Briefly

Status quo for health: Prime Minister Stephen Harper's May 18 "stability" cabinet shuffle offered nothing in the way of new representation from the health community (www.pm.gc.ca/grfx/docs/cabinet.pdf). Nunavut Member of Parliament Leona Aglukkaq retained responsibility for the health portfolio, to which she was first appointed in 2008 after a controversial stint as Nunavut's minister of health and social services (www.cmaj.ca/lookup/doi/10.1503/cmaj.081759). Although it had been widely surmised amongst Ottawa's political pundits that rookie MP Dr. Kellie Leitch, an orthopedic pediatric surgeon at SickKids Hospital in Toronto, Ontario and an associate professor at the University of Toronto, would be added to Cabinet, she was not among the newcomers to Harper's team. Harper told reporters his focus was on "continuity. ... I didn't want to make too many additional changes unless I had to." — Wayne Kondro, *CMAJ*

Accountability framework: The World Health Organization has unveiled a formal framework for tracking financial outlays and health indicators for women and children at global and country levels. Developed by the Commission on Information and Accountability for Women's and Children's Health, the framework, *Keeping Promises, Measuring Results*, features 10 specific recommendations, including one that will require all countries to develop "a system for registration of births, deaths and causes of death, and have well-functioning health information systems that combine data from facilities, administrative sources and surveys," and another that will require countries to report on 11 reproductive, maternal and child health indicators (www.who.int/topics/millennium_development_goals/accountability_commission/Commission_Report_advance_copy.pdf). — Wayne Kondro, *CMAJ*

A good death: "End-of-life journeys, the evolution of dying and what changes need to be made to put palliative care onto the public agenda" are among issues addressed in a multipart series, *A Good Death*, jointly produced by graduate students with the journalism program at the University of Western Ontario in London and CBC News. "This assignment was not easy for the young journalists pursuing these stories," Meredith Levine, lecturer at Western's Faculty of Information & Media Studies and leader of the project, said in a news release (http://communications.uwo.ca/western_news/stories/2011/May/students_explore_dying_in_canada_for_cbc_series.html). "Many logged long hours with the dying, their families, and those who care for them on palliative care wards, homes and hospices in London and surrounding areas. They asked the questions about death and dying that so many of us want to avoid. But the ultimate lesson of *A Good Death* for all those involved is just how rich and textured and beautiful the end of life journey can be." Articles in the series are available online (www.cbc.ca/news/health/features/a-good-death/index.html). — Wayne Kondro, *CMAJ*

Digital deficiencies: The United Kingdom's erstwhile goal of developing electronic medical records for all patients in the United Kingdom's National Health Service will neither be achieved nor be of value, the UK's National Audit Office has concluded. "The £2.7 billion spent on care records systems so far does not represent value for money, and we do not find grounds for confidence that the remaining planned spend of £4.3 billion will be different," according to an National Audit Office report, *The National Programme for IT in the NHS: an update on the delivery of detailed care records systems* (www.nao.org.uk/idoc.ashx?docId=b2171d57-3120-40a6-abe4-84b878cbf35c&version=-1). "The Department of Health needs to admit that it is

now in damage-limitation mode. I hope that my report today, together with the forthcoming review by the Cabinet Office and Treasury, announced by the Prime Minister, will help to prevent further loss of public value from future expenditure on the Programme." Amyas Morse, head of the National Audit Office, said in a press release (www.nao.org.uk/publications/press_notice_home/1012/1012888.aspx). — Wayne Kondro, *CMAJ*

Generic lessons: Ontario saved as much as \$194 million in the second half of the year 2010 as a result of its new policy to halve reimbursement for generic drugs, and other Canadian provinces could collectively save as much as \$1.28 billion annually on their generic drug bills if they adopted similar policies, according to a study by the UBC Centre for Health Services and Policy Research. "Other provinces should seriously consider both changes to their generic drug prices and the use of more competitive bulk purchasing policies," states the study, *The Short-term Impact of Ontario's Generic Pricing Reforms* (www.chspr.ubc.ca/files/publications/2011/WP_Law_ON_pricing_reforms.pdf). — Wayne Kondro, *CMAJ*

Testing ground: Orthopedic pediatric surgeon Dr. Kellie Leitch has been appointed parliamentary secretary to two ministries — Human Resources and Labour — by Conservative Prime Minister Stephen Harper. Leitch, who toiled at SickKids Hospital in Toronto, Ontario and as an associate professor at the University of Toronto before being elected in the riding of Simcoe–Grey, will receive a \$15 800 top-up to her Member of Parliament's base salary of \$157 731. But while serving as a stand-in for two ministers during question period (in the event they are unable to attend) Leitch will not receive the top-up twice, a spokesman for the Prime

