



nence Foundation indicates. The foundation says the problem affects more than a million Canadians of all ages.

“Patients are shy and doctors are shy,” says Dr. Sender Herschorn, chief of urology at Toronto’s Sunnybrook Health Science Centre. “Awareness is the first step because, most of the time, something can be done to improve the quality of life.”

Herschorn says incontinence is often overlooked because it is not a high-profile, life-or-death health matter. As a result, many physicians simply aren’t aware of the quality-of-life issues raised by the problem.

It holds particularly cruel implications for elderly patients. Incontinence creates too much work for home caregivers to cope with, so patients who lose bladder control are often sent to nursing homes, at huge expense.

Obesity, stroke, Parkinson’s disease, diabetes, multiple sclerosis, arthritis, benign prostatic hypertrophy, the loss of estrogen after menopause and radical or vaginal hysterectomy can contribute to urinary incontinence. Stress incontinence, which is largely related to labour and delivery, affects 10% to 30% of women. It is not as prevalent in men, although it is becoming more common in younger males who have had radical prostatectomies.

Herschorn suggests that questions about bladder function should be part of routine physical examinations. “It is easy and inoffensive to say: ‘Do you have any problem with your bladder? Do you ever leak? Do you have to wear pads? Do you always make it to the bathroom in time?’”

Once the problem has been recognized, patients can often be educated to help themselves through dietary

management. The advice can be as simple as encouraging them to forgo beverages with caffeine. “These non-invasive measures can be applied to a large number of patients at no cost,” says Herschorn.

When the simple measures don’t work, urodynamic tests can help diagnose the problem; pharmaceutical treatment is available for different types of problems, although surgery remains the most effective treatment for female stress incontinence. — © *Janice Hamilton*

### Private-insurance debate moves to Chile

Here’s a twist. As Canadians continue to debate whether to develop a parallel private health care system to take pressure off the public system, Chile is moving to take money away from the private sector to boost its over-

## Disabled doctor takes to the mountains

“It’s off the bell curve,” is the way Dr. Paul Malon describes his unconventional form of mountaineering. Malon, who has congenital partial paralysis, likes to escape the stresses of his gritty work in Vancouver by taking a helicopter to remote mountain ranges and living alone for weeks at a time.

He describes the hobby as both the “ultimate self-indulgence” and a necessary survival strategy. His medical work is done in the heart of Vancouver’s Downtown Eastside “in the middle of a drug supermarket.” In the mountains, he says, “my misanthropic tendencies dissipate.”

Malon’s most recent explorations have taken him to BC’s Coastal

Mountains. Last year he had to convince staff at a Yukon park that he had sufficient self-rescue skills before they would let him in for a 10-week solitary stay. Malon says the main



Dr. Paul Malon: solitary man

dangers he faces are attacks by bears and falls down crevasses, but aside

from that he remains unconcerned about his safety. He brings along bear spray, bear bangers and a large medical kit, and the helicopter is a radio call away. Getting around on a toboggan, he reads “kilos” of books and spends a couple of hours a day photographing his surroundings.

Malon’s affinity for the mountains began when he visited the West Coast when he was 12. He practised medicine in the Eastern Arctic for a year after graduating from McGill University in 1989, and moved to Vancouver 4 years ago.

Malon’s future plans include exploring a BC glacier and snorkelling in Belize. — © *Heather Kent*