

Confusion surrounds

MedicAlert services

Lifetime MedicAlert members who were recently invoiced for annual membership fees will continue to have access to the organization's 24-hour protection and emergency information service even if they don't cough-up the requested monies, the member-based charity says.

But lifetime members who don't fork over the \$39 "standard" or \$49 "advantage" annual fee will be charged \$15 each time they seek to update their medical information on the centralized database, says MedicAlert Foundation Marketing Manager Robert Blair.

Confusion surrounding services surfaced last month as long-time members received invoices for the first time since MedicAlert, which was established in 1961, restructured services for members in January 2003.

The organization shifted to an annual fee structure, with 2 membership levels because the cost of maintaining the central database could not be sustained on the basis of monies generated from a flat fee for a MedicAlert bracelet, necklet or watch and lifetime membership, Blair says, adding that lifetime members have the option of paying the annual fee, on a "voluntary" basis or ignoring the invoice. "Obviously, we're still going to provide information" about the member's health record if contacted by emergency medical personnel on the MedicAlert 24-hour Emergency Response Hotline.

That record includes information on medical conditions, allergies, implants, devices and medications, as well as emergency contact information for the member's physician and family. Enrolment in the "Advantage" membership category includes notification to a member's physician and family contacts when a call has been made to the Hotline, as well as 2-year parts and labour warranty on jewelry.

Among the most common medical conditions engraved on MedicAlert bracelets are allergies and diabetes. — Wayne Kondro, *CMAJ*

No blame — No gain

The Supreme Court of Canada has urged its implementation, calling it an "excellent thing" to do. Ontario Superior Court Justice Mary Anne Sanderson went even further, arguing that "the road to public health should not be paved with individual victims."

Provinces, meanwhile, have talked for decades of establishing programs, yet only Quebec has done so.

The harsh reality, though, is that no-fault compensation for people suffering from serious adverse side effects of vaccines remains a distant prospect for most Canadians. By contrast, the United States, Britain, Japan, Singapore, New Zealand, Germany, Switzerland, Denmark and more have implemented plans, some as early as 1961.

Proof of injury requirements vary, as does compensation. Most countries have tables of 10–80 questions, the answers to which are reviewed by experts. Britain pays a once-only amount of between £40 000 and £100 000 for 60% disability. In Japan, compensation includes a caretaker's allowance in addition to a pension and medical allowance.

In Canada, what compensation is offered is restricted to Quebec and can be traced back to a youngster named Nathalie Lapierre, who contracted acute viral encephalitis while being vaccinated for measles at the age of 5 and was left permanently disabled.

Her parents sued the Quebec government as well as the vaccine's manu-

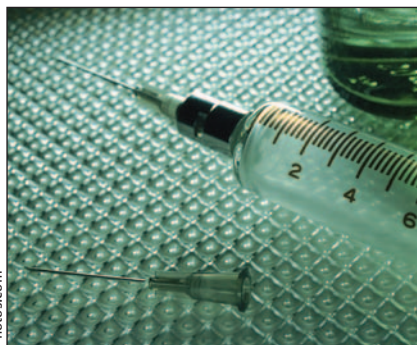
facturer and distributor, seeking roughly \$3.1 million in damages. The suit was eventually tossed as Supreme Court Justice Julien Chouinard in 1985 rejected arguments that damages suffered by an individual for the benefit of the community must be borne by society. In the absence of faulty administration, which would make a physician liable, vaccinations are but part of the "pitiless game of chance. ... Fortuitous events are not the cause of obligations, they merely occasion them," Chouinard wrote, later adding that although "recognition of the existence of an obligation independent of any fault would be an excellent thing, no such obligation exists in Quebec civil law."

A year later, Quebec became the only province to have a no-fault insurance plan for those who suffer vaccine-related injuries. Over a 15-year period, 20 claimants out of 117 were compensated, with awards averaging \$135 000. In a similar period in the United States, where compensation is based on predetermined amounts depending on the nature of the injury, 1390 out of 5335 claims were settled for awards ranging from \$250 000 to \$1.4 million, paid from a national vaccination injury fund to which pharmaceutical firms must make a 75-cent contribution for every antigen contained in every vaccine they sell. Those compensated waive their rights to sue manufacturers.

In Quebec, claimants can still sue, but if successful, must repay provincial compensation. To date in Canada, no one has won a civil claim.

"It's hard to prove cause or liability," says David Scheifele, lead investigator and co-founder of the Canadian Paediatric Society's Canadian Immunization Monitoring Program. Approximately 75 000 children are admitted to hospital each year, less than 10 of which have had recent vaccinations. "In about 5 of those cases, an alternative cause for their sickness is identified, and 5 might potentially be suffering from post-immunization vaccine-related injuries. Most kids recover."

Although heavyweights like the National Advisory Committee on Immunization has not taken a stance on no-fault compensation, Schiefele says a "safety net" is needed. "It won't be



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Over a 15-year period, 20 claimants out of 117 applicants received an average \$135 000 under Quebec's no-fault compensation program for the vaccine damaged.