

## Blood collecting resumes in Newfoundland community

Canadian Blood Services will start accepting blood from residents of a rural area of Newfoundland that was once known for high rates of HIV infection. The move comes because the rates are now in line with those in the rest of Canada.

In 1995, the Canadian Red Cross stopped holding blood donor clinics in Conception Bay North, a string of small communities about an hour's drive from St. John's, because the area's HIV infection rate was higher than in the rest of the province and in many parts of the country. In a catchment area with 30 000 residents, 54 people were discovered to be HIV positive. Health officials connected many of the new cases to 1 man, who had infected multiple sexual partners.

"The Red Cross' concern was that it had no idea how many women were infected or at what stage of the disease they were in," says Dr. Karl Misik, medical director with Canadian Blood Services in St. John's, the organization that now manages the blood supply. "Plus, they may have infected others with the virus."

Since then, the centre has conducted annual reviews of the data for Conception Bay North and concluded that the rate of infection there is now similar to rates in the rest of Canada. At the same time, there has been marked improvement in HIV testing. Current tests can detect HIV in the blood within approximately 21 days of infection. New tests, to be introduced in June, will reduce that period to 6 to 11 days.

The people of Conception Bay North were upset when the clinics were cancelled, saying it stigmatized their communities and left a negative impression about the area throughout the province and the country. "We tried to get the people in Conception Bay North to understand that it was for safety reasons," says Misik. "I think we've overcome this hurdle by explaining that."

In fact, service groups like the Kiwanis Club have responded positively to the news that the clinics will resume and are eager to get to work organizing them. The first clinics were slated to open in March. — *Beth Ryan, St. John's*

### A new type of FP

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bec FPs have also been advised to formulate a mission statement and business plan, keep pace with new information technologies and assess the satisfaction of the "clientele." The 8 recommendations are strongly worded — "henceforth, the family physician who works in a private practice must" is one example — and they are rooted in the bottom-line directives of management consulting.

There were also suggestions for the FMOQ itself. The federation is supposed to foster the family medicine networks, provide tools and guidebooks to help doctors run their practices, and investigate alternatives to the current fee-for-service system. "How can we encourage doctors to follow their patients in an ongoing way," says L'Heureux, "while their costs are growing and their fees haven't increased in years? The individual doctor is not superman." — *Susan Pinker, Montreal*

## Vague child protection law puts onus on physician to report

Ontario physicians and other health professionals now have a large but ambiguous responsibility to report not only children who "suffer abuse" but also cases in which a child is "in need of protection." New child protection legislation, which was approved in May 1999, aims to prevent children from falling through the cracks of the child protection system, says Toronto lawyer Tracey Tremayne-Lloyd, an expert in health law at Tremayne Lloyd Partners. A child "in need of protection" is one whose best interests, protection and well-being are not being sustained.

The legislation will undoubtedly lead to more reporting and awareness

— a good thing, says Tremayne-Lloyd — but it also puts physicians in a vulnerable legal position. They are now legally liable for failing to report cases, and penalties include fines of up to \$1000 and imprisonment for up to a year. The new legislation also allows children to sue physicians for failing to protect them. And since the limitation period for starting legal action does not begin until the child has turned 18, the physician's potential liability and exposure extends for years.

It puts physicians in an awkward situation, says Tremayne-Lloyd. "If physicians act precipitously, it can create conflict with the family and de-

stroy the patient-physician relationship. But, if they don't act, they could be fined and then sued for damages."

There have been no charges under the legislation, but Tremayne-Lloyd says it's only a matter of time. She also believes that other provinces will adopt similar legislation. She says physicians should err on the side of caution, arguing that it is better to make 2 or 3 mistakes than to let a case slip by.

Tremayne-Lloyd acknowledges there will likely be some frivolous claims "but there are a lot of children out there suffering in situations where people in authority do nothing." — *Barbara Sibbald, CMAJ*