

Briefly

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New safety czar: The Canadian Patient Safety Institute has hired Hugh MacLeod as its chief executive officer. MacLeod is a former senior member of the Ontario government, where he served in the positions of associate deputy minister, climate change secretary and assistant deputy minister, system accountability and performance for the Ontario Ministry of Health and Long-Term Care. He has also held senior positions in several British Columbia health organizations, including Vancouver Coastal Health. The Canadian Patient Safety Institute, a non-profit organization, was established in 2003 to promote leading patient-safety practices. — Roger Collier, *CMAJ*

Hospital funding reform: Billing it as “the biggest change to Australia’s health and hospital system since the introduction of Medicare,” Australian Prime Minister Kevin Rudd has unveiled reforms that overhaul funding and management of the country’s public hospitals. The reforms create a single federal funding body for all public hospitals called the National Health and Hospitals Network. The existing state-run hospitals will be reorganized into regional Local Hospital Networks, which will be funded according to services delivered rather than through block grants ([www.health.gov.au/internet/main/publishing.nsf/Content/nhhn-report/\\$FILE/NHHN%20-%20Full%20report.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/nhhn-report/$FILE/NHHN%20-%20Full%20report.pdf)). The federal government assumes 60% of responsibility for funding hospitals, while stripping the states of about one-third of their goods and services tax revenues — roughly A\$50 billion per year — to pay for the reforms. — Wayne Kondro, *CMAJ*

Malaria treatment guidelines: The World Health Organization has unveiled new malaria treatment guidelines that provide guidance on how to deliver ther-

apy. The guidelines place more emphasis on the need to use diagnostic tests prior to providing treatment and introduce a new artemisinin-based combination therapy to the list of treatment recommendations (www.who.int/topics/malaria/en/). *The Guidelines for the Treatment of Malaria (Second Edition)* recommend “diagnostic testing in all cases of suspected malaria. Treatment based on clinical symptoms alone should be reserved for settings where diagnostic tests are not available,” Dr. Robert Newman, director of the WHO Global Malaria Programme, said in a press release. — Kat Guerin, Ottawa, Ont.

Doubled heart risk: The Federal Court of Australia has bolstered the hopes of class action litigators in Canada and other parts of the world by awarding A\$259 000 to 59-year-old Graeme Peterson of Melbourne, who contended the arthritis drug rofecoxib (Vioxx) contributed to his heart attack. Federal Court Justice Christopher Jessup ruled that the drug, manufactured by the United States pharmaceutical giant Merck & Co., did not yield the promised benefit of relieving joint and muscle pain, while increasing the risk of a heart attack (www.austlii.edu.au/au/cases/cth/FCA/2010/180.html). Rofecoxib was withdrawn from the Canadian market in 2004. In November 2007, Merck & Co. agreed to a US\$4.85-billion settlement for rofecoxib plaintiffs in the US. — Wayne Kondro, *CMAJ*

Polio vaccinations: In a bid to end a year-long polio epidemic, the Global Polio Eradication Initiative vaccinated more than 85 million children under the age of five in 19 African countries. They will administer a second round of immunizations to the children on Apr. 24 (www.polioeradication.org/). A similar campaign in 2009 did not succeed but UNICEF Regional Director for West and Central Africa Dr. Gianfranco Rotigliano said in a press release

that “with better coverage that leaves no child unvaccinated, these campaigns can succeed in making West and Central Africa polio-free.” Funding for the vaccination program was provided largely through a US\$30-million grant from Rotary International. — Kat Guerin, Ottawa, Ont.

Physician abuse: A survey of 3208 family physicians across Canada indicated that 75% have suffered at least one incident of “major” abuse, such as physical aggression, destructive behaviour and sexual harassment, while two in five were subject to at least one incident of “severe” abuse, such as “attempted assault, assault, assault causing injury [and] sexual assault” (*Can Fam Physician* 2010; 56: e101-108). Some 98% of respondents reported suffering from what survey authors designated as “minor” incidents of abuse, such as disrespectful behaviour, bullying, verbal threats and humiliation. “Workplace violence for family physicians is a serious issue that needs to be addressed at local, provincial, and national levels,” the authors concluded. — Wayne Kondro, *CMAJ*

Convention ratified: Canada has ratified the United Nations Convention on the Rights of Persons with Disabilities, which commits all levels of government to preventing discrimination in such areas as the provision of reasonable accommodation. An estimated 4.4 million Canadians suffer from disabilities. The convention’s purpose is “to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity” (www.un.org/disabilities/default.asp?id=150). — Wayne Kondro, *CMAJ*

Proposals revised: The McGill University Health Centre in Montréal, Quebec, has announced that it has received revised proposals from the

two public–private partnership groups bidding to build a hospital on the school’s Glen Campus. The two private groups were asked to resubmit their proposals earlier this year after they exceeded original budget limits (*CMAJ* 2010. doi:10.1503/cmaj.109-3159). — Wayne Kondro, *CMAJ*

Upward trend: Health care spending in the United States will top US\$4.4 trillion by 2019 from a level of \$2.5 trillion in 2010, according to the latest projections by the Office of the Actuary in the US Centers for Medicare & Medicaid Services, (www.cms.hhs.gov/NationalHealthExpendData/03_NationalHealthAccountsProjected.asp). The annual growth rate of health care spending in the US is pegged at 6.1%. Health care’s

share of gross domestic product in 2009 was 17.3%. — Wayne Kondro, *CMAJ*

Dementia rates: African-Americans are twice as likely and Hispanics 1.5 times more likely than whites to develop Alzheimer disease, according to a report from the Chicago, Illinois-based Alzheimer’s Association. *The 2010 Alzheimer’s Disease Facts and Figures* report surmises that conditions like high blood pressure and diabetes account for that difference as there isn’t a known genetic factor explaining higher rates among various ethnic populations, (www.alz.org/documents_custom/report_alzfactsfigures2010.pdf). The report also indicates that 5.3 million Americans have Alzheimer disease. — Wayne Kondro, *CMAJ*

Dig deeper: The average American will be asked to absorb a larger share of health care costs out of their own pockets as an annual survey of the National Business Group on Health indicates that 56% of major employers plan to hike premiums or introduce measures such as spousal surcharges (www.towerswatson.com/assets/pdf/1345/TW_15565_NBGH.pdf). But the report concludes that employers are shifting only a modest portion of the increasing costs of health care onto employees. “On average, employees paid 20% of total premium costs in 2009. Employees’ share of premiums will increase slightly to 21% in 2010.” — Wayne Kondro, *CMAJ*

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