China's doctors signal retreat on organ harvest

The Chinese Medical Association has signalled its formal opposition to the use of transplant organs from executed prisoners, except for their immediate family.

Facing pressure from the World Medical Association in recent years to take a stand against the extraction of, and trafficking in, prisoners' organs after execution, the Chinese Medical Association said it would use its influence to support a new government law banning the practice.

The Chinese association endorses its world counterpart's official policy position that "organs of individuals in custody must not be used for transplantation, except for members of their immediate family," according to statement released last month at the World Medical Association's annual meeting in Copenhagen.

The Chinese Medical Association "will, through its influence, further promote the strengthening of management of human organ transplantation and prevent possible violations of the regulations made by the Chinese Government," Wu Mingjiang, vice-president and secretary general of the Chinese association, said in the official statement.

Rights groups such as Amnesty International and activists such as former Canadian junior foreign affairs minister David Kilgour have argued that China has allowed widespread organ harvesting in prisons despite global consensus that the practice is profoundly unethical.

In response to the announcement, Kilgour questioned the legitimacy of the declaration. "Please don't be lulled into naive thinking by pre-Olympics Games announcements from the medical association in China, which is worried about the success of the Beijing Games. We must all look at facts, not announcements — as much as they might indicate a move in a better direction," he wrote in an email.

World Medical Association chairman Edward Hill also indicated that the declaration doesn't fully answer the international community's concerns. "We shall now continue our dialogue with the Chinese Medical Association and include other national medical associations in a project to find best practice models for ethically-acceptable organ procurement programmes."

Shaun Lowe / iStockphoto

When the government of China finally acknowledged the existence of a black market in transplant organs from executed prisoners, it attributed the traffic to the work of "rogue" doctors. The Chinese Medical Association has now taken a stance against such trafficking.

"This would help not only China and its high demand for organs, but also other regions in the world that have the same problems of coping with a severe shortage of organs," Hill added.

The World Health Organization has recently listed China, Pakistan, Colombia, the Philippines and Egypt as the 5 organ trafficking hotspots.

The World Medical Association, an independent confederation of medical associations from more than 80 countries representing more than 8 million physicians, had last year adopted a resolution calling on its Chinese counterpart to "condemn any practice in violation of these ethical principles and basic human rights, and ensure that Chinese doctors were not involved in the removal or transplantation of organs from executed prisoners."

Former world association chairman Yoram Blachar led a delegation to Beijing earlier this year to meet with Chinese doctors and government officials, saying then that he was "particularly encouraged" by new legislation in China prohibiting organ trafficking and requiring donors' written consent before removal.

China has been widely condemned for its liberal use of the death penalty, which can be imposed for close to 70 crimes, including non-violent offences. More than 1000 people were executed and 2790 sentenced to death in 2006, although Amnesty International believes the true figures to be "much higher." Its latest report said increased use of lethal injections is "facilitating" the organ trafficking trade, "a lucrative business." — Peter O'Neil, Paris

DOI:10.1503/cmaj.071503

On-the-job training

When the $21-million David Strangway Building opened at the University of British Columbia nearly 2 years ago, it was a state-of-the-art, energy-efficient edifice. But almost immediately, the 30 faculty and staff at the UBC medical school's department of family practice as well as students, part-time physicians and patients complained of an unhealthy indoor environment in the 5-storey building named after the school's former president and the former head of the Canada Foundation for Innovation.

Temperatures range from stifling 35° heat in south-facing offices that melts rubber finger protectors, to 12° cold in examining rooms, which prompts the clinic to equip patients with blankets, says Christie Newton, assistant professor of family practice.

The odour of fried food from 2 restaurants on the ground floor permeates the entire building, primarily because of poor air circulation, adds the chair of the department's health and safety committee. "Initially, it might make you hungry, but after 18 months, you tend to be turned off."

In short, faculty and staff — along with commercial tenants — are getting first-hand experience about indoor air quality as an emerging health issue. "The number of related complaints has increased in recent years with increased

building tightness, the growing use of synthetic materials, and energy conservation measures that reduce the amount of outside air supply," notes a Health Canada technical guide on Sick Building Syndrome.

