fewer sectors of the system that are off-limits to private companies.

"What couldn't be said 20 years ago can be said today," Forsberg says. "The ideology is not so important any more, it is just a matter of figuring out how to get the system to work." — Christopher Mason, Stockholm, Sweden

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FOR THE RECORD

Open doors

Fast-tracking the licensing of doctors already certified in the United States or other countries that have practice and education standards equivalent to those of Ontario, and modifying the transitional licensing system to ease entry for internationally trained doctors from countries with different training systems than Canada, are among measures proposed by Ontario Health Minister George Smitherman to increase the number of foreign-trained physicians allowed to practise in the province.

Smitherman says the government will introduce legislation this summer to implement recommendations urged by Laurel Broten, parliamentary assistant to the Ministry of Health, in a report on measures to increase the number of international medical graduates practising in Ontario.

Broten's 5-point action plan urged fast-tracking registration of doctors coming from comparable health care systems, which would open up transitional licenses for so-called "possible practice" physicians, who need to com-

plete certain educational requirements, or undertake a measure of training that would bring their credentials up to par with those of Canadian-trained doctors. The transitional licences would allow prospective doctors to practice under supervision.

Broten also urged additional financial resources in support of "cultural and language education, mentorship and hands on training"; as well as aid to foreign-trained physicians who'd like to pursue another health profession within the Canadian system.

FDA goes global

The US Food and Drug Administration (FDA) is proposing to establish inspection offices in 5 regions of the developing world to enhance its capacity to monitor the safety of drugs, food and medical devices being exported to America.

The expansion of the FDA's reach was proposed June 9, 2008, in a budget amendment seeking an addi-

tional US\$275 million increase in the agency's \$2.4 billion budget for fiscal year 2008/09. The total proposed FDA increase over the previous fiscal year now tops US\$404.7 million, a 17.8% budget hike.

Department of Health and Human Services Secretary Mike Leavitt envisioned an FDA presence around the globe, saying the 5 targeted regions are Asia, particularly China and India; Central America; South America; and the Middle East.

The FDA already conducts inspections in Canada. Earlier this year, it told the US Senate Finance Committee that it has conducted 118 inspections of pharmaceutical facilities in Canada since 2002, including 16 in 2007. The FDA and Health Canada have an arrangement under which an auditor from one of the agencies conducts inspections on behalf of both. The FDA is now negotiating a similar arrangement with the European Union. — Wayne Kondro, *CMAJ*

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Secret shame

Calling artificial food dyes the "secret shame" of the food industry and regulators, the non-profit Centre for Science in the Public Interest has formally petitioned the US Food and Drug Administration to ban Yellow 5, Red 50 and 6 other "certified" artificial food colourings that have been linked to hyperactivity, attention-deficit hyperactivity disorder and other related behavioural problems in children.

"The purpose of these chemicals is often to mask the absence of real food, to increase the appeal of a low-nutrition product to children, or both," stated Centre Executive-Director Michael Jacobson. "Who can tell the parents of kids with behavioural problems that this is truly worth the risk?"

Great Britain's Food Standards Authority has asked food manufacturers to voluntarily switch to safer colourings and is seeking joint European Union action on food dyes because of concerns over neurotoxic effects.

The Centre for Science in the Public Interest petition also asks for Congressional hearings on artificial food dyes; new warning labels on artificial food dyes (until they're banned); and funding for an Institute of Medicine research project on dyes (www.cspinet.org).

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