Minister's Office says. Appointments as parliamentary secretaries are typically viewed as training ground for Cabinet or as a sop to backbenchers whose chances of ever getting into cabinet are nominal. Harper reappointed chiropractor Colin Carrie as parliamentary secretary to the minister of health, and former registered nurse Cathy McLeod as parliamentary secretary to the minister of national revenue. — Wayne Kondro, *CMAJ*

No more secrets: Patients in the state of Illinois will be entitled to access information about the practice histories of all doctors, including medical malpractice payments in the previous five years, all felony criminal convictions and misdemeanors, as well as disciplinary actions taken against them by medical colleges. Overcoming 10 years of aggressive opposition from the Illinois State Medical Society, legislators in both houses of the Illinois General Assembly gave unopposed approval to the "Patients' Right to Know Act," which will see practice histories of state doctors collected and posted on the website of the state's Department of Financial and Professional Regulation. The act gives physicians a bit of time to prepare for the public relations blow, as it "permits the Disciplinary Board to provide copies of the profiles to the physicians prior to publication and allows 60 days for the physician to correct any inaccuracies" (www.ilga.gov/legislation/fulltext.asp?DocName=&SessionId=84&GA=97&DocTypeId=HB&DocNum=0105&GAID=11&LegID=54611&SpecSess=&Session=). — Wayne Kondro, *CMAJ*

Commission struck: Canada's registered nurses have established a "National Expert Commission" to conduct a year-long review of means of improving the nation's health care system. To be cochaired by Marlene Smadu, past president of the Canadian Nurses Association, and Maureen McTeer, adjunct professor of law at the University of Ottawa in Ontario, the commission will "consult with nurses, other health-care leaders and the public to weigh evidence and advice on how to accelerate a positive transformation of Canada's publicly funded, not-for-profit

medicare system. It will seek ways to reduce pressures on our hospital-focused acute care system by building capacity beyond it," the association said in a press release (www.cna-nurses.ca/CNA/news/releases/public_release_e.aspx?id=290). Smadu stated that "by paying attention to supports and services in communities that are effective in providing care, we can ease health system bottlenecks, improve the health of Canadians and reduce costly hospital stays. Similarly, investing in health promotion and illness/injury prevention makes more sense than spending big dollars to cure conditions that could have been avoided altogether." — Wayne Kondro, *CMAJ*

New treatment option: The United States Food and Drug Administration has approved the use of fidaxomicin tablets in the treatment of *Clostridium difficile*-associated diarrhea, after clinical trials indicated that more patients treated with the drug had fewer recurrent symptoms three weeks after treatment than did patients treated with the common antibiotic vancomycin. But to maintain the effectiveness of fidaxomicin "and to reduce the development of drug-resistant bacteria, the drug should be used only to treat infections that are proven or strongly suspected to be caused by *C. difficile*," the FDA states in a press release (www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm257024.htm). — Wayne Kondro, *CMAJ*

Wireless cancer: Cell phones and other devices emitting radiofrequency electromagnetic fields are "possibly carcinogenic" as they may increase the risk of malignant brain cancer, an expert panel of the World Health Organization/International Agency for Research on Cancer has concluded. "The evidence was reviewed critically, and overall evaluated as being limited among users of wireless telephones for glioma and acoustic neuroma, and inadequate to draw conclusions for other types of cancers. The evidence from the occupational and environmental exposures mentioned above was similarly judged inadequate. The Working Group did not quantitate the risk; however, one study of past cell phone use (up to the year

2004), showed a 40% increased risk for gliomas in the highest category of heavy users (reported average: 30 minutes per day over a 10-year period)," the agency stated in a press release (www.iarc.fr/en/media-centre/pr/2011/pdfs/pr208_E.pdf). But the cited study was actually less conclusive than suggested. "Overall, no increase in risk of glioma or meningioma was observed with use of mobile phones. There were suggestions of an increased risk of glioma at the highest exposure levels, but biases and error prevent a causal interpretation. The possible effects of long-term heavy use of mobile phones require further investigation," the study concluded (*Int J Epidemiol* 2010;39:675–94). — Wayne Kondro, *CMAJ*

Cheaper diagnostics: Advances in technologies to test and monitor HIV/AIDs, such as diagnostic testing for children under 18 months and tests to measure the level of CD4 and viral load, will soon make testing far more cost-effective in poor countries, particularly at the "point of care" level or in rural areas, a UNAIDS report concludes. But *The HIV/AIDS Diagnostic Landscape* report cautions that "the level of CD4, viral load and EID [early infant diagnosis] testing required in resource-limited settings over the coming years will likely necessitate scale-up in centralized testing facilities, including in some cases super-labs, and at the same time, a drive towards POC [point of care] testing to improve access, especially for hard-to-reach populations. The appropriate mix of high volume laboratories and POC testing will be country-specific, and will depend on such factors as the urban/rural split of the country, the expected volume of each category of testing and the ability to effectively transport samples between collection sites and laboratories as well as the efficiency of return of laboratory results to collection sites" (www.unaids.eu/images/marketdynamics/publications/unaids_md_technical_report_diagnostics_landscape_web.pdf). — Wayne Kondro, *CMAJ*

