

Accelerate health system renewal, says Health Council

It's time to accelerate the renewal of Canada's "patchwork" approach to healthcare with an emphasis not only on access, but also on quality, says a new report from the Health Council of Canada.

"Access is important, but it's time to balance the discussion and devote equal attention to the quality of care we receive," Chair Michael Decter said at the launch of the Council's second annual report, *Health Care Renewal in Canada: Clearing the Road to Quality* (www.healthcouncilcanada.ca). "Having access to something that's of uneven quality isn't the answer."

The 2003 First Ministers' Health Accord created the Council to monitor and report on progress in renewing the system. Thus far, that progress has been "tentative and uneven," said Decter. "It needs to happen faster."

Health Minister Tony Clement agreed that "having a health care focus on [quality] will be beneficial." But he told reporters "We're about access, not just quality." He did not commit Ottawa to implementing any of the report's recommendations.

The Council's emphasis on quality includes a push to reduce adverse events (AEs) and their resultant drain on resources. Among the 20 hospitals studied in the year 2000, AEs led to 1521 additional hospital days (*CMAJ* 2004;170:1678-86).

To improve patient safety the council wants:

- mandatory accreditation of all health care facilities as a condition of public funding, and a public release of accreditation reports;
- re-examination of no-fault compensation for victims of AEs;
- job protection for whistleblowers;
- quality councils in all provinces; and
- electronic health records for all Canadians by 2010 at a cost of roughly \$10 billion — 10 times the current budget of Canada Health Infoway, the organization charged with leading that initiative.

Richard Alvarez, Infoway's president and CEO, says "You can't have pri-

mary health care reform without a shared record." The UK recently invested \$60 billion in electronic health records, but in Canada, "it's happening too slowly," he added.

Alvarez says electronic health records could save up to \$6.1 billion per year, mostly by reducing adverse drug events. They are the "foundation for improving safe quality care," added Decter. The council and Infoway are meeting in June to discuss ways to accelerate progress. — Barbara Sibbald, *CMAJ*

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Assisted suicide debated in the United States

When the US Supreme Court upheld Oregon's controversial assisted suicide law in January, it rekindled other states' efforts to pass similar legislation.

With a 6-3 decision, the court ruled that the US attorney general can't punish doctors who abide by Oregon's law, which specifies under what circumstances assisted suicide can be pursued.

The ruling set off reaction on both sides of the issue.

"We are disappointed at the decision," White House spokesman Scott McClellan said. "The President remains fully committed to ... valuing life at all stages."

Barbara Coombs Lee, co-CEO and president of Compassion & Choices, the US's largest choice-in-dying advocacy group, said: "This is a watershed decision for freedom and democracy in the US. It reaffirms the liberty, dignity and privacy Americans cherish at the end of life. No government should threaten these rights nor usurp a state's power to meet the needs of its dying citizens."

Since 1994, when Oregon voters authorized legally assisted suicide, about 200 terminally ill patients have opted to end their lives with a doctor's help.

Oregon's law requires 2 doctors to consult and agree that the patient would otherwise die of natural causes within 6 months. The patient must also

be considered of sound mind, and be able to self-administer the lethal dose of medicine.

In Canada, assisted suicide made headlines again in January when Marielle Houle, 60, of Montreal, pleaded guilty to helping her 36-year-old son, Charles Fariala, commit suicide when he could no longer bear the effects of multiple sclerosis.

Houle was given 3 years' probation, but the light sentence is not to be viewed as a model for other cases, stated Quebec Superior Court Justice Maurice Laramée. Rather it was a compassionate ruling in light of Houle's physical, psychological and emotional frailty. "Ms. Houle's actions remain very reprehensive and unlawful," he stated.

Although federal law in Canada forbids physicians from assisting patients to end their own lives, no such sweeping legislation exists in the US.

Currently, 44 states have laws outlawing physician-assisted suicide, and Virginia deems it a civil offense. Three states have no statute that either permits or prohibits assisted suicide. Ohio's Supreme Court decriminalized it but state regulations still forbid it. Voter initiatives to pass assisted suicide legislation have failed in Michigan, Hawaii, Maine and the state of Washington.

The spotlight is now on California, where a bill similar to Oregon's law was introduced in January. Gov. Arnold Schwarzenegger believes citizens should



Marielle Houle of Montréal pleaded guilty Jan. 23 to helping her son kill himself.

vote on the issue, but the bill's sponsors say lawmakers and the governor are elected to make these tough decisions in a reasoned and thoughtful debate.