"We are developing nausea and headaches and general malaise based on air quality," says Newton. "We have sick leaves documented, with each staff person away at about 1 day every 2 weeks, and that doesn't include the 3 o'clock in the afternoon [moment], where your headache is bothering you to the point where you can't work anymore."

Worksafe B.C. is monitoring the building, but Newton said remedial measures, such as extending the length of the restaurant ventilation system, have thus far proven inadequate. — Deborah Jones, Vancouver

DOI:10.1503/cmaj.071504

Alberta to limit self-regulation

Legislation that would curb self-regulation by 28 health care professions in Alberta will go to second reading this fall — outraging the province's doctors.

The Alberta Medical Association calls the bill "draconian" and "a threat to self-regulation" that would allow political interference in decisions that should be made only on the basis of evidence and best-practices. "Bill 41 allows the minister to direct the self-regulating body, the College of Physicians and Surgeons, to develop and amend its conduct according to a direction imposed by the minister. It gives him or her the free will to take over the college for no apparent reason," says incoming President Darryl LaBuick.

But Alberta Health and Wellness spokesperson John Tuckwell says the amendments would merely "allow the minister to step in and make changes where necessary, working collaboratively with the health profession bodies."

"It's seen as a last-ditch big stick."

The bill was drafted following outbreaks of antibiotic-resistant bacteria in medical facilities last spring in the towns of Vegreville and Lloydminster. An ensuing review called for new standards of practice by all health professions in infection prevention and control. Tuckwell said Alberta Health Minister Dave Hancock, a lawyer, decided to amend the legislation because "public health trumps all."

During the outbreaks, Hancock "did not have legal authority to step in and make changes where necessary," Tuckwell said. In Alberta's 9 health regions, some hospitals are managed by faith-based organizations that "work ostensibly for health regions ... but have a long standing tradition of independence and autonomy, not working well together. ... The minister has proposed provincial standards for infection control [to] help the health professions work together to include these standards across all professions."

But LaBuick says the changes extend well beyond setting standards. "There's no restriction to it, there's no responsibility, no requirement for [regulations] to go through the legislature." He adds that the Bill 41 would allow such political interference as censorship, for example, of a nurse who speaks out about the effect of funding cuts on patient care.

Outgoing Alberta Medical Association President Gerry Kiefer warned in a Sept. 21 letter to members that the legislation empowers the minister to direct the college of physicians and surgeons "to develop or amend its code of conduct according to direction and directives imposed by the minister, direct the college to make bylaws or regulations directed by the minister and dictate the procedures to be followed in developing said code of conduct, bylaws or regulations. Bill 41 would empower the minister to appoint administrators for a college. The minister or cabinet could impose their direction without any oversight by the Legislative Assembly, and this direction could be imposed without the benefit of a full range of knowledge of the profession impacted."

The association's general counsel recently passed a unanimous resolution calling on the minister "to discard the offensive amendments." — Deborah Jones, Vancouver

DOI:10.1503/cmaj.071534

Slouching toward disclosure

The "culture of non-disclosure" about medical errors that has prevailed in Canada for years is finally beginning to change, says the physician in chief of a major Toronto hospital.

The tendency to instantly invoke "shame and blame" where harm has occurred is slowly disappearing, Dr. Wendy Levinson of Sunnybrook Health Sciences Centre told a Canadian Journalism Foundation meeting on reporting medical errors last month.

"But we're not there yet," Levinson said, arguing that at least part of the reason that a more open system hasn't evolved is simply that most health care providers have not been educated about how to disclose. Levinson noted that at a recent hospital meeting, only 2 of 200 health professionals raised their hands in response to her inquiry about whether they'd received training in disclosing errors to patients. Both had been trained in Australia.

That errors happen and patients suffer harm was and is not at issue. Several panellists at the special session referred to a study indicating that between 9250 to 23 750 deaths from adverse events in

Suzanne Tucker / iStockphoto

Medical error, adverse event, harm, critical incident, accident, mishap, etc. — there isn't even a consensus on the terminology that most aptly should be applied to medical miscues, miscalculations or mistakes.