Dental health: Family physicians should become more aware of the extent of water fluoridation within

Aboriginal communities they serve so as to ensure that adequate dental care is being provided to Indigenous children, the Canadian Paediatric Society and the American Academy of Pediatrics jointly recommend. Other recommendations of the joint statement, *Early childhood caries in Indigenous communities*, include: "Supervised twice-daily use of fluoridated toothpaste should be promoted in all Indigenous and other high-risk children after the first tooth has erupted (rice grain-size portion of toothpaste for infants and green pea-size portion for children); Community health nurses, family physicians or paediatricians should perform oral health screening during early childhood health assessments and provide referrals as needed to dental health providers; (and) Women of Indigenous communities should be provided access to receive preconception and prenatal screening for oral health, anticipatory guidance for oral health and hygiene, and referral for dental care if required" (*Paediatr Child Health* 2011;16:351-7). — Wayne Kondro, *CMAJ*

Single-payer state: The state of Vermont has passed legislation that could lead it to become the first jurisdiction in the United States with a universal, single-payer health care system. The new law calls for the creation of a health care system similar to Canada's, in which doctors and hospitals bill the state government for providing medical services. About 620 000 people live in Vermont and all would be eligible for health coverage under the new system. Upon signing the bill into law, Vermont governor Peter Shumlin announced that the law was created for fiscal and moral reasons. "This law recognizes an economic and fiscal imperative — that we must control the growth in health care costs that are putting families at economic risk and making it harder for small employers to do business," he said in a press release (<http://governor.vermont.gov/newsroom-health-care-bill-signing>). "We have a moral imperative to fix this problem, with 47,000 Vermonters uninsured and another 150,000 underinsured and worried about how to afford keeping their families healthy." — Roger Collier, *CMAJ*

Antiplatelet therapy guidelines: People who have not had a heart attack or stroke should not be prescribed acetylsalicylic acid, the Canadian Cardiovascular Society (CCS) says. The *CCS Guidelines for the Use of Antiplatelet Therapy in the Outpatient Setting* also recommend that low-dose acetylsalicylic acid or other antiplatelet medications be prescribed for all patients who have had heart attacks or strokes or who have peripheral artery disease, and that patients who are on such medications should avoid the use of ibuprofen (<http://download.journals.elsevierhealth.com/pdfs/journals/0828-282X/PIIS0828282X10000310.pdf>). "These new CCS guidelines are important because they will provide physicians with specific recommendations to manage challenging questions such as, when to continue or interrupt dual antiplatelet therapy in patients who have acute coronary syndrome or a stent implantation or need a surgery or diagnostic procedures," Dr. Jean-Francois Tanguay, cochair of the CCS antiplatelet guideline committee, said in a press release (www.ccs.ca/advocacy/Press_release_CCS_AT_Guidelines_E.pdf). — Wayne Kondro, *CMAJ*

Natural disaster toll: Some 42.3 million people in the world were displaced from their homes in 2010 because of climate-related or geophysical disaster, according to the Internal Displacement Monitoring Centre. The bulk of those, roughly 38.3 million people, were displaced because of climate-related disaster such as floods or storms, the Norwegian Refugee Council's Geneva, Switzerland-based centre says in a report, *Displacement due to natural hazard-induced disasters* ([www.internal-displacement.org/8025708F004BE3B1/\(httpInfoFiles\)/15D7ACEC7ED1836EC12578A7002B9B8A/\\$file/IDMC_natural-disasters_2009-2010.pdf](http://www.internal-displacement.org/8025708F004BE3B1/(httpInfoFiles)/15D7ACEC7ED1836EC12578A7002B9B8A/$file/IDMC_natural-disasters_2009-2010.pdf)). "In the context of climate change, this challenge is expected to continue to grow, as the frequency and intensity of extreme climate-related events increases and the patterns of their occurrence change," the report states. Some 36.1 million people were displaced in 2008, and 16.7 million in 2009. — Wayne Kondro, *CMAJ*

Children's mental health: Health Minister Leona Aglukkaq has announced that the government will provide \$23 million to 10 initiatives aimed at promoting mental health among children, youth and families living in northern, remote and rural communities. The awards include \$2.5 million to the Centre de recherche et d'interventions sur le suicide et l'euthanasie at the Université du Québec à Montréal to develop "illustrated stories that deal with friendship, communication, loneliness, bullying, change, loss and making a new start," as well as \$2.6 million to the Lady Davis Institute for Medical Research at McGill University in Montréal, Quebec, to adapt a suicide prevention program so that it utilizes "culturally-specific approaches to strengthening family relations in First Nations communities" (www.phac-aspc.gc.ca/media/nr-rp/2011/2011_0608_fs-fr-eng.php). "As a parent, I know that children can be greatly influenced by their home and school environments. And that's why it's important to focus on educating parents, families and educators on how to create the best conditions for the good mental health for our kids," Aglukkaq said in a press release (www.phac-aspc.gc.ca/media/nr-rp/2011/2011_0608-eng.php). — Wayne Kondro, *CMAJ*

