

Briefly

Obesity as a disease: The American Medical Association's House of Delegates voted last week to declare obesity a disease. According to this decision, more than one-third of adults and 17% of children in the United States will now require treatment for this medical condition. In Canada, the numbers are almost as high, with one-quarter of adults and 9% of children falling in the obese category, although obesity has not yet been labelled a disease by the Canadian Medical Association. Although the decision is not expected to bring about any immediate policy changes, it does put a spotlight on the issue, encouraging physicians to diagnose and treat obesity, and health insurance companies to fund obesity treatments, such as behavioural therapy for obese patients. Reaction to the decision has been mixed, with some applauding it as a step in the right direction, while others arguing that it will increase stigma toward those who are obese and already face difficulties in the medical system. — Amelia Wilkinson, *CMAJ*

HPV vaccine: A new study by the United States Centers for Disease Control and Prevention has found that the prevalence of certain strains of human papillomavirus (HPV) has decreased by more than half in teenage girls since 2006, the year in which the HPV vaccine was first included in the routine immunization schedule in the US. By comparing data from a national health survey in the pre-vaccine era (2003–2006) to the post-vaccine era (2006–2010), researchers found that the prevalence of vaccine-type strains decreased from 11.5% to 5.1% in females aged 14–9, a decrease of 56%. They also found that receiving at least one dose of vaccine had an effectiveness rate of 82% against vaccine-type strains — the strains that cause most cervical cancers. The authors conclude that the decline was more than expected and suggest it could be due to herd

immunity, as currently only about a third of teenage girls in the US have been fully vaccinated against HPV. — Amelia Wilkinson, *CMAJ*

Evidence-based bullying prevention: The American Public Health Association is hoping to move discussion on bullying into the realm of evidence-based science. In July, it will release a book, *A Public Health Approach to Bullying Prevention*, that will serve as “a practical, sustainable, cost-effective strategy to tackle bullying.” The book, intended for a wide audience ranging from pediatricians to legislators, will cover topics such as the social and mental health consequences of bullying. It also includes a cost-benefit analysis of bullying prevention strategies. “Formal public health strategies have been used to combat infectious disease epidemics, tobacco use, and motor vehicle injuries,” the association states in a summary of the book. “When applied to bullying, public health strategies provide a scientific approach to community planning, the use of evidence-based programs, coalition development, and the ability to change the culture in a school and community to one that is positive and strong. This text will serve as an invaluable resource to parents and professionals looking for advice on specific facets of school-based bullying.” — Roger Collier, *CMAJ*

Reading fiction: New research suggests doctors might want to read a fictional story before they see their next patient or make their next diagnosis. Two studies involving a group of 100 university students suggest reading fictional stories can help increase empathy and decrease rash decision-making. Researchers from University of Toronto, who were the authors of both studies, found reading a fictional short story, as compared to a nonfiction essay, led to a short-term decrease in need for

closure, or the need to come to a quick decision in order to avoid uncertainty. In participants who rated low on openness, a trait that includes imagination and curiosity, reading the short story led to an immediate increase in cognitive empathy, or the ability to imagine the thoughts of another person. The effects on need for closure were larger for students who read more often (either fiction or nonfiction). The researchers concluded that this may be particularly useful as an intervention for physicians, a profession in which empathy and good decision-making are especially important. — Amelia Wilkinson, *CMAJ*

Agent Orange: Ontario's Natural Resources Minister has apologized to Ontario Hydro, Ministry of Transportation and Natural Resources employees exposed to Agent Orange at 600 to 700 times safe levels from the 1940s until 1980. David Oraziotti says some workers may have been exposed to the defoliant 2,4,5-T, also called Agent Orange, “despite legislation and the best available science at the time.” The province used the herbicide, best known for its central role during the Vietnam War, to clear corridors for power lines. More than 300 former Ontario Hydro workers have filed occupational illness claims with the Workplace Safety and Insurance Board related to this exposure. Agent Orange contains high levels of dioxin linked to birth defects, cancers and other health problems. Oraziotti's apology follows the release of an independent fact-finding panel's report into the province's use of the herbicide. The province is reviewing the report to see if it needs to take additional steps, Oraziotti says. — Laura Eggertson, *CMAJ*

Morning-after over counter: The Obama administration has dropped its appeal to a Federal Court ruling ordering the government to make levonorgestrel

