And while they did identify bed shortages as an obstacle, Rowe noted that clinical efficiencies could alleviate the problem. "We can be better and more efficient at throughput within hospitals, so busy hospitals with care plans and with clinical practice guidelines might be better at treating conditions and reducing the length of stay so that those beds transition much more quickly."

In other recommendations, the report urged the development of a national emergency department database to promote additional studies and, ultimately, the adoption of best practices. — Wayne Kondro, *CMAJ*

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Joie de vivre sans smokes

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At midnight May 31, patrons of Quebec bars and restaurants inhaled their last lungful of second-hand smoke as Canada's famously laissez-faire province declared virtually all public spaces smoke free. Quebec joined Ontario in marking the World Health Organization's World No Tobacco Day by introducing province-wide smoking bans.

Manitoba, New Brunswick, Nunavut and the Northwest Territories have had full public and workplace bans in place since 2004. In December, Nova Scotia will go 100% smoke free in public spaces and workplaces. The Non-Smokers Rights Association reports that British Columbia, Alberta, Saskatchewan, Newfoundland and Labrador and Prince Edward Island have varying degrees of provincial bans in effect but are not considered 100% smoke free because they still allow for designated smoking rooms or areas. Canadian smokers are still largely free to light up where they please in the Yukon, which only bans smoking in government-operated buildings.

The Smoke-Free Ontario Act replaced a patchwork of rules in some 150 communities across the province. It is now illegal to smoke in bars, taverns, pool halls, taxis, bowling alleys, restaurants, private clubs, universities, bingo halls and practically any other location where members of the public get together. Smokers flouting the ban can be fined up to $600; businesses face fines of up to $10 000.

In Quebec, a Statistics Canada survey in 2002 found only 26% of residents approved of smoke-free restaurants, a figure that dropped to 18% when the topic turned to smoke-free bars. A mere 3 years later, 53% of Quebec residents said they favoured smoke-free restaurants and 36% approved of smoke-free bars.

At the Typhoon, a neighbourhood bar in Montréal, Lorraine Albert and Dani Spencer counted down the days to Quebec's ban.

"It'll be great," said Albert, a half-pack-a-day smoker. "I plan to quit and I think it will encourage a lot of others to do the same."

"I only smoke when I drink and I'm planning to quit, too," said Spencer.

But the service sector is less than enthusiastic. A newly formed association of bar owners and restaurateurs, L'union des tenanciers de bars du Québec, is challenging Bill 112 on the grounds it violates liberty rights and freedom of association.

Meanwhile, the 600 Ontario members of the Pub and Bar Coalition of Canada are seeking a $500-million aid package from Ontario to compensate for lost business due to the ban. "This is economic disaster for our industry," stated Vice President Randy Hughes.

Over the last decade, the number of smokers in Quebec has declined dramatically, from more than 38% of the province's total population in 1994 to approximately 23% today, reports Statistics Canada. In Ontario, the number of smokers has declined from 23% of the population in 1999 to 19% in 2005. The question now remains whether the ban will force more people to quit.

Neil Collishaw, Research Director at Physicians for a Smoke-Free Canada, says there is evidence to suggest this is true. Cities that have banned public smoking have seen a decrease in the number of smokers compared with the provincial average. Since the smoking ban in Ottawa in 2001, adult daily smoking rates have dropped from 19% to 10.8% in 2005. "The ban is certainly part of the explanation for the drop," says Collishaw, "and carefully controlled studies have shown bans do encourage quitting."

In Canada, there are 45 000 smoking-related deaths annually. The direct health care cost from tobacco use was $1.36 billion in 2002, reports the Canadian Centre on Substance Abuse. — Steve Smith, Montréal

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"It's time to act"

That's the message Médecins Sans Frontières is taking on the road to 8 cities in Ontario and Quebec this summer. MSF's interactive touring exhibit gives Canadians a chance to join an MSF team in one of 4 countries (Sierra Leone, Bolivia, South Africa or Uzbekistan) and learn about neglected diseases (respectively, malaria, Chagas, HIV and tuberculosis).

"The average Canadian doesn't know anything about [these diseases] that are major health problems around the world," says Dr. Peter Saranchuk, a St. Catharines, Ont. physician who has done 2 MSF missions in Africa.

B. Sibbald

MSF team member Dr. Peter Saranchuk in the touring exhibit's simulated clinic office

In South Africa, 6.5 million people need antiretrovirals (ARVs); 25% have access. But 18% of people now have resistance to first-line ARVs; second-line meds cost about $5000 a year, compared to $190 for first-line. Given former prime minister Jean Chrétien's Pledge to Africa program, "It will be interesting to see what happens in Canada," says Saranchuk, who is touring with the exhibit.

The exhibit aims to "bring attention to the plight of millions of people worldwide who do not have access to affordable medicines," says MSF-Canada President Dr. Joanne Liu.

