On the Net

Helping patients untangle a Web of misinformation

Patients who once brought a friend or relative to an examination now show up with reams of data pulled off the Web. For some physicians, translating this information into practical knowledge is becoming a big part of their daily job.

Now there are Web sites to help both patient and doctor deal with this challenge. One site, Now You Have a Diagnosis: What's Next? (**www.ahrq.gov/consumer/diaginfo**

.htm), walks patients through the process of finding reliable medical information on the Web and then understanding it. Consider it a user-friendly roadmap for patients.

The site was created by the US-based Healthcare Research and Quality Agency (HRQA) and the Kanter Family Foundation. It takes patients from the point of diagnosis and attempts to give them the skills to find and synthesize information and reach decisions about their medical situation.

One section explains how medical research is actually conducted and why the 6-pm newscast may not be the most reliable source for information about it. The site offers a step-by-step process for patients to follow in order to find quality medical information and warns against the shams they will come across.

"Genuine medical miracles are few and far between," states the guide. "Beware of any drugs or treatments that make big claims. Not all information is objective and honest. If you are not sure about any treatment you find discussed on the Internet, ask your doctor or other health care provider about it."

In this same spirit, the US Federal Trade Commission has created a site, Virtual "Treatments" Can Be Real-World Deceptions, that lists words and phrases that can indicate phony, exaggerated or unproven claims (**www.ftc.gov/bcp/con line/pubs/alerts/mrclalrt.htm**).

Once patients have completed their research and understand their condition, the HRQA site lays out a simple method for discussing it with their physician. It suggests making a list of questions to ask the doctor and encourages patients to take an active role in any treatment planning.

Because these are American sites, some of the discussion is not relevant to Canadians. Overall, though, they are good starting points for patients (and for their physicians) who want to gain a better understanding of what the Internet has to offer both of them. — *Michael OReilly*, **mike@oreilly.net**

Quebec doubles its prescription premiums

Miriam Morris, a Quebec senior citizen living on a small pension, is furious that her drug insurance premiums are doubling in price. "The seniors can't do it," says Morris. "It's just impossible. They should run it like they did before."

Quebeckers who don't have drug coverage at work must pay a tax "premium" of up to $175 annually, plus a deductible at the pharmacy. Under the new plan, the maximum premium will double to $350 and the deductible will increase from $8.33 a month to $16.67. How much each person pays is determined by a complicated sliding scale. Only people earning less than $10 750 a year are exempt; Statistics Canada places the urban poverty line at $17 571. The province announced the increase in May in an effort to make its drug plan self-financing.

But some people say the new system penalizes the poor. Jennifer Auchinleck, a community organizer who is fighting the increase, would like to see low-income families receive

their medications free. And Dr. Paul Saba, president of the Coalition of Physicians for Social Justice, says there are alternatives to "downloading the costs" to taxpayers. He suggests that the province negotiate better drug prices with the pharmaceutical industry and change its hands-off approach to the federal drug patent law, thereby allowing generic competition into the market sooner. "If Quebec came to the national average of prescriptions of generics, they'd save $70 million," said Saba, who also thinks doctors write too many prescriptions. "The government could make up to $400 million in savings by increasing the use of generics and educating physicians." — *Susan Pinker*, Montreal