



MD's murder linked to disability forms

The Ontario Medical Association says a Toronto physician was murdered Sept. 23 because medical eligibility rules for some government as-

sistance programs require doctors to determine access to the programs. "For carrying out these responsibilities," says the OMA, "Dr. Bernard Lau was murdered."

Dr. Lau, a 1982 University of Toronto graduate, was murdered by a

man who claimed he had been "ruined by the system" after being forced off provincial welfare rolls. The man, who also murdered his landlord, later killed himself. After the deaths, the OMA called on the province to change provincial disabili-

Ottawa students mark "5 wonderful years" in Malawi

This summer marked the fifth year for the Ottawa Student Health Initiative in Northern Malawi. The project operates in conjunction with St. John's Hospital in Mzuzu and the primary health care team in its clinic areas. Members of our multifaculty group, which comprises students from medicine, nursing, physical therapy and occupational therapy, live in rural villages, sometimes 20 km from the nearest electricity and telephone.

During our summer, which is Malawi's dry and harvest season, students work on primary care issues, such as surveying baseline health and nutrition conditions, locating water sources, aiding in the building of water pumps and shelters, and helping the St. John's primary care team during monthly clinics. We also teach about life in Canada. "Moneri" (Hello all) and "Muliuli?" (How are you?) are 2 of the key phrases Canadian visitors learn.

Our work led to a small but significant reduction in diarrheal diseases and general morbidity. However, the greatest benefit is the cross-cultural exchange, which helps both our cultures. Malawi may be poor materially but it is very wealthy in terms of spirituality and community.

We were constantly embarrassed by Malawians' resourcefulness, especially their reuse of our discarded materials and their creativity in making things work. At the same



A project linking 2 cultures

time, they witnessed how we interact between races and sexes and our vision of the future, which involves more than surviving to the end of the day.

Most of the villagers we visited speak the native dialect, Chitumbuka. The 2 official languages are Chichewa, spoken by most Southerners, and English. Until 1993 the country was led by a dictator, but continuing pressure from within led to democratic elections in 1994. Unfortunately, the northern, central and southern parts of the country are divided tribally and, hence, politically. Northerners have little

power and are constantly ignored, and their health has been deteriorating.

Malawi is the world's ninth poorest country and the Ottawa students have been trying to alleviate the continuing abject poverty. We strive to aid the poorest of the poor, and have supported the education of girls, who are often neglected, by starting a scholarship fund to pay school fees and allow them to have the opportunity to attend secondary school.

There are emerging health problems beyond the issue of malnutrition, because between 30% and 40% of Malawians are infected with HIV. During its next 5 years, the Ottawa project will concentrate on designing and implementing an effective AIDS education program in the hospital's catchment area.

The highlight of our 5 years in Malawi has been cooperation and dedication involving 2 very different communities. The joy this cross-cultural exchange has brought and the unique experience it has provided has committed us to 5 more years in Northern Malawi. — Dr. Kevin Chan, pediatric resident, BC Children's Hospital



ity forms so that physicians are not forced to determine whether a patient is eligible for disability or other benefits. The association said this would "place responsibility for determining eligibility where it should lie — with the institution providing the benefits."

To breed or not to breed? Health Canada faces a monkey dilemma

Fourteen years ago Health Canada's Animal Resources Division established a colony for 1000 cynomolgus monkeys from the Philippines, 1 of 3 countries where the long-tailed macaques, which are used for medical research, originate.

Initially the monkeys were used to test polio vaccine, and today about 130 are part of experiments involving AIDS vaccines and the effect of exposure to PCBs, heavy metals such as lead and mercury, and pesticides. A few monkeys have also been used in diagnostic activities involving shellfish poisoning and botulism.

The animals and the facility that houses them are rare, says Health Canada, because researchers have 2 generations' worth of the monkeys' genetic history and because the macaques are free of the herpes virus, which plagues nonhuman primates used for medical research in other labs throughout North America. Two Health Canada units, the Food Directorate and Therapeutic Products Directorate, are the main employers of the colony for research purposes.

Beyond the 130 test monkeys, the remaining 620 are used for breeding. According to the Health Protection Branch, which runs the colony through its Laboratory Animal Science and Medicine Program, this has become a costly exercise. The annual bill for the breeding colony is about \$900 000, or more than \$11 million since Health Canada got into the monkey business.

As a result, Health Canada asked the Royal Society of Canada to appoint an expert panel to determine whether the government should continue running a primate breeding colony. The 5-member panel, which includes 3 research scientists and 2 social scientists with backgrounds in philosophy and ethics, is expected to complete its report by this month.

In August, Health Canada said it and the panel "welcome comments from all parties, including animal-rights groups." Advocacy groups like Animal Action want the monkeys kept and bred by anyone but Health Canada — it claims the macaques' current housing, in which animals are kept separately in small cages, has led to acts of self-mutilation because of boredom and isolation.

A potential home may be found through a sanctuary in San Antonio, Texas. Primary Primates Inc. is already home to about 450 apes and their cousins that have been retired from research labs and circuses. However, its offer comes with a condition attached: the federal government would have to help pay to purchase land, build facilities and maintain the Canadian macaques for the rest of their lives. — © *Christopher Guly*

MDs: review CPR knowledge, encourage patients to take course

Although cardiopulmonary resuscitation (CPR) has become a familiar term in Canada, new evidence indicates that nearly half of Canadians aged 45 or older would not know what to do if there is a cardiac emergency.

In a random survey of 800 Canadians, the Heart and Stroke Foundation of Canada found that 46% of respondents did not feel confident they would know what to do if they suspected someone was having a heart attack. The survey also found that the

higher respondents' ages, the lower their level of confidence in dealing with a cardiac emergency.

The survey also indicated that only 57.7% of respondents would respond to one or more signs of a heart attack by dialling 911. About 10% of respondents said they would simply lie down and wait until they felt better. Others would respond by seeing their family doctor, taking ASA or removing their false teeth.

Since November is CPR Awareness Month, the foundation is working with the Canadian Red Cross, Canadian Ski Patrol, St. John Ambulance and the Lifesaving Society to raise public awareness of heart-attack warning signs and ways to act during an emergency. In the latter case, the person should call for emergency assistance and start CPR if necessary. The campaign targets men and women aged 45 or older who have at least 1 major risk factor for heart disease.

The foundation hopes physicians will help spread the CPR message by encouraging high-risk patients and their families to learn heart-attack warning signs. Because more than 70% of attacks occur in the home, family members must be able to recognize and respond to emergency situations by taking a CPR course or watching a training video. This should provide the knowledge and confidence needed to deal with an emergency.

November is also an opportune time for physicians to review their own knowledge of CPR by taking a refresher course or an advanced cardiac life support (ACLS) course. The revised ACLS text includes new information on the treatment of acute stroke.

Further information about CPR Awareness Month and CPR courses is available at the foundation's Web site, www.hsf.ca, or by calling 1-888-hsf-info.

Roughly 22 000 Canadians die of heart attacks every year, with about half of the deaths occurring before