

Pulse

Patients appear to be patient, survey finds

PriceWaterhouseCoopers recently asked a representative sample of Canadians how long they had waited to see a doctor or to have a medical procedure performed. Waiting times were shortest for appointments with general practitioners

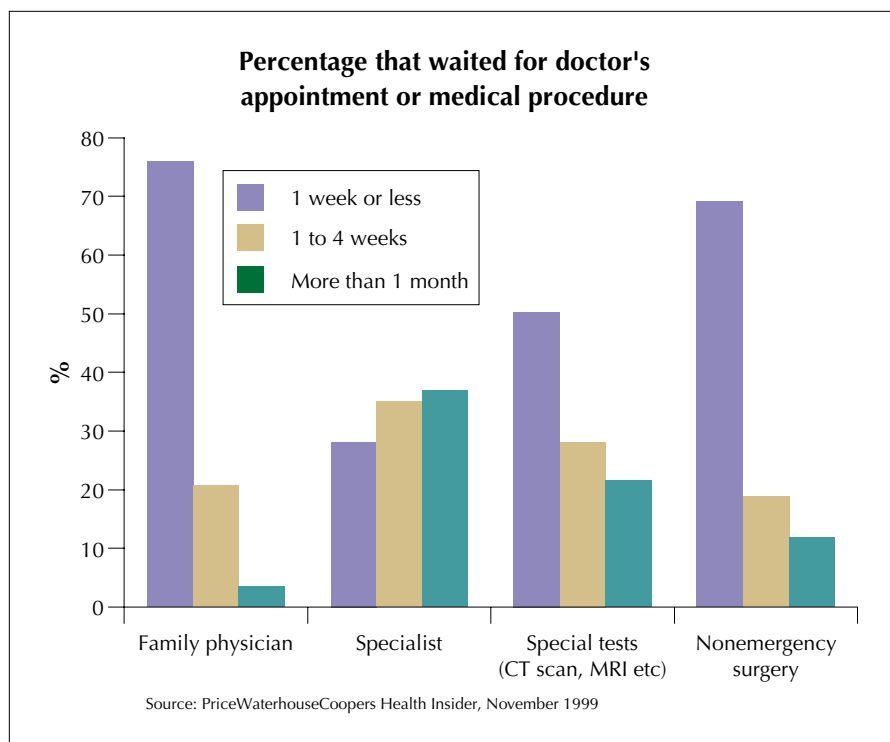
and family physicians, with most respondents (75.9%) waiting a week or less, and only 3.5% waiting longer than a month. Waiting times were also fairly short for nonemergency surgery or other surgical procedures, with 69.2% of respondents

waiting no longer than a week, and only 11.9% waiting more than a month.

Among those who had special medical tests, 50.3% waited a week or less and 21.6% waited longer than a month. Waiting times were longest for appointments with specialists, with only 28.1% of respondents waiting a week or less, while more than one-third (36.9%) waited more than a month.

Although more than half of the respondents (52.3%) said waiting times for medical services are longer compared with 5 years ago, the majority (90.3%) stated current waiting times for GP/FPs are acceptable. Most of the respondents also said that longer waiting times to see specialists and for special medical tests (such as CT or MRI scans) were acceptable (83% and 86%).

One-quarter (25.1%) identified access to specialists as the medical service most in need of shorter waiting times, while 18.4% said waiting times for special medical tests could make that claim. Only 9.9% said they needed quicker access to GP/FPs. The survey was released in October and involved medical contacts made by patients in the previous year. — *Shelley Martin, CMA, martis@cma.ca*



Access to effective TB treatment a human right, countries declare

Multidrug-resistant strains of tuberculosis have already cost cities like New York and countries like Russia hundreds of lives and more than \$1 billion each, and these strains will continue to emerge unless countries act quickly to strengthen their control over the disease, the World Health Organization says.

A new report from WHO and the International Union against TB and Lung Disease indicates that resistance to at least 1 TB drug has increased by

50% in both Denmark and Germany since 1996, and doubled in New Zealand. In all 3 countries, foreign-born TB patients are nearly twice as likely as native-born patients to be harbouring a drug-resistant strain.

“Improved screening of immigrants will not solve this problem,” said Dr. Arata Kochi, director of the Stop TB Initiative. “The only safeguard for wealthy countries is to help countries with poorly functioning TB-control programs to fix the problem

immediately by helping them strengthen their programs.”

