

Briefly

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Status revoked: Toronto, Ontario-based health charities Liberty Wellness Initiative and Destiny Health and Wellness Foundation have had their charitable status revoked by the Canada Revenue Agency for violations of tax law. The agency said Liberty Wellness issued receipts totalling \$89 million for monies received between 2004 and 2006, which an audit revealed to be five times more than the value of actual donations (www.cra-arc.gc.ca/nwsrm/rlss/2010/m04/nr100419-eng.pdf). The Destiny Health and Wellness Foundation, meanwhile, issued \$42 million in receipts for cash donation between 2005 and 2006 but “an overwhelming majority of the funds were transferred to another participating registered charity as compensation for its role in the arrangement, to the tax shelter promoters as fundraising fees and to a related investment company. The organization itself retained ... \$840 000 of the total tax receipted amount for use in its own activities” (www.cra-arc.gc.ca/nwsrm/rlss/2010/m04/nr100419b-eng.html). — Wayne Kondro, *CMAJ*

Leflunomide warning: Health Canada has issued an adverse reaction warning that peripheral neuropathy has been associated with the disease-modifying antirheumatic drug leflunomide (Arava). “Signs and symptoms include muscular weakness or flaccid paralysis and sensory disturbances, including pain. Neuropathy has been reported in association with several DMARDs, including sulfasalazine, chloroquine and penicillamine,” Health Canada states in its April 2010 Canadian Adverse Reaction Newsletter (www.hc-sc.gc.ca/dhp-mps/alt_formats/pdf/medeff/bulletin/carn-bc/2010-04-20-eng.pdf). “From the date of marketing to Oct. 31, 2009, Health Canada received 26 AR [adverse reaction] reports of peripheral neuropathy symptoms suspected of being associated

with the use of leflunomide. Peripheral neuropathy was specified in 9 of the reports; the remaining 17 reports described signs and symptoms of peripheral neuropathy such as paresthesia, hypoesthesia or burning sensation of the skin. Of the 26 cases, 23 were reported by health care professionals and 22 were reported as serious. There were 17 women and 7 men (sex not reported in 2 cases). The greater number of women could be explained by the fact that rheumatoid arthritis is three times more likely in women than in men. Some confounding factors reported in the cases included concomitant diseases (e.g., rheumatoid arthritis, diabetes) and concomitant drugs (e.g., methotrexate, hydroxychloroquine).” — Wayne Kondro, *CMAJ*

Prison needle exchange: The Canadian HIV/AIDS Legal Network and other groups are renewing their call for needle exchange programs in federal prisons after a Correctional Service of Canada report that indicates the rate of HIV infection is 15 times higher, and the rate of hepatitis C infection 39 times higher, in the prison population than in the general population. The report indicated “among inmates ever tested for HIV and/or HCV infections, 4.6% (men 4.5%, women 7.9%) reported being HIV-positive and 31% (men 30.8%, women 37.0%) reported being HCV-positive. Aboriginal women were identified as a particularly high-risk group because they reported the highest rates of HIV (11.7%) and HCV infections (49.1%),” (www.csc-scc.gc.ca/text/rsrch/reports/r211/r211-eng.shtml). With about half of surveyed prisoners reporting the sharing of used needles, risks “could be remedied with prison-based needle and syringe programs,” Sandra Ka Hon Chu, senior policy analyst at the Canadian HIV/AIDS Legal Network stated in a press release (www.aidslaw.ca/publications/interfaces/downloadDocumentFile.php?ref=1036). The Conservative government scuttled the introduction of

needle-exchange programs in 2007, saying sterile syringes aren’t needed to control AIDS and hepatitis C in cellblocks (*CMAJ* 2007.DOI: 10.1503/cmaj.070018). — Wayne Kondro, *CMAJ*

Climate change and health: Climate change is affecting, or will affect, human health in 11 key areas, according to new report, *A Human Health Perspective on Climate Change* (www.niehs.nih.gov/climate-report). The paper, a multigroup effort led by the North Carolina-based National Institute of Environmental Sciences, identified the health consequences of climate change on: asthma, respiratory allergies, and airway diseases; mental health and stress-related disorders; cancer; neurological diseases and disorders; cardiovascular disease and stroke; waterborne diseases; foodborne diseases and nutrition; weather-related morbidity and mortality; heat-related morbidity and mortality; vector-borne and zoonotic diseases; and human developmental effects. The purpose of the paper, released Apr. 21, is to “identify research critical for understanding the impact of climate change on human health so that we can both mitigate and adapt to the environmental effects of climate change in the healthiest and most efficient ways.” — Roger Collier, *CMAJ*