HIV treatment: Roughly 6.6 million people in low- and middle-income countries were receiving antiretroviral therapy for HIV/AIDS at the end of 2010 but at least nine million people who are eligible for the treatment were not receiving it, according to the World Health Organization. Agency data indicate that there has been a "16-fold" increase in the number of people receiving antiretroviral therapy between 2003 and 2010. "Innovation in finding more optimal ways to deliver HIV services is key," Dr. Gottfried Hirnschall, director of the WHO's HIV/AIDS department said in a press release (www.who.int/mediacentre/news/releases/2011/hivtreatment_20110603/en/index.html). "For example, by linking HIV with other health services such as for maternal and child health, tuberculosis, drug dependence and primary care, we will greatly increase the coverage of HIV interventions and also

achieve broader health outcomes.” — Wayne Kondro, *CMAJ*

Target exceeded: The feared shortfall in funding for global childhood vaccinations dissipated June 13 as public and private donors easily made up the projected US\$3.7-billion shortfall in GAVI Alliance funding for the period 2011–2015. The donors committed \$4.3 billion, or \$600 million more than the projected shortfall, to raise the alliance’s available resources for the period to US\$7.6 billion. The monies will allow for the immunization of 250 million children and prevent more than four million premature deaths, GAVI said in a press release (www.gavialliance.org/media_centre/press_releases/pledging_conference.php). “Today was a vote of confidence for GAVI. But it was also a challenge to us: to keep delivering on our mission and to do even more. Nearly two million children die from vaccine-preventable diseases every year. The day will come when malaria and other killer diseases can be beaten with a simple shot in the arm. We must prepare for that day. Working with partners, GAVI will need to continue to raise the necessary resources to tackle all vaccine-preventable diseases,” said GAVI Alliance Board Chair Dagfinn Høybråten in the release. — Wayne Kondro, *CMAJ*

HIV/AIDS declaration: The United Nations’ General Assembly has adopted a declaration setting out ambitious targets to prevent and treat

HIV/AIDS, including universal access to antiretroviral therapy. Other targets that participating nations vowed to achieve by the year 2015 include: halving the sexual and intravenous drug injection transmission rates of HIV; providing antiretroviral therapy to 15 million people; halving the tuberculosis deaths among people with HIV; eliminating mother-to-child transmission; and reducing AIDS-related maternal deaths. Delegates also vowed to significantly bolster funding for HIV/AIDS treatment, prevention, care and support programs to a level of US\$22 billion–US\$24 billion by 2015, or roughly US\$6 billion more than was spent in 2010. An estimated 33 million people are living with HIV, while an estimated 7000 people are infected daily. In the declaration, the UN expresses “deep concern that funding devoted to HIV and AIDS responses is still not commensurate with the magnitude of the epidemic either nationally or internationally, and that the global financial and economic crises continue to have a negative impact on the HIV and AIDS response at all levels, including the fact that for the first time, international assistance did not increase from 2008–2009 levels; and in this regard welcome the increased resources that are being made available as a result of the establishment of timetables by many developed countries to achieve the targets of 0.7 per cent of gross national product for official development assistance by 2015, stressing also the importance of complementary innovative sources of

financing, in addition to traditional funding, including official development assistance to support national strategies, financing plans and multilateral efforts aimed at combating HIV and AIDS” (www.ip-watch.org/weblog/wp-content/uploads/2011/06/2011-Political-Declaration-on-HIV-and-AIDS.pdf). — Wayne Kondro, *CMAJ*

Mental health court: The government of Manitoba has announced that it will create a special “mental health court” to hear cases in which an accused person has a mental illness and is charged with a so-called “less-serious” crime. The \$600 000 initiative will “reduce reoffence rates” by diverting people from jails into treatment programs, Manitoba Justice Minister Andrew Swan said in a press release (<http://news.gov.mb.ca/news/index.html?item=11688>). A multidisciplinary team will develop treatment plans for the accused that could include: “community support including basic needs, counselling and day programs; focused intensive case-management by an assertive community-treatment team (as a transition to ongoing community supports); addictions counselling; employment and educational supports; admission to hospital for intensive assessment and stabilization; community service work; an apology to the victim or others affected; and involvement of family members.” — Wayne Kondro, *CMAJ*

CMAJ 2011. DOI:10.1503/cmaj.109.3925