

Briefly

National health leaders push for collaboration: Leaders from three national health care organizations urged the country's provinces and territories to continue working toward a pan-Canadian collaboration to address the quality, safety and sustainability of Canada's health system. The Canadian Nurses Association, the Canadian Medical Association and the Health Action Lobby met July 24 with two premiers from the Council of the Federation, which consists of the 13 provincial and territorial premiers. The three health organizations were addressing the efforts of the Council's Health Care Innovation Working Group, which aims to find and promote shared elements in the provinces' and territories' health care systems. In a joint news release, the three groups say that while they "applaud the pan-Canadian collaborative approach" of the working group, its work is not done. "The public needs to hear how the next phase of work will improve health outcomes for Canadians," said CMA president Dr. Anna Reid. They urge care providers and governments to make a multiyear commitment to collaborate and improve health care. — Catherine Cross, *CMAJ*

Romanow says Harper should talk health with premiers: Prime Minister Stephen Harper needs to meet with Canada's premiers to talk about health care, Roy Romanow told CBC News on July 23. Romanow is the former Saskatchewan Premier who led the Commission on the Future of Health Care in Canada, which submitted its recommendations in 2002. Cooperation between the first ministers is of greater concern than the amount of money in health transfers, he said. The premiers met at Niagara-on-the-Lake July 24 for the Council of the Federation's summer meeting. The current health accord is set to expire in 2014, prompting concern from some public health organizations and advocates. The Council of Canadians, for example, protested

Harper's absence at the premiers' meeting and called for a renewed health accord. — Catherine Cross, *CMAJ*

Life after cancer: The United Kingdom is "woefully underprepared" to help the growing number of people who have survived cancer, as some half a million face disability and poor health after treatment ends, a report by Macmillan Cancer Support warns. *The Cured — but at what cost?* report reveals that one in four people diagnosed with cancer — some 500 000 in the UK — experience a wide range of debilitating health conditions caused by the disease or its treatment, including chronic fatigue, sexual difficulties, mental health problems, urinary and gastrointestinal problems, and lymphedema. Many of these problems can persist for at least 10 years after treatment. The report also estimates that about 200 000 people who have survived cancer are left with pain, often as a result of nerve changes after surgery, radiotherapy or chemotherapy. "If we do not tackle this issue head on, more and more people will continue to suffer in silence or, if they do speak up, have unhelpful consultations," Jane Maher, chief medical officer at Macmillan Cancer Support, stated in the report. The support network of care providers, advocates and fundraisers provides practical, medical and financial support, and advocates for better cancer care. It is urging the National Health Service to offer a "cancer recovery package" to all patients at the end of their treatment, in addition to any required specialist services. The report also calls for earlier identification of patients experiencing or at risk of long-term effects of cancer, and better reporting of those conditions in patient medical records. — Lauren Vogel, *CMAJ*

Social media and mental health: Inappropriate use of social media is having a negative effect on the mental health of Irish youth, according to the Parliament of Ireland. A joint committee has rec-

ommended that a single body be assigned the task of coordinating regulation of social media content, states the report *Addressing the Growth of Social Media and Tackling Cyberbullying*. Of particular concern are cyberbullying, online harassment, exposure to unsuitable violent and sexual material and the decline of real social interaction. The report makes a number of recommendations, including discouraging children below the allowable age from opening social media accounts, incorporating topics such as cyberbullying and inappropriate use of social media into child protection guidelines and placing more emphasis on educating parents, teachers and children on how to safely use social media. "There is no doubt that social media has immense potential for public good and civic engagement and the Committee's primary concern was to ensure that it does so without impacting adversely on people's individual rights," committee vice-chairman John O'Mahony said in a press release. "Underpinning our recommendations is the need for a more coordinated approach to tackling the irresponsible use of social media channels which spans State departments and agencies and the social media companies themselves." — Roger Collier, *CMAJ*

Mediocre medicine: A review of 14 hospital trusts in the United Kingdom with high mortality rates indicates the organizations "have been trapped in mediocrity," according to Dr. Bruce Keogh, medical director of the National Health Service (NHS). "We found pockets of excellent practice in all 14 of the trusts reviewed. However, we also found significant scope for improvement, with each needing to address an urgent set of actions in order to raise standards of care," Keogh wrote in an overview report of his review. Themes identified as relevant to improving the quality of care in the entire health care system include genuinely listening to patients and staff on how to improve

services, using data to drive quality improvement, grasping the complexity of interpreting aggregate measures of mortality, recruiting high-quality staff to isolated areas and changing the mindset about using transparency for purposes of support and improvement rather than blame. — Roger Collier, *CMAJ*