Trees for malaria: Planting trees can prevent the spread of malaria by reducing the breeding habitat of mosquitoes and increasing the habitat of their predators, says the Maryland-based nonprofit Trees for the Future. The roots of trees absorb water and reduce standing water where mosquitoes breed. More trees also means greater biodiversity, including predators of mosquitoes, such as spiders and birds. Also, a tree widely planted in Africa, the neem, produces an insecticide that can be extracted and used to repel mosquitoes. Trees for the Future announced how tree planting can pre-

vent malaria in honour of World Malaria Day on Apr. 25. — Roger Collier, *CMAJ*

Infusion pump safety: The United States Food and Drug Administration has unveiled a plan to improve the safety of external infusion pumps, which the agency says caused more than 500 deaths, and resulted in more than 56 000 adverse events, over the past five years. The plan includes requiring manufacturers to provide “additional design and engineering information” during pre-market review of infusion pumps, conducting a public workshop on infusion pump design next month and establishing a web page devoted to infusion pump safety (www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/GeneralHospitalDevicesandSupplies/InfusionPumps/ucm205424.htm). — Wayne Kondro, *CMAJ*

Right to play: The Canadian International Development Agency will provide \$17 million over three years to help the humanitarian organization Right to Play train teachers and coaches to run sport programs on the continent of Africa (www.acdi-cida.gc.ca/acdi-cida/ACDI-CIDA.nsf/eng/NAT-422114424-LGB). Norwegian Olympian and Right to Play founder Johann Olav Koss said in a press release that the monies will be used to train roughly 3000 teachers and 5000 coaches, and reach more than 200 000 children, in Benin, Ghana, Mali, Rwanda and Liberia (www.rightto play.com/International/news-and-media/Pages/Press%20Releases/CIDAFund ing.aspx). — Wayne Kondro, *CMAJ*

Political treadmill: The Liverpool City Council in the United Kingdom is weighing the merits of banning the use of the words “obese” and “obesity” from all children’s health programming in favour of the phrase “unhealthy weight.” The change is being urged by 90 pupils in the Liverpool Schools’ Parliament (a council initiative designed to stimulate more youth interest in politics) who believe that being tagged obese “has a negative connotation behind it.” — Wayne Kondro, *CMAJ*

Gun control: The Canadian Association of Emergency Physicians and 27 other health-related organizations have issued an open letter calling on Members of Parliament to quash Manitoba Conservative MP Candice Hoepfner’s private member’s bill to shut down the nation’s gun registry. The bill is now in third reading, having garnered support from Conservative, Liberal and New Democratic party ranks. Scrapping the registry would have serious public health consequences, the health professionals argue (www.aspq.org/DL/Declarationang.pdf). “Six different coroner’s inquests recommended the licensing of gun owners and registration of all firearms. Indeed, our daily practice informs us of the very real risks associated with firearms and of the value of a strong gun control law.” — Wayne Kondro, *CMAJ*

Electronic suspicion: A United States survey indicates that the majority of patients are suspicious about the sharing of electronic health records, particularly if the information is being disseminated to health insurance plans, researchers and companies, even if there is a promise that the data will be stripped of identifying information like name or date of birth. The survey of 1849 adults, conducted on behalf of the California HealthCare Foundation, indicated that some patients would even go so far as to refuse to disclose some health information to their doctors. “About 15% of adults say they would hide something from their doctor if they knew their information would be shared, and another 33% say they would consider hiding information,” according to the survey (www.chcf.org/~media/Files/PDF/C/ConsumersHealthInfoTechnologyNationalSurvey.pdf). — Wayne Kondro, *CMAJ*

FDA committee revisions: The United States Food and Drug Administration (FDA) has unveiled changes to the processes by which its expert panels review applications to approve new medical devices. Among the changes is one that will have committee members vote to approve devices based on safety, effectiveness and risk versus benefit assessments, rather than regulatory notions such as “approvability.” FDA

Center for Devices and Radiological Health Director Dr. Jeffrey Shuren said in a press release that the changes, which will include voting by ballot rather than show of hands, will “allow panel members to address issues related to their area of expertise instead of regulatory issues that may be unfamiliar to them” (www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm209791.htm). — Wayne Kondro, *CMAJ*

Children’s medicine guide: A guide to procuring 240 essential children’s medicines has been released by UNICEF and the World Health Organization. *Sources and Prices of Selected Medicines for Children* tells doctors and organizations where to buy life-saving medicines formulated for children and at what cost. The guide aims to improve access to medicines that can prevent or treat diseases responsible for the deaths of an estimated nine million children each year (www.who.int/medicines/publications/essentialmedicines/Sources_Prices2010.pdf) — Lauren Vogel, Ottawa, Ont.

Chagas disease screening test: A new test to screen blood, tissue and organ donors for a blood-borne parasite that causes the potentially fatal parasitic infection Chagas disease has been approved by the US Food and Drug Administration. The test, called Abbott Prism Chagas [*Trypanosoma cruzi* (*E. coli*, Recombinant) Antigen], will detect *Trypanosoma cruzi* (*T. cruzi*) infection in serum or plasma specimens from living donors, as well as in blood specimens from deceased donors. Chagas disease is mainly spread by blood-sucking insects infected with *T. cruzi*, although it can also be spread through blood transfusions and organ transplants. Screening of the US national blood supply began in 2007, and since then, more than 1000 donors infected with *T. cruzi* have been identified. (www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm210429.htm) — Lauren Vogel, Ottawa, Ont.

