



cause of the high costs of private treatment.

The military's health care model has left both public hospitals and the national insurance plan, FONASA, badly underfinanced. Today's public-health budget, which is supposed to cover the needs of 75% of Chileans, equals about US\$1.9 billion annually, while private insurance companies have budgets totalling about US\$1.8 billion annually. The cutbacks combined with rising costs to eat away at the system, and no one is quite sure where to find the financing to improve it.

Alex Figueroa, the health minister, says the government's bid to recover the subsidy would provide money to cut through lengthy waiting lists for surgery and to upgrade facilities and improve service in the public system. Opposition leaders say that if the subsidy is cut up to a million people could be forced out of the private

system and back into the public system, causing it to collapse. Proponents deny this, saying the number will not exceed 113 000. If the bill passes the government will gradually eliminate the subsidy, starting in 1998. — © *Lake Sagaris*

### Physician member of hit team, paper says

A physician participated in a well-publicized assassination attempt in Jordan that prompted Canada to recall its ambassador from Israel. The *New York Times* reports that the bungled attempt to kill a leader of Hamas, a radical Palestinian group tied to a string of suicide bombings in Israel, involved 8 agents from Mossad, the Israeli secret service. At least 2 carried forged Canadian passports, a move that prompted an angry backlash from the federal government. The *Times* says 1 of the

agents was a physician, who carried an antidote, naloxone, which would be used in case of an accident involving the drug that was to be used to kill the Hamas leader, fentanyl. He survived the assassination attempt, and 2 Israeli agents who had been posing as Canadian tourists were captured.

### Remembrance Day event focuses on women

The Canadian Society for International Health marked Remembrance Day during its fourth annual Canadian Conference on International Health. In a special plenary session held Nov. 11, speakers focused on "peace-building" and war's impact on women. Participants at one workshop discussed how land mines as a development issue, while another looked at the priorities facing women who want to work for peace.

## Research Update • Le point sur la recherche

### Antibiotic treatment shows promise in preventing MIs

As reported in a previous issue (Catching a culprit in the act. *Can Med Assoc J* 1997;156:341), Canadian researchers have shown that infection with a common respiratory bacterium, *Chlamydia pneumoniae*, can cause atherosclerotic lesions to form in the aortas of rabbits.

Now researchers in England have used antibiotic drugs to treat patients who have had a myocardial infarction and have high titres of antibody to *C. pneumoniae* (*Circulation* 1997;96[2]:404-7). Patients treated with azithromycin had a fivefold lower incidence of subsequent cardiovascular events (death, unstable angina or myocardial in-

farction, or coronary angioplasty or urgent coronary artery bypass grafting) than patients who didn't receive the treatment.

There is clearly a link between *C. pneumoniae* infection and coronary heart disease, but the nature of the link and the way in which the infection affects the arteries are still unclear, according to Dr. Sandeep Gupta of St. George's Hospital Medical School in London, principal author of the study. "We cannot explain about 40% to 50% of the differing prevalence and severity of heart disease through traditional risk factors such as smoking and cholesterol levels," he explained. "Of the proposed infective risk factors, *Chlamydia pneumoniae* is the most likely candidate. However, no one knows exactly whether the in-

fection is a primary factor or a perpetuating factor."

In other work presented at the American College of Cardiology meeting in March 1997, Gupta looked at the immunologic effects of high titres of antibody to *C. pneumoniae* and of lowering the antibody level. He hypothesizes that infection could lead to heart disease directly, through endothelial damage to arteries, or indirectly, by activating monocytes, which causes a cascade of events involving an inflammatory and prothrombotic response. Antibiotic treatment lowered levels of markers of inflammation and led to clinical benefits for patients recovering from a myocardial infarction. In many of the patients studied, said Gupta, *C. pneumoniae* infection appeared to have a