Air ambulance review: An expert panel review of 40 deaths in Ontario that involved Ornge air ambulance transport found that five cases were possibly impacted by operational issues, one was probably impacted and two were definitely impacted, according to the Office of the Chief Coroner for Ontario. These findings were released in a report, *Review of Ornge Air Ambulance Transport Related Deaths*. The operational issues that contributed to these outcomes fell into eight categories: decision-making, response process, international transports, communication, aircraft/equipment, staffing, paramedic training/education/certification and investigation/quality insurance. To prevent deaths in similar circumstances in the future, the panel made 25 recommendations, including improving coordination of decision-making around mode of transport for interfacility transfers, upgrading communication technology, developing new education programs and materials and reviewing policies, procedures and practices for paramedic staffing. — Roger Collier, *CMAJ*

Antivaccine platform: Many health experts, science writers and advocates for evidence-based medicine are voicing their worries over the hiring of actress and prominent antivaccine activist Jenny McCarthy as a cohost of the popular daytime television program “The View.” McCarthy claims her son’s autism diagnosis resulted from childhood vaccinations. “Jenny McCarthy, who will join “The View” in September, will be the show’s first co-host whose dangerous views on childhood vaccination may — if only indirectly — have contributed to the sickness and death of people throughout the Western world,” science writer Michael Specter wrote in *The New Yorker*. Seth Mnookin, author of *The Panic Virus: The True Story Behind the Vaccine-Autism Controversy*,

which explored the story of how many people came to believe vaccines were associated with autism, chastised the ABC television network for giving its “imprimatur to someone who has worked, methodically and relentlessly, to undermine public health.” Other publications expressing alarm include *Forbes* (“Jenny McCarthy Is A Dangerous Medical Celebrity”), *Time* (“Viruses Don’t Care About Your View: Why ABC Shouldn’t Have Hired Jenny McCarthy”) and *Salon* (“Dear ABC: Putting Jenny McCarthy on “The View” will kill children”). — Roger Collier, *CMAJ*

Digital diapers: A new sensor-embedded diaper can track infant health and alerts parents when to call a doctor. The diapers developed by Pixie Scientific feature a QR code that changes colour when wet. Parents can scan the codes using a companion smartphone app, which analyzes the data to measure risk for urinary tract infection, dehydration and kidney problems. The app tracks results over time and tells parents when to contact a pediatrician. Pixie Scientific predicts the diapers will eliminate some of the messier elements of monitoring the health of children with chronic kidney problems, including manually squeezing diaper contents onto urine analysis strips. The company is crowd-sourcing funds to study the diapers’ performance monitoring children in pediatric intensive care at the University of California San Francisco Benioff Children’s Hospital. — Lauren Vogel, *CMAJ*

Surgeon appointed to cabinet: Dr. Kellie Leitch, a pediatric orthopedic surgeon and member of the Canadian parliament (Simcoe–Grey, Ontario), has been appointed by Prime Minister Stephen Harper to his cabinet in the positions of Minister of Labour and Minister of the Status of Women. Leitch received the Order of Ontario in 2010 for her child advocacy work and was selected one of the country’s “Top 40 under 40” in 2005 for contributions to medicine and business. Elected in 2011, Leitch held the role of Parliamentary Secretary to the Minister of Human Resources and Skills Develop-

ment and to the Minister of Labour. To maintain her surgical credentials, Leitch volunteers her services at the Children’s Hospital of Eastern Ontario (CHEO) in Ottawa. The hospital’s CEO, Alex Munter, took to Twitter to congratulate Leitch on her appointment. “Makes history as 1st CHEO doc appointed to cabinet,” tweeted Munter. “Never had to organize OR [operating room] sked around cabinet meetings before.” — Roger Collier, *CMAJ*

New health minister: Canadian Member of Parliament Rona Ambrose (Edmonton–Spruce Grove, Alberta) is Canada’s new Minister of Health. Prime Minister Stephen Harper made the announcement on Twitter on Monday, July 15, as part of his cabinet shuffle. Ambrose will be leaving her roles as Minister of Public Works and Government Services and Minister for the Status of Women. “I am looking forward to serving Canadians as Minister of Health,” tweeted Ambrose. First elected to parliament in 2004, Ambrose became the youngest woman ever appointed to cabinet upon becoming the Minister of the Environment in 2006. Outgoing health minister Leona Aglukkaq has a new job as Minister of the Environment. “From coast to coast, Canada is a beautiful country. I’m honoured to serve as Minister of the Environment,” tweeted Aglukkaq. “Proud to serve as Health Minister since 2008; have enjoyed working with stakeholders, public servants and Prov-Terr colleagues.” — Roger Collier, *CMAJ*