In 1992 California voters defeated a physician-assisted suicide ballot 54% to 45%. In a poll last year, 70% of Californians surveyed were in favour of doctors being allowed to help terminally ill patients die.

The California Compassionate Choices Act is expected to be discussed in March in the Senate Judiciary Committee. The issue is particularly sensitive this year because many governors and lawmakers are up for re-election in November, including in California.

Also fuelling the debate is the legacy of Terri Schiavo, the comatose Florida woman caught in a power struggle between family, the courts and state and federal officials.

A growing and vocal disabled-rights community banned together against the "Death with Dignity" movement in 1996 after Jack Kevorkian was acquitted of helping 2 non-terminal disabled patients die. That's also when many state legislatures passed laws criminalizing the act. — Patricia Guthrie, Atlanta, Georgia

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Yukon physician shortage taxes family doctors

About 5000 patients in the Yukon Territory lack a family physician, and the shortage of specialists is putting increasing strain on existing doctors, says the president of the Yukon Medical Association.

"A lot of our time is spent working at the hospital and trying to get specialist services that are not available here," says Dr. Rao Tadepolli, the YMA president.

The Yukon, home to about 31 000 people, lacks a cardiologist, for example, and has only one psychiatrist; 2 pediatricians and an internal medicine specialist visit regularly.

When a specialist is not available, local physicians must arrange for patients to be transported to hospitals in other provinces. Although the White-

horse General Hospital has traditionally been linked to BC institutions, Tadepolli says they have had trouble recently getting patient beds in BC. That means that physicians have to spend a lot of unpaid hours finding a hospital bed elsewhere.

Often there are 2 or 3 patients a day requiring medical evacuation, Tadepolli says. "We would certainly like some help."

The territorial government is running a one-year pilot program to attract international medical graduates. The IMGs must pass an evaluating exam and be sponsored and overseen by a full-time physician. So far, one physician is participating in the Health Canada sponsored program.

The territorial government also provides office start-up funds and supports residents who are interested in taking part of their training in rural and remote areas. But few doctors are interested.

The Yukon government is waiting for confirmation of federal funding to help develop and implement a health human resources strategy, says spokeswoman Patricia Living. — Laura Egertson, CMAJ

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News @ a glance

Funds to fight TB: The Global Plan to Stop Tuberculosis (2006–2015), a partnership led by WHO, was launched with a UK commitment of US\$74 million and tripling of funding from the Bill and Melinda Gates Foundation to more than US\$900 million. The global plan (www.stoptb.org) calls for a tripling of spending on TB to US\$56 billion by 2016 to increase access to TB control programs and accelerate research on new tools to fight the disease, including a vaccine. Some \$25 billion is available from affected countries and other donors, leaving a gap of \$31 billion. The plan aims to provide treatment to 50 million people and prevent 14 million deaths over the next decade. "Tuberculosis is a disease that should have been eliminated years ago," Mario

Raviglione, head of the TB eradication for WHO told reporters in Ottawa on Jan. 27. Each year, 8.8 million people worldwide suffer from TB and 1.7 million die of it. Individual treatment costs less than Can\$30 annually.



Sobering thought: Almost 50% of seriously injured snowmobile drivers had been drinking alcohol — double the number from 5 years ago. New data from the Canadian Institute for Health Information confirm that snowmobile incidents are still the number one cause of winter sports and recreation-related injuries treated in trauma units (2003–2004). They accounted for 41% of these types of injuries, more than snowboarding (20%), skiing (20%), hockey (9%), tobogganing (7%) and ice-skating (3%).

Toxic tobacco smoke: California is the first US state to place secondhand tobacco smoke alongside tailpipe and smokestack exhausts as a toxic air pollutant and candidate for regulation. It is expected to revive legislative efforts to ban drivers from smoking when children are in their vehicles and to curb smoking in multifamily dwellings.

Tube feeding: Commercial Alert, a consumer advocacy group, has launched a Web site devoted to ending direct-to-consumer prescription drug advertising (www.stopdrugads.org). More than 200 American medical school professors signed a statement from Commercial Alert opposing drug ads. The statement declared that the drug industry's "onslaught of advertising to promote prescription drugs ... does not promote public health" and increases costs and unnecessary prescriptions. The statement was sent to the US Food and Drug Administration advisory committee hearing on DTC advertising.