Briefly

Relative burden: Mental illness and addictions constitute 1.5 times the burden of all cancers and 7 times that of all infectious diseases in Ontario, according to the Institute for Clinical and Evaluative Sciences, Public Health Ontario and the Ontario Ministry of Health and Long-Term Care. The five conditions taking the largest toll (in descending order) are: depression, bipolar disorder, alcohol use disorders, social phobia and schizophrenia, states the *Opening Eyes, Opening Minds: The Ontario Burden of Mental Illness and Addictions Report* (www.oahpp.ca/resources/documents/reports/opening-eyes-mental-health/PHO-ICES%20Opening%20Eyes%20Opening%20Minds%20Report%20-%20Oct%202012%20Exec%20Summary%20EN.pdf). "While effective treatments exist for mental illness and addiction, only a small proportion of affected individuals receive them. Given the significant burden, there is a need to consider population-based prevention, promotion and treatment strategies aimed at reducing the burden of mental illness and addiction in Ontario." — Wayne Kondro, *CMAJ*

The bottom line: "Annual influenza vaccination should be a condition of continued employment in, or appointment to, health care organizations," according to Public Health Ontario. "Health care workers with medical contraindications to influenza vaccination should be accommodated by reassignment, or other methods used to protect patients and staff (e.g., health care worker wearing mask in client/patient/resident care areas) during influenza season. Staff vaccination rates should be used as a patient safety indicator," the agency's infectious diseases advisory committee recommends in revisions to its *Best Practices for Infection Prevention and Control Programs in Ontario* (www.oahpp.ca/resources/documents/pidac/PIDAC-IPC_BP%20Infection%20Prevention%20Control_English_Final_2012-10-03.pdf). British Columbia recently became the first jurisdiction in Canada to compel physicians and health care workers in publicly funded health facilities to get flu vaccinations, or wear masks when in contact with patients during the flu season (www.cmaj.ca/lookup/doi/10.1503/cmaj.109-4294). — Wayne Kondro, *CMAJ*

Health perceptions: Canadians rated a publicly funded health care system, lifestyle factors such as smoking, and environmental factors such as air and water quality, as having a substantially greater impact on their health of Canadians than socioeconomic factors such as income or education levels, according to a Conference Board of Canada survey. Asked to rate the "factors influencing the overall health of the Canadian population," the survey, conducted by Ekos Research, found that 52% of Canadians believe a publicly funded health care system is "extremely important" and 87% rate it as "important" (www.conferenceboard.ca/documents/EKOS_Survey Results_2012.pdf). "Despite much research indicating that higher income levels and educational attainment are critical factors associated with better health, Canadians do not seem to understand this relationship or agree with it," Louis Thériault, director of health economics for the Conference Board, stated in a press release (www.conferenceboard.ca/press/newsrelease/12-10-16/Canadians_see_their_own_Behaviour_and_Lifestyle_as_the_Key_to_their_Health_not_Socio-Economic_Factors.aspx). "This could explain why public health spending is only a fraction of total health care spending in Canada." — Wayne Kondro, *CMAJ*

Privacy variations: Substantial variations in privacy laws from state to state point to the need for more protection against misuse of personally identifiable health information garnered from whole genome sequencing, the United States Presidential Commission for the Study of Bioethical Issues argues. Federal and state governments should "ensure a consistent floor of privacy protections covering whole genome sequence data regardless of how they were obtained. These policies should protect individual privacy by prohibiting unauthorized whole genome sequencing without the consent of the individual from whom the sample came," the commission recommends in a report, *Privacy and Progress in Whole Genome Sequencing* (www.bioethics.gov/cms/sites/default/files/PrivacyProgress508.pdf). Among other recommendations is one that would compel researchers and sequencers to outline to donors what they consider to be acceptable uses of sequencing data. "Only in exceptional circumstances should entities such as law enforcement or defense and security have access to biospecimens or whole genome sequence data for non health-related purposes without consent," the commission states. — Wayne Kondro, *CMAJ*

Physical checkups: An annual physical exam or any other manner of general health checkup is of little value and may even "carry the risk of unnecessary treatment," according to a Cochrane review. "General health checks did not reduce morbidity or mortality, neither overall nor for cardiovascular or cancer causes, although the number of new diagnoses was increased," concludes the review, *General health checks in adults for reducing morbidity and mortality from disease* (http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009009.pub2/abstract). The review, which compared the findings of 14 randomized trials that included 182 880 participants, found that "important harmful outcomes, such as the number of follow-up diagnostic procedures or short term psychological effects, were often not studied or reported and many trials had methodological problems. With the

large number of participants and deaths included, the long follow-up periods used, and considering that cardiovascular and cancer mortality were not reduced, general health checks are unlikely to be beneficial." — Wayne Kondro, *CMAJ*

