



PEI MDs target VLTs

The Medical Society of Prince Edward Island wants video lottery terminals (VLTs) taken out of corner stores and their use limited to bars and other licensed establishments. Charlottetown family physician Don Taylor is leading the charge against the machines, which he says are addictive.

“Video gambling is a recognized, devastating disorder,” says Taylor.

“As physicians we are concerned about the negative impact addictions have on our patients and their families.” The society wants the provincial government to pursue research and develop addiction-treatment programs, but Taylor claims the province is satisfied to collect its estimated \$8.5 million annual share of revenues from the VLTs and ignore the possibility that people are becoming addicted to the machines. “The government, machine suppliers

and owners of outlets with VLTs are making more and more money, but who is really losing?” asked Taylor. The society estimates that PEI has between 2575 and 5420 problem gamblers. Islanders spent \$37.5 million using 631 VLTs in 1996, an average of \$276 for every man, woman and child.

The Nova Scotia Health Department, which is also worried about gambling addiction, recently decided to help problem gamblers by establishing a Website (www.gov.ns.ca/heal) with information on services for problem gamblers. It links to the province’s 24-hour toll-free gambling support line and provides information on counselling programs, research projects, newsletters and grants available from the province.

MRC sounds funding alarm

Dr. Henry Friesen, president of the Medical Research Council of Canada (MRC), is worried that Canada is losing ground to other countries because of federal cuts to research agencies such as the MRC. In his report for fiscal year 1995–96, Friesen said that by cutting the MRC budget by 10% between 1995 and 1997, and by a further 3% in 1998–99, the federal government has created “an acute sense of anxiety and concern” among Canadian scientists. He warned that, because other nations are increasing their research budgets, many of Canada’s brightest researchers will look for greener research pastures.

Friesen is, however, buoyed by the potential for growth in private-sector support for research. He cited several examples of partnerships between the MRC and private sector. A recent Pharmaceutical Manufacturers Association of Canada survey found that member companies increased their research-and-development spending from \$624 million in 1995 to more than \$768 million in 1996.

BC doctor restricts practice to house calls

When Vancouver family physician John Sloan began providing geriatric care in 1980, gerontology was “a very young and growing field.” Now, with the number of seniors surging in Canada and geriatric medicine a definite growth area, Sloan has stepped full time into house-call care. On July 1 his office moved to his 1984 Toyota and his practice consisted entirely of making house calls to elderly patients.

Sloan aims to spend 20 hours weekly on the road, visiting 2 patients hourly. Restricting his driving on any 1 day to a specific area of Vancouver, he hopes to head off unnecessary hospitalizations for his frail patients who cannot make it to a doctor’s office.

Sloan, a cofounder of the BC As-

sociation of Geriatric Care Physicians, believes that maintaining these patients at home makes sense because some hospital beds may be kept open. As well, he says home visits allow him to observe a patient’s function in a way that cannot be achieved in a doctor’s office. For instance, he may pick up clues in the home that signal a need for extra services. Despite these benefits, Sloan says there are “major hurdles” for physicians who concentrate on house calls. One example is the province’s 15% extra payment given to doctors who provide care to seniors; physicians can bill extra for office visits by patients older than 75, but not for home visits. However, Sloan says that he feels “morally and ethically happy” with his decision. Because his overhead costs will be reduced, he expects his income will be “about even” with that in his former office-based practice.

He hopes to encourage other physicians to join him on the road. By 2016, an estimated 860 000 seniors will be living in BC. This means, says Sloan, that in the future “physicians will be working within multidisciplinary teams [that see] patients at home.” — *Heather Kent*



Dr. John Sloan