Offer rejected: The Newfoundland and Labrador Medical Association has rejected a contract offer from provincial Finance Minister Tom Marshall that would have seen physicians achieve

97.95% pay parity with their Atlantic counterparts. “Since we are unable and unwilling to accept your offer in its entirety, we reject it,” association President Dr. Brendan Lewis said in a letter to Marshall (www.nlma.nf.ca/documents/document_30.pdf). Marshall had argued that the offer constituted a global 24% pay increase (www.nlma.nf.ca/documents/document_29.pdf). But the physicians are demanding a 13% increase for family physicians, a 27% hike for salaried specialists and a 34% hike for emergency room physicians (*CMAJ* 2010. DOI:10.1503/cmaj.109-3231). — Wayne Kondro, *CMAJ*

Stressed out: Nearly half of Canadians who provide domestic, psychological or financial support for their aging parents say they are stressed as a consequence, according to the Desjardins Financial Security National Survey on Canadian Health. “What this survey is showing us is that adult children are becoming ad-hoc caregivers for their parents without sufficient support. This is a growing social problem and it’s only the tip of the iceberg,” Taylor Alexander, CEO of the Canadian Mental Health Association, National Office, a partner of Desjardins Financial Security, said in a press release (www.dsf-dfs.com/en-CA/NtrCmpgn/SIIPrss/SIIPrss/CmmnqsPrss.htm#Sandwich). The survey also indicated that about 30% of Canadians are more stressed than a year ago, largely as a result of economic concerns stemming from the recession. — Emily Panetta, Ottawa, Ont.

Go north: Federal Minister of Health Leona Aglukkaq has announced that the federal government will spend \$6.9 million over four years to train an additional 15 people under the Northern and Remote Family Medicine Program in hopes of helping to redress the current shortage of family doctors in northern Manitoba, Nunavut and the Northwest

Territories. The number of family residencies will be expanded to 25 from 10 under the program, a pilot project of the University of Manitoba which provides financial support to medical students to spend eight months training in remote communities, in exchange for two years of remote practice after graduation (www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2010/2010_72-eng.php). — Wayne Kondro, *CMAJ*

Aboriginal health guide: Federal Minister of Health Leona Aglukkaq has unveiled a First Nations environmental health guide that aims to provide “a handy health home checklist, resource information and useful tips” by which Aboriginal peoples might deal with problems ranging from mould to water contaminants. The guide, *Your Health at Home: What you can do*, provides information on six topics: indoor air, noise, drinking water, wastewater/sewage, food safety, artistry/hobbies and “looking for health risks” (www.hc-sc.gc.ca/fniah-spnia/alt_formats/pdf/promotion/public-publique/home-maison/index-eng.pdf). National Aboriginal Health Organization chief executive officer Dr. Paulette C. Tremblay said in a press release that the guide “provides solutions to common environmental health issues in the home that can be readily applied” (www.marketwire.com/press-release/Your-Health-at-Home-The-First-Nations-Environmental-Health-Guide-is-Now-Available-1256399.htm). — Wayne Kondro, *CMAJ*

No executions: The American Board of Anesthesiologists says it will yank certification from any of its 40 000 members who participate in the execution of a prisoner by lethal injection. Roughly one half of the 35 states which perform executions require a doctor or an anesthesiologist to be present. But participation in an execution “puts anesthesiologists in an untenable position. They can assuredly provide

effective anesthesia, but doing so in order to cause a patient’s death is a violation of their fundamental duty as physicians to do no harm,” Dr. Mark A. Rockoff, board secretary states in a commentary (www.theaba.org/pdf/CapitalPunishmentCommentary.pdf). The policy makes the association the first to penalize health care workers who abet lethal injections.

Grandmothers campaign: More than 500 grandmothers from 13 nations attending the inaugural African Grandmothers’ Gathering in Manzini, Swaziland have issued a call for more financial support in raising children orphaned by the AIDS pandemic. The grandmothers also called for “urgent action to prevent acts of violence against them, to ensure social security and to enact laws that uphold their rights and those of their grandchildren” (http://www.stephenlewisfoundation.org/news_item.cfm?news=3416). The gathering was organized by the AIDS advocacy group Swaziland Positive Living and attended by 42 Canadian grandmothers from the Grandmothers to Grandmothers Campaign of the Stephen Lewis Foundation. — Roger Collier, *CMAJ*

Pain training: The University of Toronto in Ontario recently began enrolling nursing students in a diploma program in anesthesia care, the first of its kind in Canada. The intent of the program is to equip nurses to provide a continuum of care to hospital patients, from pre-op to discharge. Students enrolled in the program will also study advanced pain management, which will provide them with the necessary skills to lead acute pain teams in collaboration with anesthesiologists. The program will be open to nurse practitioner students at the master’s and post-master’s levels. — Roger Collier, *CMAJ*

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