Research integrity: Researchers bear the primary responsibility for ensuring integrity in science, according to the InterAcademy Council and the Global Network of Science Academies. "They should employ the expected standards of their fields, observe applicable laws and regulations, be willing to share data with others, and agree on the standards to be observed in multidisciplinary collaborations," the international associations state in *Responsible Conduct in the Global Research Enterprise: A Policy Report* (www.interacademies.net/File.aspx?id=19789). "Humanity has placed its trust in science to solve many of the world's toughest problems, and researchers must preserve that trust by working ethically and responsibly," Indira Nath, cochair of the report's authoring committee and emeritus professor at the National Institute of Pathology, New Delhi, India stated in a press release (www.interacademycouncil.net/24770/24032/28355.aspx). "All researchers have an obligation to act in accord with the values and principles of research integrity." The report also states that research institutions, funding agencies and journals also have ethical responsibilities. "Research institutions need to establish clear, well-communicated rules that define irresponsible conduct and ensure that all researchers, research staff, and students are trained in the application of these rules to research." Funding agencies "should avoid policies that might lead to overemphasis of quantity over quality in the reward systems for researchers," while journals "should use technological means to protect the integrity of the research literature. They should make retractions visible so that retracted papers are not used or cited. Both authors and journals should take steps to avoid duplicated publications that readers expect to be original and should refrain from citations designed only to boost the journal's impact factor." — Wayne Kondro, *CMAJ*

Pay per patient: Health care efficiency and quality in Canada would be better achieved if physicians were paid on a per-patient basis, rather than through the traditional fee-for-service model, according to the C.D. Howe Institute. "Technological change and the evolution of primary care are making this method of payment less appropriate for the efficient operation of the health system," the not-for-profit think tank states in a study, *How to Pay Family Doctors: Why "Pay per Patient" is Better Than Fee for Service* (www.cdhowe.org/pdf/Commentary_365.pdf). "Primary care doctors today act more as patient managers within the health system — they diagnose, then prescribe or refer — and deliver less direct services than in the past." Payment through capitation would provide physicians with "incentives to sign up many patients and keep them as healthy as possible so that they do not need to be seen very often," the study added. "The risks of this compensation model — for example, that primary care physicians will avoid selecting the sickest patients — can be reduced in a blended remuneration scheme that keeps a small portion of fee-for-service payments, and with appropriate regulatory oversight. Further, we believe that over time the capitation scheme could be extended so that primary care physicians would keep track of the costs of their referrals and prescribed treatments, to encourage the most appropriate and cost-effective methods of treatment and make better use of total health system resources." The province of Ontario has gone to considerable effort to promote capitation because it makes expenses more predictable and more readily allows for the creation of family health teams (www.cmaj.ca/lookup/doi/10.1503/cmaj.109-3068). — Wayne Kondro, *CMAJ*

The a posteriori file: As the XL Foods plant reopens in Brooks, Alberta, after producing millions of kilograms of beef that became tainted with *Escheria coli* bacteria ostensibly as a result of using a mechanical tenderizer that basically pounded the bug deeper into beef cuts, Health Canada has announced review of the "science around the safe handling and cooking of beef products that are mechanically tenderized, to identify what advice should be communicated to consumers and the food industry." The review "will look at the likelihood that the tenderizing process can spread bacteria, along with additional steps and best practices that can be applied by industry to prevent the spread of bacteria before a product reaches Canadian consumers," Health Canada stated in a press release (www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/_2012/2012_158-eng.php)." The review will also "evaluate the effectiveness of measures a consumer can take, including whether an internal temperature lower than 71 degrees Celsius (160 degrees Fahrenheit) would be as effective at reducing the risk from these products." — Wayne Kondro, *CMAJ*

Elderly rationing: Clinicians may be partially responsible for a rising number of elderly Brits who are being denied access to surgical treatment because of their age and fitness, according to Royal College of Surgeons and the charity Age UK. There are substantial variations within National Health Service trusts in elective surgical treatment rates for people aged 65 and older, the pair state in a report, *Access all ages: Assessing the impact of age on access to surgical treatment* (www.rcseng.ac.uk/publications/docs/access-all-ages/@@download/pdffile/access_all_ages.pdf). "For example: Incidence of breast cancer peaks in the 85+ age group, while the surgery rate peaks for patients in their mid-60s and then declines sharply from approximately the age of 70. The rate of elective knee replacement and hip replacement surgery for patients aged in their late 70s and over has dropped consistently over the three years examined." Among factors which contribute to those variations are clinical approaches, the report adds. "The way in which individual clinicians approach the treatment of older people based on their own experience, attitudes and evidence: A patient's chronological age and his or her biological age may be conflated — this means that deci-

sions may not always be made on the basis of a comprehensive and objective assessment but on a series of assumptions about fitness in older age. The clinical benefit of providing treatment may be questioned when relative life expectancy is shorter. Communication with patients to discuss risks and benefits, and to inform and to reflect on issues and anxieties, may be limited or ineffective. There may be a shortage of evidence, tools, strategies and specialist clinical input to support surgical treatment in older age." — Wayne Kondro, *CMAJ*

The pharmacological solution: The Indonesia Ministry of Health will create a national sedative program to provide relief for an estimated 19 million citizens who have emotional problems, the *Jakarta Globe* reports. "From the data we gathered, at the moment, there are 19 million people in Indonesia that have emotional problems like easily getting upset, gloomy, or being unable to control their emotions," Diah Setia Utami, the ministry's mental health director, told the *Antara News Agency* (www.thejakartaglobe.com/news/indonesian-health-ministry-to-launch-sedative-program-for-mentally-ill/551903). The *Jakarta Globe* noted that less than 5% of the one million people in Indonesia who have been diagnosed with a severe psychiatric disorder receive treatment, while "many of those who suffer from severe forms of mental illness are left to live a life chained or imprisoned in government-built cells. More than 15,000 Indonesians were placed in chains, cages or stocks, according to health ministry data quoted by *Agence France-Presse*." — Wayne Kondro, *CMAJ*

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