

BC lawsuits try to link thimerosal to autism

A Vancouver law firm has filed the first 2 lawsuits in British Columbia claiming there is a link between the vaccine preservative thimerosal and autism. It has also joined forces with US lawyers who are taking similar action.

The class-action suits have been filed on behalf of children born on or after 1980 who received vaccines containing thimerosal before age 2. Lawyer David Klein says a decision on certification of

the lawsuits will take up to a year.

The suits are based on allegations that thimerosal, “which contains 50% ethylmercury, causes neurological damage in a subset of children.” It was used in Canadian childhood vaccines from the 1970s until about 2 years ago, says Dr. John Blatherwick, chief medical officer for the Vancouver Coastal Health Authority. It is now used only in influenza vaccines. He says thimerosal

“has been a very good preservative over the years” and its mercury levels “were very small and very safe.”

Blatherwick, who does not give the lawsuits much chance of success, states flatly that a causal link with autism “has not been established.

“I don’t think they will be able to find a credible scientist who will be able to show large studies where this [has been proved].” — *Heather Kent*, Vancouver

There’s no end to debate about Montreal’s new superhospitals

A recent visit to the Department of Cardiology at Montreal’s 110-year-old Royal Victoria Hospital says much about why members of the McGill University Health Centre want to build a new superhospital for \$2.2 billion.

Patients are lined up in the corridor under lethargic ceiling fans. A hand-printed ECG–EKG sign hangs from a water-stained ceiling, held by tape and string. Not to mention the broader issues: long waiting times, an aging infrastructure that hasn’t adapted to evolving technologies, and problems attracting staff.

Ten years after the McGill superhospital idea was approved by the university’s board and the 5 hospitals involved, the new institution has yet to be built, the estimated cost has ballooned from \$850 million to more than \$2 billion, and accusations of cronyism, conflict of interest and lack of transparency abound.

And, despite the endorsement of the provincial government, large infusions of cash and the administrative amalgamation of the 5 teaching hospitals in 1997, the public and much of the medical community is still in the dark about what will happen next.

There has never been public consultation on whether a giant hospital that centralizes research and acute and ambulatory care at a single site is a good deal for the community, or whether renovating and recycling some of the 32 existing hospital buildings should be part of the plan.

Now, on the eve of the province’s announcement of funding for 2 superhospitals (1 for McGill and another for the Université de Montréal), a rumour is

afoot. Insiders say the plan has been scaled back to a more modest project: a smaller building on a new site for emergency and acute care — to be expanded in the future — and the revamping of the 1950s-era Montreal General Hospital as a spruced-up outpatient clinic.

The adjustments, decided behind closed doors, have worried some clinicians and angered others.

“Did you see all the paint that’s peeling, the walls that are cracking?” says Dr. Sarkis Meterissian, a surgical oncologist at the Royal Victoria. Arguing that it is impossible to renovate an institution as huge and decrepit as the Royal Vic, Meterissian says he would agree to a phased expansion only if it were “written in stone. Will they expand it, or will it be like ‘the cheque is in the mail.’ Physically, we can’t work in the same institution we’re in now. Most of us have stayed here because the new hospital is coming. If they decide not to do it, you’re going to see an efflux of doctors, and it won’t be pretty.”

Multisite institutions can be hard on staff at the best of times, says Dr. Chris Carruthers, who lived through the amalgamation of the 3-campus Ottawa Hospital, where he is vice-president of medical affairs. “In psychiatry, we didn’t have the physicians needed for 3 sites, so if you don’t [amalgamate at] 1 site, you’ll have coverage problems.”

However, some doctors are willing to compromise. “I wouldn’t mind a new hospital if we had a billion to spend,” says Dr. Allan Sniderman, Edwards Professor of Cardiology at McGill and former head of cardiology at the Royal Victoria.



Susan Pinker

The Royal Vic: showing every one of its 110 years

But he says there are other options, and rethinking the health delivery system as a whole is more important than new bricks and mortar. Although upset by shortfalls in the system, Sniderman would settle for a revamped outpatient facility “where we could jump-start the process of what real care is.”

Some Montrealers are dead set against a superhospital, let alone the idea of having 2 in the same city. “The government just cut 350 rehabilitation and long-term beds,” says Dr. Paul Saba, a member of the Coalition for Physicians for Social Justice. “Legault [Quebec’s health minister] says we’re \$1.8 billion short just to get our basic services, like family doctors, equipment and home care. A new cement building is not going to attract doctors and nurses who feel underpaid.

“And what is best for patients?” he added. “Access to doctors, emergency services and surgery — we can provide these in the buildings that already exist, but we won’t be able to provide them if we bankrupt the system.” — *Susan Pinker*, Montreal