(Plan B) available over the counter to customers of any age. The decision makes it likely that the manufacturer, Teva Women 's Health, will apply to the US Food and Drug Administration to sell the emergency contraception pill without age restrictions. Currently, customers must prove they're 17 or older to buy Plan B. On June 12, the US administration sent Judge Edward Korman its plan to comply with his order, promising to make the medication available "without delay." The judge also wants the government to make generic versions of levonorgestrel available over the counter. Major medical organizations including the American Academy of Pediatrics have backed unrestricted access to emergency contraception. — Laura Eggertson, *CMAJ*

More inspections: Ontario will hire enough inspectors to make sure all 633 of its long-term care homes get comprehensive inspections by the end of 2014 and receive an annual inspection every year thereafter, Health Minister Deb Matthews is promising. Since 2010, only 123 long-term care homes have received such comprehensive inspections, although other inspections have responded to complaints. The province, which received close to 3000 complaints last year, made similar promises in 2010. But Matthews now concedes the Ministry did not hire enough staff to follow through and will need an additional 100 inspectors, she told reporters after the June 10 announcement. But the president of the Ontario Public Service Employees Union says Ontario now waits for critical incidents to occur before inspecting residences, and relies on families and friends of residents to complain. — Laura Eggertson, *CMAJ*

E-cigarette regulations: Electronic cigarettes will be regulated as medicines rather than consumer products in the United Kingdom starting in 2016, as will all other nicotine-containing products (NCP), such as gums, patches and mouth sprays. An estimated 1.3 million UK residents use electronic cigarettes. "The quality of NCPs can vary considerably which is why licensing them as medicines will allow people to

have the confidence that they are safe, are of the right quality and work," the Medicines and Healthcare products Regulatory Agency announced in a press release. According to Jeremy Mean, the agency 's group manager of Vigilance and Risk Management of Medicines, the new regulations will enable the widespread availability of high-quality products to assist smokers in cutting down or quitting. The decision was made following public consultation and government-commissioned research that indicated nicotine levels in existing electronic cigarettes differ "from batch to batch" and can be "considerably different from the level stated on the label." The UK government is also petitioning for a Europe-wide move to regulate NCPs as medicines through revision of the Tobacco Products Directive. — Roger Collier, *CMAJ*

Postmastectomy censorship: Facebook has clarified its policy on posting topless photos of people with mastectomy scars after an online petition gathered 20 000 signatures. According to the person behind the petition, a woman with Stage IV breast cancer who calls herself Scorchy Barrington, Facebook had been removing photos from pages such as the The SCAR Project, a photography exhibit depicting young survivors of breast cancer. "Stop censoring photos of women and men who have undergone mastectomies," Barrington wrote in the petition. "Facebook says these photos violate their policy — essentially putting these images in the same category as pornography. The Scar Project, Stupid Dumb Breast Cancer and other pages like them do not objectify or sexualize the human anatomy. They document the physical and emotional toll of women and men who have undergone mastectomies." According to a statement from Facebook, however, the company permits the posting of most postmastectomy photos. "However, photos with fully exposed breasts, particularly if they 're unaffected by surgery, do violate Facebook 's Terms. These policies are based on the same standards which apply to television and print media, and that govern sites with a significant number of young people." — Roger Collier, *CMAJ*

Vaccination education: With a wider range of health professionals now offering immunizations, the Canadian Paediatric Society, Public Health Agency of Canada and Health Canada, have developed an online education program. Immunization Competencies for Health Professionals presents a national consensus on the education and training required by immunization providers. It consists of 14 learning modules containing the essentials for safe and effective immunization. Upon completion of the course, professionals will be able to counsel patients, promote safe and competent practices, work collaboratively with others and understand the importance of key principles when integrating immunization into their practice settings. — Barbara Sibbald, *CMAJ*

Wheelchair fee: The Fraser Health Authority in British Columbia will soon charge a \$25 monthly fee to people in long-term care facilities who require wheelchairs or wheelchair cushions. The fee is due to come into effect Sept. 1. Vancouver Coastal Health also plans to implement a similar fee in the nine long-term care facilities it operates in the public health system. The new policy has been condemned by Vicki Huntington, MLA for Delta South, BC, home of the Mountain View Manor long-term care facility. "The latest decision by Fraser Health, to charge a \$25 monthly fee for wheelchairs and wheelchair cushions has me speechless," Huntington wrote in a statement on her website. "It 's as if Fraser Health feels immobilizing the elderly to their beds is acceptable, while basic mobility rights are an elective service of our healthcare system." At the bottom of the statement, Huntington includes the letter from Fraser Health informing residents of Mountain View Manor of the new policy. "The user fees will go directly towards repairing or replacing aging equipment and are in line with fees charged in other residential facilities in the Lower Mainland," the letter states. "Residents who anticipate that the payment of the user fee will cause financial hardship should speak to the social worker." The BC Nurses ' Union has also attacked the fee. "What 's next? Charging

