

FOR THE RECORD

Take the highway

First, there was the “third way.” And now, it seems, there is but one way. Odd though it seems to see the Alberta government waving the banner of central planning, Health Minister Ron Liepert has launched Wild Rose country’s most recent foray into health care reform by dissolving the province’s 9 regional health authorities and 3 agencies in favour of a more businesslike “superboard” to oversee health care.

Liepert cast the move as a measure

designed to achieve private sector efficiency in the system.

The move is the latest in a series of administrative reforms attempted by Alberta, which included the ill-fated “Third Way” proposals to allow doctors to work in both the public and private systems and patients to pay for faster access. The scheme died after Albertans signalled massive discontent with the notion.

Premier Ed Stelmach extolled the merits of reduced administrative costs. “We’ve reduced 127 board members to just 5 or 6 on the new board.” The new superboard will also supplant the Alberta Cancer Board, Alberta Mental

Health and the Alberta Alcohol and Drug Abuse Commission.

The 9 regions were all that remained of 17 original authorities established in the early 1990s to replace dozens of individual hospital boards. The 17, in turn, had been whittled to 9 earlier this decade in an attempt to achieve economies.

The government appointed former federal Conservative Member of Parliament Ken Hughes as interim chair of the superboard. President of an insurance brokerage firm, Hughes was once a consultant on an unsuccessful Canadian project to build a private for-profit hospital in Los Cabos, on the Baja Peninsula of Mexico.

Buying time

The Vancouver-based InSite safe injection site has become even more deeply embroiled in the miasma of ideology and politics after the federal government announced it will appeal a May 27, 2008, British Columbia Supreme Court ruling that the federal Controlled Drugs and Substances Act should allow for medical exemptions.

Arguing that treatment and prevention are preferable to harm reduction programming, federal Health Minister Tony Clement told the parliamentary health committee that safe-injection sites are a reflection of “misplaced compassion.... The fact of the matter is that every dollar you spend on safe injection is a dollar that you could have used for treatment.”

“A better thing to do is to treat people, to prevent people from going on drugs in the first place,” Clement said. Citing a recent government study (*CMAJ* 2008;178[11]:1412-13), Clement added that scientific evidence about InSite’s efficacy was fraught with “uncertainty.”

BC Supreme Court Justice Ian Pitfield earlier ruled that exemptions from drug trafficking and possessions laws must be made for medically supervised use of illegal drugs. “While there is nothing to be said in favour of the injection of controlled substances that leads to addiction, there is much to be said against denying addicts health-care services that will ameliorate the effects of their condition,” he wrote. “I cannot agree with Canada’s submission that an addict must feed his addiction in an unsafe environment when a safe environment that may lead to rehabilitation is the alternative.”

Pitfield granted a 1-year reprieve for InSite, whose exemption from the drug Act expired June 30, 2008, essentially ordering Ottawa to rewrite drug law to allow for medical use of illegal drugs when part of a health care program.



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Spawning satellites

Advocates are hoping that a chronic shortage of physicians in the Outaouais region of Quebec, will be relieved by a new satellite medical school. The partnership between McGill University’s Faculty of Medicine, in Montréal, Quebec, and L’Université du Québec en Outaouais was officially announced June 9, 2008. There are similar satellite faculties in Trois-Rivières and Chicoutimi, Quebec.

The first students may be enrolled at this new satellite school as early as the fall of 2010. Initially, the program will educate general practitioners; specialist training may be added later. All training, both theoretical and clinical, will be done in the Outaouais region.

Lobbyists had collected more than 40 000 signatures on a petition urging the Quebec government to designate 24 medical school slots at a McGill satellite medical school in Gatineau, Quebec, in hopes doctors trained within the region would remain following graduation. McGill is the designated medical school that is responsible for the Western Quebec region under a 2003 Quebec government plan called the Réseau Universitaire Intègre de Santé, which divvies up the province into 4 research and teaching regions. — Wayne Kondro, *CMAJ*

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