



and the potential legal ramifications.

In Halifax, the Queen Elizabeth II Health Science Centre has instituted a policy that states hospital personnel are not permitted to witness documents generated outside the hospital that are not related to patient care, such as deeds and wills. The hospital's legal counsel, Nancy Milford, says it is inappropriate for hospital staff to become involved. The decision followed experiences in which such documents proved to be a problem for both hospitals and the physicians involved.

The hospital does acknowledge that there will be times when no other option is available, and it has appointed commissioners of oath for this purpose. The province's lawyers have been notified of the policy. For physicians, the best advice is that a wise

doctor will think twice before agreeing to witness legal documents that are irrelevant to patient care. Such action may save them and their patients unneeded grief. — © *Dorothy Grant*, coordinator, patient-physician relations, Medical Society of Nova Scotia.

CMA adds voice to call for land-mine ban

The CMA has joined the chorus calling for a ban on the use of antipersonnel land mines. The often-undetectable mines, which the *Economist* recently described as "cheap little horrors," kill or maim about 25 000 people a year. They continue taking their toll long after wars end because they are seldom defused. In a unanimous vote cast during the August an-

nual meeting, the CMA lauded Canadian attempts to achieve a signed treaty banning the mines by this December. That treaty proposal received its biggest boost while the CMA annual meeting was under way, when the US announced it would support the Canadian plan. Three months ago it had dismissed the "Ottawa process" as unrealistic, but support had grown in the US, particularly among war veterans.

A report released in July indicated that during the Korean war American troops were more likely to be killed by their own mines than communist ones. Although the Ottawa process is unlikely to achieve a total ban because countries such as India and China will refuse to sign it, 106 countries had announced their support by

Language barriers fall at Vancouver hospital

Canada's changing demographics are changing the way some hospitals deal with patients. For instance, St. Paul's Hospital in Vancouver's populous west end now trains staff and volunteers in language interpretation in order to serve the large number of new Canadians living downtown. Some 120 staff members who speak a total of 45 different languages have volunteered

for the training. The program is run by Anneke Rees, the coordinator of volunteer resources, who says "we could always use more." Staff receive a 6-hour training session that emphasizes impartiality and accuracy. Control remains with the patient, explains Rees, because the interpreter is "not responsible for making things work out."

Cantonese translation is most in demand by far, followed by Gu-



Dr. Ron Werb (left) and translator Alison Chan answer questions from a patient's relative

jarati, an Indian dialect, and Vietnamese. Translation for Polish and Russian patients is sometimes needed, for these new arrivals tend to concentrate in Vancouver's west end. Rees emphasizes that the program involves language interpreting and not cultural interpreting, in which interpreters may act as advocates for patients. The St. Paul's interpreters inform the health professionals involved if a cultural issue

arises, but stay neutral.

The hemodialysis unit makes the greatest use of interpreters, both during predialysis education sessions and dialysis treatment. Dr. Ron Werb, the unit director, says about 50% of the patients speak Cantonese and he finds the service "absolutely invaluable in reducing patient anxiety." Bolstering interpretation skills within the unit is Alison Chan, a Can-

tonese-speaking clerk, who has taken the training and uses it frequently.

Rees says service delivery remains the program's greatest challenge. Although some procedures allow staff to reserve an interpreter, in most cases translation services are needed without notice. All parts of the hospital can call upon the volunteers around the clock, and a commercial service is available as a backup option. — © *Heather Kent*



August. "The strength of the Ottawa approach lies in stigmatizing antipersonnel mines as abominable, not to be used ever, on any account, by anybody, no exceptions," the *Economist* observed. "The great news is that this target no longer looks as fantastical as it once did."

WMA slams Egyptian court for "female-circumcision" decision

The World Medical Association (WMA) recently condemned Egypt's Court of Administrative Law for overturning a ban on female circumcision. Egypt, which has one of the highest rates of female genital mutilation in the world, introduced a ban on the practice last year. The World Health Organization estimates that 97% of Egyptian girls undergo the brutal procedure. "The decision of the Egyptian court makes a mockery of the United Nations allowing the International Conference on Population to be held in Cairo," said the WMA secretary general, Dr. Ian Field. "I shall be writing to the Egyptian health minister to encourage him in his appeal [of the court's decision], and the WMA and its member associations will continue to campaign for the eradication of this practice wherever it occurs." Canada passed legislation outlawing female genital mutilation in April.

Will Internet help reshape health care?

The American College of Healthcare executives says more than 40% of information found on the Internet now deals with health care issues and this relatively new medium "will play a significant role in reshaping our health care delivery system." A new book published by the college's Health Administration Press says the Internet is going to allow insurance companies to reduce administrative costs and patients will be able to "take

informed control of their medical destiny and work in partnership with physicians and payers to receive high-quality medical outcomes." Information about the book, *The Internet and Healthcare*, is available at www.ache.org/hap.html; it can be ordered by calling the Publications Service Centre, 708 450-9952. The cost of the 112-page book is (US)\$28.

National control strategy needed, cancer experts warn

Cancer experts have rung the danger bell about the increasing impact the disease is having in Canada, warning that a national control strategy must be put in place because cancer incidence is expected to double by 2010. "Cancer

should continue to have distinct status among human diseases, given the staggering demographic trends of this disease and the enormous challenges of reducing the burden it imposes," said Dr. Barbara Whyllie, director of medical affairs and cancer control for the Canadian Cancer Society (CCS) and National Cancer Institute of Canada (NCIC). "There has been steady progress in the battle against cancer, which is reflected in the stability of incidence and mortality rates for most types of the disease. However, new cases and deaths continue to rise steadily because of an increase in the size and aging of the population. This has resulted in an increase of more than 30% in the number of new cancer cases from 1987 to 1997."

BC program hopes to double mammography screening

The Screening Mammography Program of BC is launching new strategies in an attempt to more than double the proportion of BC women aged 50 to 74 who undergo screening; the current level is 32%. The program's target is a 70% screening rate every 2 years. An attempt will be made to contact all women in this age group who have never received screening and a new pamphlet will



Dr. Ivo Olivotto:
FPs have crucial role

be sent to every BC physician. "The strongest influence is endorsement from the family doctor," says Dr. Ivo Olivotto, chair of the BC Cancer Agency's Breast Tumour Group. "Their role is critically important."

Olivotto also plans to expand a promising pilot project in Kamloops, where a health-promotion specialist who recruited women from a variety of community

sources achieved a screening-participation rate of more than 50%. This "direct-marketing" approach has proved successful in some other provinces and in Australia. The BC program is also sending its new pamphlet to women in their 40s who have already received screening. Olivotto says the agency is "trying to be neutral" in its position on offering mammography to women in this age group. The program was previously perceived "to be heavily promoting mammography for women in their 40s, but the evidence was strongly against it." He says that there has been "a lot of controversy but not a lot of clarity" in information provided to these women. Alberta, New Brunswick and Nova Scotia also offer screening mammography to women aged 40 to 49. — © Heather Kent