seniors a fee every time they need a staff member to help them get to the toilet, with or without a wheelchair?" union President Debra McPherson said in a press release. "Or putting in extra fees if they need help with their meals? This policy should be withdrawn immediately." According to the BC Health Coalition — which suggests on its website that the policy is "no way to treat our elders" — a "huge public outcry is needed to stop these plans." — Roger Collier, *CMAJ*

Physiotherapy cuts: Changes to the way Ontario funds physiotherapy for 51 000 seniors living in retirement homes could reduce their access to treatment, says a provincial association representing physiotherapy clinics. The seniors are currently eligible for up to 100 physiotherapy treatments a year at their residence, if a doctor refers them for the service. But a new system effective Aug. 1 means ambulatory seniors must now travel to a clinic for physiotherapy and will only get 12 treatments a year, says Tony Melles, executive director of the Designated Physiotherapy Clinics Association. About 400 physiotherapists who currently bill the Ontario Health Insurance Plan protested the changes at the provincial legislature June 4. However, in a letter to the editor published Apr. 22, Ontario health minister Deb Matthews claimed the changes will "double the number of Ontarians — mostly seniors — who will have access to physiotherapy, exercise and falls prevention classes in the community." Currently, four companies deliver two-thirds of publicly funded physiotherapy, wrote Matthews. "This antiquated model resulted in less access and poor value — especially in our long-term care homes and retirement homes, where outcomes for patients have not matched spending growth."

Under the changes, physiotherapy will now be provided through Community Care Access Centres. — Laura Eggertson, *CMAJ*.

Collaborative practice: Effective collaboration among health professionals can improve patient care, make better use of health resources and increase job satisfaction among health professionals, says the World Health Professions Alliance. The alliance is calling on governments around the world to support structures that encourage inter-professional collaborative practice, so health workers from different backgrounds can reduce duplication and inefficiency and work together with patients, families, caregivers and communities. More than 26 million health care professionals from 130 countries belong to the alliance, through their representation by the World Medical Association, the International Council of Nurses, the International Pharmaceutical Federation, the World Confederation for Physical Therapy and the World Dental Federation. "High-quality patient care is most likely to be achieved when health professionals work together as a team," says Cecil Wilson, president of the World Medical Association. "In an increasingly complex and fast-moving medical world, it is safer and more efficient when health professionals collaborate to the full extent of their training and experience." — Laura Eggertson, *CMAJ*

Smartphone etiquette: A new study involving medical students, residents, attending physicians and other clinicians at five large teaching hospitals in Toronto suggests that while smartphones are useful tools, those wielding them need etiquette lessons. The researchers concluded that using smartphones helped nurses and other health care team members reach students and

doctors faster than outdated paging systems. But having smartphones also increased the number of times students interrupted teaching sessions with their supervisors. Clinicians also deemed their students rude and disrespectful if they texted during patient care or rounds. The researchers concluded that doctors should designate educational time as "protected" — meaning messaging prohibited — and design smarter communication systems to separate urgent messages from nonurgent ones. — Laura Eggertson, *CMAJ*

Cholera elimination: An international coalition, including the World Bank, the Pan American Health Organization (PAHO) and the World Health Organization, has pledged \$28.1 million to eliminate cholera in Haiti and the Dominican Republic. The funding, announced May 31 in Washington, DC, will support national action plans in both countries. Since 2010, when cholera broke out in Haiti, more than 657 000 Haitians have fallen ill and more than 8000 have died. In the Dominican Republic, more than 30 000 have been affected and 440 have died. "The goal is not just eliminating cholera. It is to ensure that every man, woman and child has access to safe water and sanitation," PAHO Director Carissa F. Etienne said in a news release announcing the pledge. Haiti has the lowest levels of water and sanitation coverage in the Americas: only 69% of the population has access to improved drinking water and 39% has access to improved sanitation. Haiti's 10-year plan aims to provide 85% of its population with access to improved drinking water and 90% of Haitians with access to improved sanitation. — Barbara Sibbald, *CMAJ*

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