If it's successful, a cross-Canada tour may take place next year. — Barbara Sibbald, *CMAJ*

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News @ a glance

Fitness failure: Canada's children got a "D" for the second year running on the annual report card on physical activity from Active Health Kids Canada. The charitable advocacy group is calling for more information about the importance of: unstructured physical activity and play time; cutting back on TV and computer time; and, establishing quality health and phys-ed classes. Chair, Dr. Mark Tremblay says parents and caregivers can set a good example by being active themselves, but only 36% do so.

Record spending: The estimated total health spending among Canada's provinces and territories for 2006–07 is expected to reach $84.7 billion, a $5.7 billion or 6.4% increase from the year before. If current rates continue, health spending is expected to exceed $100 billion next year. Ontario had the biggest outlay — $35.4 billion.

***CMAJ* Interim report:** The *CMAJ* Governance Review Panel released an Interim Progress Report on May 23 highlighting progress to date. The 6-member panel, led by Montréal lawyer, Richard Pound and *CMAJ* Ombudsman Dr. John Dossetor, has met 3 times, received 109 submissions and solicited feedback from 111 medical, editorial, publishing and educational organizations. The Panel has also commissioned a research report from Prof. Gilles Paquet on editorial governance structures at other leading journals. Paquet is a senior research fellow at the Centre on Governance at the University of Ottawa. The panel was created earlier this year to recommend a new governance plan for *CMAJ* and its publisher, CMA Media Inc. Its report is due July 14.

Food fight: The US and European Union have decided not to impose new regulations on the food industry to fight obesity. "The government can't tell someone what to eat," Deputy US Health Secretary Alex Azar told Reuters. Both the US and EU have asked companies, health experts and consumer groups to find other ways to combat obesity. The soft drinks industry on both sides of the Atlantic has agreed to a voluntary ban on ads aimed at children. — Compiled by Barbara Sibbald, *CMAJ*

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Pulse

Drug spending hits $24.8 billion

Total spending on drugs in Canada increased by 11% last year to $24.8 billion (see Fig. 1), according to the Canadian Institute for Health Information's annual drug expenditures report.

Drug spending consumed 17.5% of the health care dollar in 2005, up from the 9.5% share it claimed in 1985 when drug outlays tallied $3.8 billion.

CIHI surmised the explosive growth in drug spending was attributable to a wide range of factors, including: higher prices for both brand-name and generic drugs, particularly new products, which are typically introduced to the market at very high levels; aggressive marketing of drugs to physicians and direct-to-consumer advertising by industry; changes in prescription and dispensing practices; inflation; the advent of new drug therapies for once untreatable or under-treated diseases, or for disorders once treated by surgery; and demographic changes, ranging from growth and aging of the population to epidemics or emerging new diseases.

With drugs commandeering an ever larger slice of health spending, the system continues to spend a smaller share of its health care dollar on physicians and hospitals. Spending on physicians rose to $18.2 billion in 2005 from $6 billion in 1985 but dropped from 15.2% of total spending to 12.8%. Hospital spending dropped to 29.9% from 40.8%. — Wayne Kondro, *CMAJ*

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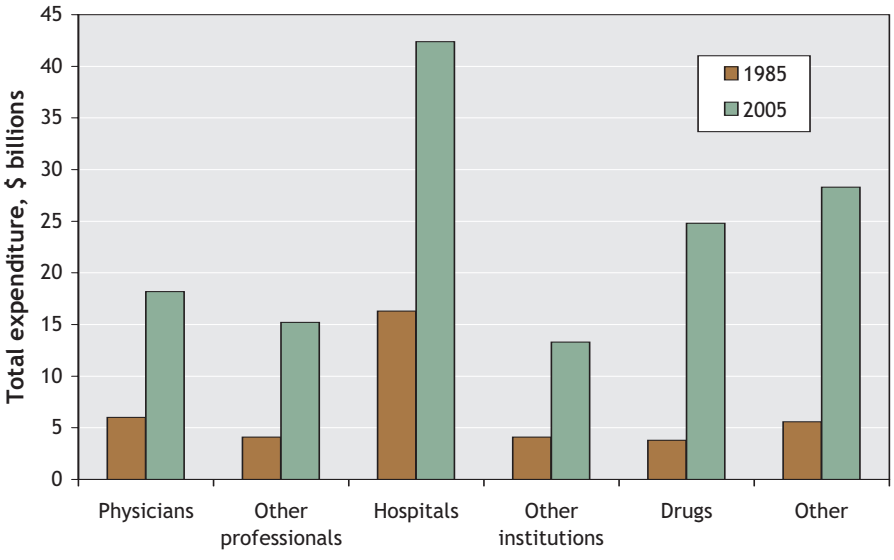

Fig. 1: Change in total health expenditures by use of funds in Canada, 1985 and 2005. The category "other" includes public health, administration, capital and other health spending. Source: Canadian Institute for Health Information