

Hoax raises awareness about organ shortages

The advance billing caused an uproar but when reality TV actually met organ donation, it was revealed to be a hoax. The effect on organ donation rates is unknown.

The brouhaha erupted last month when a Dutch television station announced its intention to broadcast a program in June in which a terminally ill patient interviewed 3 prospective candidates to receive her kidneys. The choice of recipient was to be made on the basis of the contestants' history, profile and conversation with family and friends. Viewers were also to have the opportunity for input via text message. Medical professionals and politicians responded with outrage but when the program was aired, viewers learned the show was a hoax designed to raise awareness about the shortage of organ donors. The donor was an actress, although the 3 potential recipients were genuine.

Senior Public Relations Officer John Oliver says UK Transplant welcomes "any publicity that encourages informed debate on the desperate shortage of donated organs," provided that campaigns are conducted in a responsible and sensitive way.

The UK National Kidney Federation opposed the program before transmission and maintains its opposition. Chief Executive Officer Tim Statham says "kidney transplantation takes place through the selfless altruistic act of another person. They seek nothing in return, it is truly the gift of life. We believe that there is now a great risk that these same people will feel that their generous act is being used for commercial benefit. It may well cause these people to shy away as none of them wants to be used, or capital to be made from their wish to assist another human being." Statham says that all European national kidney patient organizations share the federation's view.

The impact of the program is difficult to assess. Prior to the broadcast, a few people informed UK Transplant that they would withdraw from the donor register if a similar program were shown in the UK, Oliver says. On the other hand, the UK Transplant Web

site received its second highest number of visits for the year during the uproar.

Amidst the controversy, the European Commission launched a public consultation on organ donation and transplantation. The aim is to identify the main problems encountered in organ donation and transplantation, to determine the extent to which measures should be taken at the European Union level to solve these problems and to invite ideas on what initiatives can be taken. — Cathel Kerr, Fife, Scotland

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Health Canada dithers while "fertility preservations" proceed

A private Toronto-area fertility clinic that is offering women the chance to freeze their eggs for a decade or more is opening up a new thread in the contentious debate over fertility treatments and technology.

ESRM Biotech is the first private clinic in Canada offering to freeze either sperm or eggs for a fee. The firm has been aggressive in publicizing "fertility preservations," which it began offering 12 months ago. The Mississauga-based clinic hosts a Web site (freezeyourclock.com), which suggests the freezing of sperm and eggs is nothing less than a new lease on life. "Consider a life where age really is nothing but a number; where today's goals at work don't derail tomorrow's priorities at home; where a

biological clock isn't a ticking time bomb."

Dr. Essam Michael, clinical director of ESRM Biotech, said the service is ideally suited for younger women who cannot have children right away or who believe their fertility could be compromised by other medical conditions.

The freezing of eggs or sperm when the donors are younger provides the best chance of conception later in life, he added. However, Michael agrees the service is not for everyone, and patients interested in freezing their gametes must go through a rigorous screening process. To date, Michael has only approved 2 women for the procedure, which can cost as much as \$5000 for long-term cryogenic storage.

"We want to tell women clearly that having children at a younger age is really better than any fertility treatment," Michael says. "But if somebody thinks she will not be able to have a child by age 37, this is an option."

The freezing of eggs has been hotly debated among researchers and medical ethicists. Proponents argue the procedure puts men and women on a more level playing field when it comes to balancing career and family, by allowing women the chance to become mothers later in life.

The McGill University Reproductive Centre recently announced it had elected to freeze a woman's eggs to be used later in life by her 7-year-old daughter, who has a serious medical condition that will make her infertile.

Dr. Abby Lippman, a professor of epidemiology and biostatistics at McGill, expressed concern that the long-term health effects and efficacy of freezing eggs have not yet been adequately studied. Lippman, who also chairs the Canadian Woman's Health Network, says more attention should be paid to the reasons why women cannot have children when they are younger — such as high student debt and a lack of affordable day care — instead of turning to largely untested fertility technology.

