



## Appetite suppressants withdrawn

Health Canada has warned consumers not to use appetite suppressants containing fenfluramine or dexfenfluramine, prescription drugs used in the short-term treatment of obesity. They are also prescribed in a combination therapy known as fen-phen (fenfluramine and phentermine). The warning was issued Sept. 15, the same day an editorial on the subject appeared in *CMAJ* (1997;157:705-6). Companies agreed to suspend sales that day because of the high incidence of serious heart valve disease observed in the US in patients who have taken the drugs.

## MDs the key to better pain management

The American Pain Society says adequate treatment of symptoms should take precedence over the legalization of physician-assisted death at the end of a patient's life. One of the keys is better education for physicians, nurses, patients and families about pain treatment. This means materials to guide treatment must be readily available to help clinicians write orders. As well, pain must be made "visible" and routinely charted as a "fifth vital sign" so that unrelieved pain triggers a prompt response. In its recently approved statement on pain

treatment, the society said a physician trained in pain control can provide adequate pain relief for more than 90% of dying patients.

## Task force to study impact of hospital closures on MDs

The Health Services Restructuring Commission that is revamping Ontario's hospital system recently named 3 physicians to deal with potential "physician labour adjustment issues" arising from restructuring in London, Metropolitan Toronto and Ottawa. Ottawa anesthetist John Atkinson will chair the group, which will include Kingston-based family physician Ruth

## Traditional meets modern in Malawi eye program

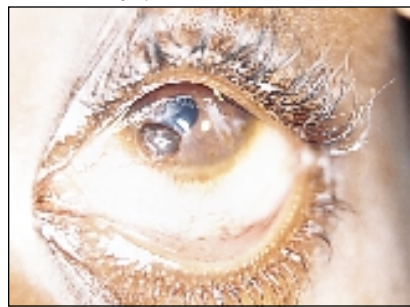
Paul Courtright, PhD, director of the BC Centre for Epidemiology and International Ophthalmology, is as much an anthropologist as epidemiologist. In 1991, during a 4-year stay in Malawi, he pioneered a collaborative program to prevent blindness in rural villages by bringing modern science and traditional healers together.

Courtright, who works with his wife, ophthalmologist Susan Llewellyn, recognized that the healers are a force to be reckoned with in Malawi's villages and that their support would be key in motivating people to have eye surgery. In Malawi, up to 4500 visits are made to traditional healers for each patient who seeks care from an ophthalmic medical assistant. Courtright estimates that about 10% of cases of blindness in the country are caused by toxic substances that have been deliberately placed directly in the eye because healers believed they would

cure eye problems. Cataract surgery reverses blindness in an overwhelming number of these cases.

Courtright began his program with a series of workshops in about 15% of Malawi's villages, which at-

Dr. Paul Courtright photo



**Damage caused by toxic substances placed in the eye is responsible for 10% of cases of blindness in Malawi**

tracted 300 healers. He achieved a coup by persuading some them to undergo cataract surgery themselves. Most participants returned to their villages as enthusiastic advo-

cates, and surgery rates increased by 80%. The program, now well established in Southern Malawi, is run by ophthalmic medical assistants. It will eventually spread to all southern villages, which have a combined population of 5 million people, as well as to a district in northern Malawi.

Courtright plans to expand the program to Mozambique and West Africa, beginning in Niger. He organized a World Health Organization symposium in Malawi in September, which was attended by representatives from nongovernmental eye-care organizations, ophthalmologists, field workers and healers. The goal was to produce a manual to use as a template for establishing similar programs elsewhere. Courtright hopes new programs will look at traditional healers as positive forces for eye care. "If they reach the stage of 'let's collaborate,' " he says, "I'll be thrilled." — © Heather Kent