To this end, 20 countries attending the Ministerial Conference on TB and Sustainable Development, held in Amsterdam Mar. 24, declared that global access to effective TB treatment is a human right and a government’s responsibility. This means that countries must provide anti-TB drugs, unhindered access to TB treatment, effective means of delivering treatment and affordable medicine for peo-

On the Net

Hints for MEDLINE searching

Although many OSLER (Ovid Search: Link to Electronic Resources) users called or sent emails with questions about our recent contest (see Another contest from your friends at OSLER, *CMAJ* 2000;162[2]:251), we received fewer entries than expected.

Perhaps the question was too challenging for those new to MEDLINE searching. Was sending the answer by email the difficult part? If the step-by-step solution provided below still seems mysterious, please contact me for some telephone training on OSLER commands, limits and functions.

This year's challenge was: Is there any evidence that zinc lozenges shorten the duration and severity of the common cold in children? That question contained 2 concepts, **zinc lozenges** and **common cold**, plus an **age limitation** that reduced the results to studies involving children.

Successful searching requires an analysis of the question before moving to the keyboard. Begin by typing **zinc lozenges** into the keyword box. When the Ovid mapping screen appears, select **zinc** as well as **zinc lozenges.mp**. This method, searching by both MeSH heading and text words, is certain to pick up anything on the topic. Once the results have been obtained, perform the next search using the MeSH term **common cold**.

Combine the results of the searches by typing '1 and 2' into the keyword box. The results each contain the concepts **zinc** and **common cold**. Have a quick look at the citations by clicking on the "display" link in the search history box. Since they look useful, the next step is to limit the search to children. Click on the Limits icon in the Ovid Toolbar. When the Limits screen appears, you will see your search history with buttons beside each search statement. Scroll to the Age Groups box. Using the down arrow, find the groups representing childhood and adolescence. Hold down the Ctrl key as you click on these, to ensure that all appropriate age

The screenshot shows the Ovid MEDLINE search interface. At the top, there are buttons for "Limit Search" and "View Search Page". Below this is a table with the following data:

Select	#	Search History	Results
<input type="checkbox"/>	1	Zinc/ or zinc lozenges mp.	2582
<input type="checkbox"/>	2	common cold/	201
<input type="checkbox"/>	3	1 and 2	22

Below the table, there are several limit options:

Limit to:

- Human
- English Language
- Review Articles
- Abstracts
- Latest Update
- Animal
- Male
- Female
- AIM Journals

From: 1978 To: 2000

Hold down the shift, ctrl, or "apple" key to make multiple selections or remove selections from a list

Journal Subsets: None, AIM Journals, Cancer Journals, Nursing Journals

Age Groups: Preschool Child (<2 to 5 years), Child (<6 to 12 years), Adolescence (<13 to 18 years), Adult (<19 to 44 years)

groups are selected. Click the Limit Search button at the top left. When the Limit function is complete, 2 relevant references will have been found. Neither reports that zinc lozenges shorten the duration of symptoms, so it is necessary to expand the years searched. Select the Change Database icon and run the search again in MEDLINE 1966-2000. This retrieves 5 references; the abstract for one of them reports the finding being sought.

To send references by email, select them, then scroll to the Citation Manager at the bottom of the Titles Display page. Choose the Citation plus abstract fields, include the search history, then select the Email function in the right column. Add your address to the screen that appears, then click on Send Mail.

Send questions or comments to cmalibrary@sympatico.ca. — *Deidre Green, CMAJ*

ple who develop drug-resistant TB. They also identified the need for stronger, faster-acting drugs and an effective vaccine.

As an initial step, all 20 countries agreed to use the WHO's DOTS system (directly observed treatment — short course) with the aim of detecting 70% of all infectious cases by 2005. DOTS combines 5 elements — political commitment, microscopy services, drug supplies, surveillance and monitoring systems, and use of

highly efficacious regimes — with direct observation of the patient while the drug is being taken; direct observation means that problems with patient compliance are all but eliminated. It produces cure rates of up to 95% in even the poorest countries and is ranked as one of the "most cost-effective of all health interventions" by the World Bank. A 6-month supply of drugs for DOTS treatment costs as low as US\$11 per patient in some parts of the world.

"I am optimistic about the prospects for success," said Dr. Donna Shalala, secretary of health and human services in the US. Between 1982 and 1992, the number of TB cases in New York City tripled. Nearly 4000 people developed the disease in 1992, and one-third of them would not respond to one or more of the usual medicines. More than 500 of these patients eventually died. Shalala emphasized the need to "fight epidemics globally to protect people locally." — *Barbara Sibbald, CMAJ*