Supervised injection: Toronto’s Board of Health has thrown its support behind safe-injection sites, approving a report that recommends a pilot of supervised-injection services at clinics serving the city’s drug users. The report recommends that Ontario fund the integration of supervised-injection services into existing provincially funded clinical services for drug users, citing evidence from Vancouver, British Columbia, and cities in Australia and Europe showing that safe-injection sites reduce overdose deaths, disease transmission and public drug use. It also urges the federal government to withdraw proposed require-

ments for health services seeking to establish safe-injection sites. The report calls the requirements set out in the recently tabled Respect for Communities Act “onerous,” predicting that the legislation will create unnecessary barriers for health services seeking exemption from federal drug regulations. — Lauren Vogel, *CMAJ*

Disaster preparedness: The United States Department of Health and Human Services (HHS) has granted more than US\$916 million to improve disaster preparedness for various health threats in all states, several territories and four of the country’s largest cities. The grant includes some US\$332 million to upgrade hospital surge capacity and emergency response infrastructure under the Hospital Preparedness Program. It also awards more than US\$584 million to public health departments under the Public Health Emergency Preparedness cooperative agreement to improve responses to threats such as infectious diseases, natural disasters and biological, chemical and nuclear events. This year, health agencies across the US have already responded to eight foodborne outbreaks, two new global diseases and 37 disaster and emergency situations. Such events “underscore the critical role these preparedness programs play in ensuring our health care and public health systems are poised to respond successfully,” Dr. Nicole Lurie, HHS assistant secretary for preparedness and response, said in a news release. — Lauren Vogel, *CMAJ*

Painkiller overdoses: Some 48 000 women died of prescription painkiller overdoses between 1999 and 2010, an increase of more than 400% since 1999, according to a *Vital Signs* report by the United States Centers for Disease Control and Prevention (CDC). Although men are still more likely to die of painkiller overdoses (more than 10 000 deaths in 2010, compared to 6600 for women), the percentage of increase in deaths for men since 1999, at 265%, was much lower. In 2010, painkiller overdoses among women accounted for four times as many deaths as cocaine and heroin overdoses

combined. Painkiller abuse or misuse also accounted for about 200 000 emergency department visits by women in 2010. “Stopping this epidemic in women — and men — is everyone’s business,” CDC Director Dr. Tom Frieden said in a news release. “Doctors need to be cautious about prescribing and patients about using these drugs.” — Lauren Vogel, *CMAJ*

Syphilis epidemic: The British Columbia Centre for Disease Control and Vancouver Coastal Health is urging sexually active men who have sex with men to get tested every three months for syphilis because infection rates in the region are at their highest levels in more than 30 years. Syphilis increases the risk of getting HIV; in the Vancouver Coastal Health Region, 60% of all people with syphilis are also HIV-positive. In 2012, 80% of the 312 cases of syphilis reported in BC were in the Vancouver Coastal Health region. “A lot of people believe that just because they performed oral sex on their partner they’re practicing safe sex,” says Dr. Rich Lester, medical head of the centre’s Sexually Transmitted Infections/HIV Division. “But syphilis spreads easily through any form of sexual contact.” — Laura Eggertson, *CMAJ*

Lost labs: LifeLabs Medical Laboratory Services in Kamloops, British Columbia, is dealing with an unhappy provincial health minister after a computer sent for servicing in January was returned without its hard drive. The hard drive contained the names, addresses, birth dates, health insurance numbers and electrocardiograms of 16 100 patients, collected at three facilities from 2007–13. The records were lost in January, but BC Health Minister Terry Lake only learned about the privacy breach in June. He calls the amount of time it took the company to notify the government “unacceptable.” LifeLabs says an internal investigation did not turn up any answers about the whereabouts of the information, which was password protected. The company is now encrypting the data on its hard drives. — Laura Eggertson, *CMAJ*

Primary health care: The Canadian Institutes of Health Research has awarded 12 research teams a total of \$29 million to develop innovative solutions to improve primary health care. Research teams across Canada, as well as from Australia and New Zealand, will investigate ways to deliver care to seniors with complex needs, how to improve community-based cancer care, measures to improve health care for residents living in remote northern locations, and ways to improve performance measurement and reporting of community health care outcomes, among other projects. “Community-based primary health care is the heart of our health care system,” Health Minister Leona Aglukkaq said in a news release announcing the grants on June 26. “We are committed to strengthening this front-line of care.” — Laura Eggertson, *CMAJ*