Concerns have been raised that hormone treatments needed to make women eligible for egg harvesting could have long-term health impacts that may compromise a women's fertility, Lippman added, arguing that Health Canada



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Toronto-area clinic has now approved the freezing of gametes from 2 women.

should move quickly and aggressively to control fertility preservation.

“If we’re concerned about women becoming infertile, why are we not looking at the essential reasons that women can’t have babies and men are not producing good sperm. Let’s deal with the social problems first before turning to fertility treatments.”

Health Canada is currently reviewing the freezing of eggs and is developing regulations to control the technology under the Assisted Human Reproduction Act.

Michael welcomes federal regulation but would oppose any effort to dictate eligibility criteria. “If we can offer it to cancer patients, why can’t we offer it to healthy women as well?” he asks. — Dan Lett, Winnipeg

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Dalhousie helps address mental health crisis

The need was and is extensive: more people in this South American country suffer from a mental health condition than HIV/AIDS, tuberculosis and malaria combined. Yet, Guyana may now be among the world’s most progressive

nations in treating mental health problems, under a 3-year program developed in conjunction with the Dalhousie University Department of Psychiatry.

The seeds for the partnership were sown in 2005 when the Pan American Health Organization asked Dr. Stan Kutcher and his colleagues to assist in the aftermath of floods that were devastating the country. “It became apparent the issue wasn’t mental health issues arising out of the floods they were having but that there was no mental health policy or infrastructure,” says Kutcher, professor of psychiatry at Dalhousie Medical School and project co-leader.

There is today. As a result of the initiative, Guyana now has a mental health policy and a national mental health plan is nearing completion. Training has been provided to Medexes, who provide frontline health services, and primary care physicians.

As well, says Kutcher, “we’re just starting to apply a very innovative model based on integrating mental health care into every aspect of health care.”

“Interestingly,” the director of the World Health Organization Collaborating Centre in Mental Health Training and Policy Development adds, “it could move mental health care ahead of where we are [in Canada].” — Donalee Moulton, Halifax

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Mercury disposal sole health concern with fluorescent lights

The mythology is certainly pervasive: fluorescent lighting variously causes carcinomas, breast cancer, high blood pressure and other cardiovascular diseases, headaches, eye strain, fatigue, depression and even sexual dysfunction. Break a compact fluorescent light bulb and you might as well be mainlining mercury or, at a minimum, should be calling in experts in white suits and helmets to clean up the toxic waste zone that once was your bedroom.

Yet, health and lighting experts say that there’s no valid scientific evidence to support any of the above propositions and that there are few, if any, health consequences that will result from government moves to outlaw incandescent light bulbs. In the interest of energy efficiency and reducing greenhouse gas emissions, the province of Ontario has announced it will ban bulbs by 2012, following the lead of Australia and Nunavut.

“As far as health goes, outside of the remote possibility of some sub-populations that we haven’t identified, I’d say there aren’t any consequences,” says Dr. Jennifer Veitch, senior research officer in the Indoor Environment Research Program at the National Research Council Institute for Research in Construction.

Even clean-up and disposal of broken fluorescent bulbs shouldn’t pose an immediate health risk, provided that recommended clean-up procedures (see Box 1) are followed, says Rennselaer Polytechnic Institute Lighting Research Centre Senior Research Scientist Dr. John Bullough. “You don’t want to run over and sniff it up.”

The average compact fluorescent bulb contains 5 milligrams of mercury, as compared with 500 in older household thermometers. “It’s true that if you break a fluorescent lamp, you don’t want to be breathing the elemental mercury. It’s not desirable. However, there’s a lot less mercury in a fluorescent lamp today than there used to be,”



Dr. Stan Kutcher

A 3-year program to develop a national mental health plan for Guyana is nearing completion with the aid of the Dalhousie University Department of Psychiatry.