

Who will pay for Nova Scotia's new nurse practitioners?

New legislation in Nova Scotia has paved the way for greater use of nurse practitioners (NPs), but it makes no allowances for paying for them.

Under the Registered Nurses Act, certified nurse practitioners who work in collaborative settings with family physicians can now see patients, make diagnoses and write some prescriptions.

Although the Medical Society of Nova Scotia supports the collaborative model, President Bruce Wright wonders how

the nurses will be paid. The province hasn't set aside money for their salaries, and it appears that physicians are expected to foot the bill. Health Minister Jamie Muir says preliminary results from 4 pilot projects in the province indicate that NPs free physicians to perform other duties. In some cases, he says, doctors were able to see 40% more patients, and thus the use of NPs should pay for itself.

Wright is skeptical, and says it is simply not feasible to add NP costs to an of-

fice's overhead; NP salaries would be in the \$50 000 range.

Still, the province is counting on NPs to ease its physician shortage. "Nurse practitioners can help tremendously in rural areas by working with family physicians to address a range of health concerns of patients, providing continuing care and sharing the patient load," says Muir. "This leaves doctors to use their special skills where they are most needed." — *Donalee Moulton, Halifax*

HEART AND SOUL

With only your stethoscope and your brain

There are sounds that are as familiar to family physicians as their own voice: the wail of a youngster as a needle punctures skin, the happy cry of a woman when she learns she's pregnant, the quiver of concern in the voice of a patient with unexplained pain. For Dr. Lori Burgess, family practice has also brought the sound of machine-gun fire, exploding land mines, jeeps bouncing over rocky paths, rebels stealing through the night.

Last year, the Kentville, NS, FP left the comfort of practice in small-town Canada to spend 6 months in Sri Lanka, a country ravaged by civil war for nearly 20 years. A volunteer with Doctors Without Borders/Médécins Sans Frontières (www.msf.ca), Burgess was sent to the northern part of Sri Lanka, an area controlled by the Tamil Tigers. These rebels who have been fighting for a separate homeland for the country's Tamil minority since 1983.

Day in, day out, the machinery of war operated outside the 32-bed hospital where Burgess worked 13-day shifts. But both the army and the rebels left the hospital and its staff alone. "They recognized the value of what we were doing."

Much of what Burgess did each day dealt with the ravages of war. The scars were deep and the damage sustained. Today there is no electricity, no phones, no paved roads, few jobs.

"A lot of men are unemployed," notes Burgess. "We saw a fair bit of post-traumatic stress disorder. [These people] have lost members of their families, had beatings, seen suicides."

Ultimately, though, war was not life. Even with armed rebels and national troops a constant presence, Burgess says there was still of sense of joy. "In general, the people are resilient and happy. People still went about their business."

Burgess also went about hers, but the business of medicine is much different in Sri Lanka than Nova Scotia. There was only one other physician to serve 20 000 people, and "there was no lab, no x-ray facilities, few medicines. You couldn't rely on tests. You had your stethoscope, your othoscope, an old EKG machine, your brain."

When her brain told her that further exploration was critical, Burgess would send a patient south to see specialists. However, this time-consuming trip could be a waste of time. "Often," she says, "the patient was sent back with nothing done."

This inability to help – the natural consequences of war and poverty – were what Burgess found most frustrating. "It is discouraging to know you could have done something if conditions had been different."

Distance and accessibility were major problems. "People had to travel so



Lori Burgess (left): it takes months to reacclimatize

far to get to us. They didn't always make it." On average, the doctors and nurses at the hospital treated 200 inpatients a month and 1200 outpatients. Patients arrived by bike, in carts and on foot.

But conditions may soon change in this beautiful country. Guns have fallen silent in the wake of a ceasefire deal signed Feb. 22, which moves the country one step closer to peace talks.

Sri Lanka is the third place Burgess has volunteered. In 1994 she worked in Kenya, and 3 years later she went to Guatemala. More missions are on the horizon, although where and when remains uncertain.

But the trips don't get any easier. "After coming home," she says, "it takes months to reacclimatize." — *Donalee Moulton, Halifax*