Briefly

In the moment: About 48% of Canadians who have a doctor or a regular place of care consider themselves to be “engaged” in the treatment they receive, according to the Health Council of Canada. The engaged Canadians believe “they always have enough time during visits, always have the opportunity to ask questions about recommended treatment, and are always as involved as they want to be in decisions about their care,” the council says in a report, *How Engaged are Canadians in their Primary Care? Results from the 2010 Commonwealth Fund International Health Policy Survey* (http://healthcouncilcanada.ca/docs/rpts/2011/Commonwealth5/Commonwealth5_EN_Final.pdf). In a comparison with 10 other nations that participated in the survey, Canada, with 48% of patients feeling engaged, fell in the middle of the pack, trailing New Zealand (68%), Australia (63%), Switzerland (59%), the United States (55%) and the Netherlands (54%). The United Kingdom (42%), Norway (34%), France (31%) and Sweden (29%) lagged behind Canada. — Wayne Kondro, *CMAJ*

Financial barriers: The cost of psychological services is prohibitory for most Canadians, “particularly those in lower and middle income levels,” according to a survey of 2832 Canadians conducted on behalf of the Canadian Psychological Association. “This survey should serve as a wake-up call to Canada’s governments and employers that they must do more to ensure all Canadians — regardless of income — can access the psychological care they need,” Dr. Andrea Piotrowski, chair of the Practice Directorate of the Canadian Psychological Association, said in a press release (www.cpa.ca/polls/). Among the findings of the survey were that “67% of respondents indicated that lack of coverage in employee health plans would represent a significant or very significant barrier” to obtaining treatment, while “80% of those in the lower income

bracket felt that psychological services not being covered by their provincial health plans would be a significant or very significant barrier,” ([www.cpa.ca/docs/file/poll/National%20Findings%20\(English\).pdf](http://www.cpa.ca/docs/file/poll/National%20Findings%20(English).pdf)). The survey is accurate to within +/- 1.85, 19 times out of 20. — Wayne Kondro, *CMAJ*

Breathing easy: Canadian cities are among the least polluted in the world, according to a World Health Organization (WHO) study of air contamination levels across some 91 countries. Whitehorse, Yukon Territory and the British Columbia towns of Kitimat and Burns Lake topped the list of 1100 cities at 2.9, 4.0 and 4.8 micrograms of pollution per cubic metre, respectively, the WHO database states (www.who.int/entity/phe/health_topics/outdoorair/databases/OAP_database_8_2011.xls). Ulaanbaatar, Mongolia, Antananarivo, Madagascar, Kuwait City, Kuwait and Mexico were the four most polluted cities. Canada tied with Australia for the third best air quality in the world, trailing Estonia and Mauritius. Mongolia, Madagascar and Kuwait were the countries with the highest air pollution levels. — Lauren Vogel, *CMAJ*

Piling on: In what is doubtless the death knell for the United Kingdom’s plan to develop nationwide electronic health records for all National Health Service patients, the influential Major Projects Authority is recommending that the grand plan be scuttled in favour of allowing local health trusts to buy and develop systems more tailored to their individual needs. It would be best to “dismember the programme and reconstitute it under new management and organisation arrangements. The National Programme for IT as a concept relating to the original investment decision should be terminated. Unless the work is refocused it is hard to see how the perception can ever be shifted from the faults of the past and allowed

to progress effectively to support the delivery of effective healthcare. Terminating existing organisational and management arrangements will allow for a new approach to the management of IT-enabled change aligned to the direction of travel for the Department of Health and the NHS,” states the authority, which was created by Prime Minister David Cameron’s coalition government to review whether initiatives undertaken by the predecessor Labour government actually provide value for money. The recommendation follows on the heels of similar ones from British parliamentary committees (www.cmaj.ca/lookup/doi/10.1503/cmaj.109-4001). — Wayne Kondro, *CMAJ*