Caregiver stress: Support for family caregivers should be assessed and provided at each contact an adult with mental illness has with the health care system says the new *National Guidelines for a Comprehensive Service System to Support Family Caregivers of Adults with Mental Health Problems and Illnesses*. The Mental Health Commission of Canada released the guidelines, which include 14 recommendations, in Montréal, Quebec, on June 27. The guidelines are directed at service providers and policymakers, and stress the importance of family caregivers and the strain such care takes on them. Unpaid care and support by family caregivers contributes an estimated \$3.9 billion to the Canadian health and social service system, the Mental Health Commission states. “Caring for a loved one with a mental illness can place incredible strain on families,” Senator Denise Batters said in a news release accompanying the guideline. Former MP Dave Batters, Denise Batters’ husband, died from suicide in 2009. “I can speak with an intimate knowledge of the value these Guidelines will bring to thousands of family caregivers across this country.” — Laura Eggertson, *CMAJ*

Conflict zone dangers: Direct attacks on medical providers, clinics and hospitals and restrictions on the movements

of ambulances are examples of the violence patients and health care workers increasingly face in conflict zones. The World Medical Association signed a memorandum of understanding in Geneva on June 26, joining the International Committee of the Red Cross and the Red Crescent Movement's four-year project to tackle such threats. The "Health Care in Danger" project involves national medical associations in identifying concrete measures to improve security for patients and providers while they deliver impartial health care. The initiative will also train health care workers to manage ethical dilemmas during conflicts and will develop solutions, such as the national emblems that medical workers in Colombia wear or a government declaration securing health care access in Yemen. In 2012, the Red Cross recorded more than 900 violence incidents against health care workers and/or facilities in 22 countries. — Laura Eggertson, *CMAJ*

Retiring chimps: More than 300 chimpanzees currently used in research projects will retire to federal sanctuaries, the National Institutes of Health (NIH) in the United States announced June 26. The NIH will keep 50 of the primates for biomedical research, but will not breed them. The decision follows the recommendations in a report by the Institute of Medicine, which concluded in December 2011 that using chimps for biomedical research is unnecessary. "Their likeness to humans has made them uniquely valuable for certain types of research, but also demands greater justification for their use," Dr. Francis Collins, NIH's director, said in a statement. "I am confident that greatly reducing their use in biomedical

research is scientifically sound and the right thing to do." The NIH did not accept the recommendation that each research chimpanzee needs at least 1000 square feet of living space, citing "the lack of scientific consensus." — Laura Eggertson, *CMAJ*

Childhood obesity: Ottawa will spend \$13 million to finance nine programs across Canada in an effort to reduce and prevent childhood obesity, Health Minister Leona Aglukkaq announced June 25 in Kelowna, British Columbia. The projects include a food-security program for Inuit populations, community food centres in Nova Scotia and New Brunswick, green neighbourhood programs in Calgary, Alberta; Toronto, Ontario; and Montréal, Quebec, healthy start programs for three- to five-year-olds in early childhood education programs; and an education program about healthy eating for parents in Kelowna. "By working in partnerships at the local level, these projects are helping to improve the health of our population," Aglukkaq said in a news release. One in three Canadian children are obese or overweight, a figure that rises in First Nations and Inuit communities, Aglukkaq said. — Laura Eggertson, *CMAJ*

Disease-carrying ticks: The geographical range of *Ixodes scapularis*, the blacklegged tick that is the main vector for Lyme disease bacteria, is expected to continue to increase over the coming years. The Public Health Agency of Canada reports that tick populations are currently found only in a limited area of Canada: southern Ontario, Nova Scotia and southern Manitoba. However, surveillance data indicate that this range, as well as the number of ticks, is increasing. Published research suggests

that this expansion could be due to climate change and that the tick is likely to infiltrate the most densely populated areas of the country within the next decade. The number of cases of Lyme disease is also expected to increase, with 258 confirmed human cases in 2011, a substantial increase from previous years. Lyme disease has been a nationally reportable disease since 2009, which means all diagnosed cases of infection should be reported by health care professionals to the local medical officer of health. — Amelia Wilkinson, *CMAJ*

Violence against women: A new World Health Organization (WHO) report on the global state of violence against women states that 35% of all women will experience physical and/or sexual violence by partners or nonpartners. The report, *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*, summarizes data from hundreds of studies worldwide. The most common type of violence against women was found to be intimate partner violence. It states that "the evidence is incontrovertible — violence against women is a global health problem of epidemic proportions." The report also highlights the need for better health care for these women and clinical and policy guidelines directed specifically at improving the response of health care providers to partner and sexual violence against women. These include women-centred care, mandatory training of all health care providers in this area and integration of care of women experiencing violence into existing health services. — Amelia Wilkinson, *CMAJ*

CMAJ 2013, DOI:10.1503/cmaj.109-4567