Alberta allows midwives to practise in hospitals if patients pay

With new provincial regulations in place, Alberta is set to become the third province, after Ontario and British Columbia, to allow midwives to deliver babies in hospitals. Unlike their eastern and western counterparts, however, Alberta's mothers-to-be will still have to pay for midwifery services out of their own pockets.

In December, Alberta passed legislation that allowed nonphysician practitioners such as midwives to admit patients to hospital and use diagnostic services such as x-rays and ultrasound. Since then, 5 of the province's 17 regional health authorities have been busy drawing up plans for incorporating midwives into their hospitals.

Dr. June Bergman, regional clinical department head for the Department of Family Medicine of the Calgary Regional Health Authority, says such implementation has not always been easy. "Because it's a top-down directive and because the cultures of the groups [physicians and midwives] are so different, the ability to forge an alliance of health care providers who can work in collaboration has been made more difficult," she said.

Despite any logistical difficulties the regional health boards have experienced, there should be little concern over the ability of the midwives to deliver safe medical care, says Sylvia Gillespie, chair of the committee responsible for implementing midwifery regulations in the province and a board member with the Red Deer based David Thompson Health Region. She said Alberta's midwives must pass a rigorous, standardized examination before becoming eligible for registration. Standards of care for the profession are dictated by the Midwifery Act, which currently falls under the Health Disciplines Act.

Gillespie said midwives provide continuity of care throughout a pregnancy, during labour and delivery, and for 7 weeks following the birth. Calgary midwives typically charge $2500 for these services; physicians can bill $295 for the delivery alone. By law, midwives are permitted to handle only low-risk pregnancies.

Permitting midwives to practise in hospitals had been a contentious issue because obstetricians and other specialists they consulted did not receive a consultation fee; such fees were paid only when a family physician asked for the consultation. Thanks to money set aside by Alberta Health's Innovation Fund, however, these physicians will now receive their full consultation rate.

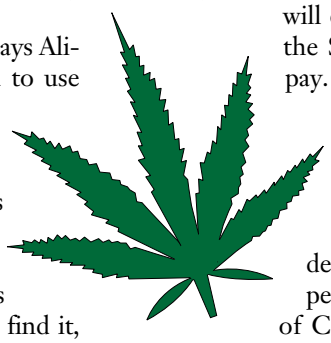
The addition of midwives to the hospital environment should benefit patients, said Bergman, as long as proper guidelines are in place. "I think as long as they are clear on what their scope of practice is, it shouldn't be a problem. We know that doulas [nonprofessional birthing attendants] … reduce the rate of intervention by something like 30% or 40%. So there are obviously things we can do to elevate or change the comfort level of the mothers [to alter] outcomes. Will bringing a midwife in do that? We don't know, but there's nothing to say that it will do bad things." — *Mike Vlessides*, Canmore, Alta.

Ottawa seeks source of medical marijuana

The federal government's recent decision to establish a Canadian source of quality and affordable research-grade marijuana is particularly good news for the 37 Canadians who have exemptions that allow them to smoke the drug because of illness.

"This is definitely a step in the right direction," says Alison Myrden of Burlington, Ont., who is allowed to use marijuana because she has multiple sclerosis. "I hope life will be a bit less complicated because I would no longer have to go to the streets."

Myrden is among the handful of MS patients who develop tic douloureux (trigeminal neuralgia), which causes "excruciating" facial pain. Although marijuana helps control her pain, she has had a hard time finding the drug. When she could find it, the cost was $400 a month. She now receives free marijuana from the Compassion Club Society of British Columbia (see *CMAJ* 1999;161[8]:1024), but she says the strength and the amount have not been adequate to control her pain. Under the Health Canada plan, a grower would establish a processing operation, provide quality control and distribute the marijuana to "authorized recipients." Myrden says the greatest need is for an "appropriate, consistent and affordable source for our medication." The marijuana produced for the government will also be used in clinical trials.



Myrden is unsure what the government marijuana will cost, but hopes it will be cheaper than the $300 to $400 per month she used to pay. "I hope the government will take into consideration the fact that most exemptees are either dying or on full disability, and affordability is a key factor," she says.

As for concerns about possible detrimental effects from exempting some people from the provisions of section 56 of Canada's Controlled Drugs and Substances Act, Myrden responds: "Those of us who use this drug medicinally are not potheads or drug addicts. We are sick and dying people." — *Patrick Sullivan*, CMAJ