Elevate the bar: British Columbia needs a “credible” radiology monitoring system to help to prevent mishaps such as recent ones in which three patients died and nine others were harmed because of misdiagnosis, according to the BC Patient Safety & Quality Council. The creation of “a province-wide concurrent peer review system for diagnostic imaging for quality review and monitoring of image interpretation and technical image quality” was among 35 recommendations emerging from the review, *Investigation into Medical Imaging Credentialing and Quality Assurance Phase 2 Report*, conducted by council chair Dr. Doug Cochrane (www.health.gov.bc.ca/library/publications/year/2011/cochrane-phase2-report.pdf). “First and foremost, my thoughts are with the patients and families who were touched by these events. It is clear from Dr. Cochrane’s report that the system in which you placed your trust, failed in these cases. That is why we’re committed to go beyond the recommendations in the report and take clear and definitive action to help prevent this from happening again.” BC Health Minister Michael de Jong said in a press release while apologizing to the public for the mishaps ([© 2011 Canadian Medical Association or its licensors](http://www2</p>
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.news.gov.bc.ca/news_releases_2009-2013/2011HLTH0068-001211.pdf). — Wayne Kondro, *CMAJ*

Enhancing communications: United States shopping mall developer Matthew Bucksbaum and his wife Carolyn have donated US\$42 million to the University of Chicago to create an institute to study means of improving doctor–patient communications and clinical decision-making. “This generous gift offers the opportunity to bring a new level of rigor to the study of the doctor–patient relationship and clinical judgment,” Robert J. Zimmer, president of the University of Chicago said in a press release (www.uchospitals.edu/news/2011/20110922-bucksbaum.html). “These generous donors have pinpointed a fundamental aspect of medical practice that deserves greater attention,” added Dr. Kenneth S. Polonsky, dean of the university’s Pritzker School of Medicine. — Wayne Kondro, *CMAJ*

Organ donation guidelines: All organ donors in the United States should be tested for HIV, as well as hepatitis B and C, using nucleic acid screening, according to the US Centers for Disease Control and Prevention. The new *PHS* [Public Health Service] *Guideline for Reducing Transmission of Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV) Through Solid Organ Transplantation*, also urges that transplant surgeons be more aggressive about ascertaining whether an organ donor engaged in such risk factors as having had sex with more than two partners in the 12 preceding months or is a man who had sex with another man

in the preceding 12 months, or is someone who had sex for money or drugs within the preceding 12 months (www.regulations.gov/#!documentDetail;D=CDC-2011-0011-0002). — Wayne Kondro, *CMAJ*

Questions and answers: The United States Agency for Healthcare Research has launched an advertising campaign to promote more effective two-way communication between doctors and patients. The campaign is built around the proposition that both clinicians and physicians need a better understanding of the value of questions asked of clinicians. “A simple question can reveal as much important information as a medical test. Research shows that better communication correlates with higher rates of patient compliance with treatment plans,” the agency said in a press release (www.ahrq.gov/news/press/pr2011/questionspr.htm). The campaign also includes a series of instructional videos that demonstrate good communication techniques (www.ahrq.gov/questions/). — Wayne Kondro, *CMAJ*

Neurological disease data: The federal government will funnel nearly \$6 million into 10 largely fact-finding studies aimed at determining the extent of the neurological disease burden in Canada and the consequences for Canadians. The projects include two systematic reviews and a \$651 440 award to the Research Institute of McGill University Health Centre in Montréal, Quebec, to conduct a study to determine the number of Canadians aged 45–85 who are affected by neurological conditions (www.phac-aspc.gc.ca/media/nr-rp/2011/2011_0929-fs-fi-eng.php). The outlays

are part of the federal government’s \$15 million National Population Health Study of Neurological Conditions. “Upon the completion of the National Population Health Study in 2013, we will have new critical information to further assist governments, neurological health charities, caregivers and those living with neurological conditions. We look forward to using this information in determining priorities going forward,” said Minister of State (Seniors) Alice Wong said in a press release (www.phac-aspc.gc.ca/media/nr-rp/2011/2011_0929-eng.php). — Wayne Kondro, *CMAJ*

Mesothelioma deaths: Developing countries should expect significant increases in the number of deaths caused by malignant mesothelioma in coming decades as a consequence of increased use and exposure to asbestos, a World Health Organization study says. Between 1994 and 2008, there were 92 253 mesothelioma deaths reported in 83 countries but those stats don’t include data from the world’s top five consumers of asbestos: China, India, Kazakhstan, the Russian Federation and Thailand, states the study, *Global mesothelioma deaths reported to the World Health Organization between 1994 and 2008* (www.who.int/bulletin/volumes/89/10/11-086678.pdf). The shift in the mesothelioma burden toward developing nations “lends support to the call by international organizations to eliminate asbestos-related diseases and discontinue the use of asbestos throughout the world,” the study concludes. — Wayne Kondro, *CMAJ*

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