



Taking the “care” out of health care

Ontario Minister of Health Elizabeth Wittmer wants to take the “care” out of health care. Literally, anyway. A confidential Jan. 13, 1998, email document from head of the health ministry’s communication and information department states: “This is to advise you that the minister has

clearly stated she wants us to reduce as much as possible the use of the word CARE in the various written communications for speeches, speaking notes, correspondence, etc., when making reference to the reform, restructuring, vision, etc. processes currently going on.”

Ministry staff are instructed to write about the “Health System, instead of the Health Care System [and

to] use health services instead of health care services.”

Jerry Hurley, coordinator of the Centre for Health Economics and Policy Analysis at McMaster University, says there is “a certain irony is wanting to drop the word care. A lot of people would say a caring attitude, or the ability to have one, has already been eroded in our system.”

While he didn’t want to comment

Canadians busy bringing family medicine to Bosnia

Members of a Canadian medical project are putting Bosnia on the fast track to developing a solid family medicine system. Dr. Geoffrey Hodgetts, project director of the Queen’s University Family Medicine Development Program in Bosnia–Herzegovina, says the war-ravaged country must make a move while it still has international attention and financial support. “Bosnia has the potential to put things together that otherwise might take decades,” says Hodgetts, an associate professor in family medicine and director of the Family Medicine Residency Program at Queen’s.

The former Yugoslavian health care system was expensive, institution based and technology driven, and had a weak primary care system. The University of Sarajevo’s

dean of medicine first visited Queen’s in 1995 to learn about family medicine. Over the next 18 months, Hodgetts made 5 trips to Bosnia as a special adviser. After looking at various models of family medicine, Bosnian leaders decided Canada was the country to emulate.

The 3-year project, launched in March 1997, received \$2.9-million from the Canadian International Development Agency. The team has 5 permanent members, including project manager David Packer, and 3 project assistants. As well, members of the Queen’s faculty lecture about their specialties.

Hodgetts works in partnership with the medical faculties at Sarajevo, Tuzla and Mostar, and the federation’s Ministry of Health. The program focuses on 4 areas: reforming the undergraduate curriculum, developing a postgraduate program, developing academic departments of family medicine and integrating family medicine into the health care system.

The last component entails diplomatic work that consumes a lot of Hodgetts’ time. “It’s like pushing an elephant up a hill,” he says. In Bosnia, family medicine is considered the lowliest of professions;



Dr. Geoffrey Hodgetts in front of some of Sarajevo’s bullet-scarred buildings; the yellow tape in the background warns about land-mines

Hodgetts attempts to connect faculty with government, and to educate the public and government.

Despite the difficulties, he says there has been remarkable progress in the first year. Departments of family medicine have been established in Sarajevo and Tuzla, and the first 12 residents are working in a family medicine teaching centre in Tuzla.

The World Health Organization, which is encouraging a more coordinated approach to implementing family medicine, has selected Hodgetts’ project to take the leadership role. “We have a terrific opportunity to accomplish a great deal over the next few years,” he says. — © Barbara Sibbald



A shell hole provides ventilation in this Bosnian clinic



on a document he hadn't seen, Dr. Ted Boadway, the Ontario Medical Association's director of health policy, did say that "when people try to impose a new language, you know they're looking for a kind of change." What kind of change? The memo explains the minister's reasoning: "The intent is to provide a more balanced position in our communications between wellness, health protection and promotion, and less on the treatment of illness."

In other words, if the government talks more about health than about illness care, it will be obvious that it cares about health.

At one level, says Hurley, "this may be a public-relations attempt to deflect attention from what is going on in the health care system. After all, there is a great deal of turmoil and public uncertainty about what's happening in hospitals which, rightly or wrongly, the public sees as the epitome of the health care system."

But what also seems to be involved is "the politics of wishful thinking," says Raisa Deber, professor of health policy in the University of Toronto's

Department of Health Administration. "You say something and then it's supposed to be true," she says. "There is all this rhetoric about wellness, but it's not accompanied by any resources." Indeed, Deber argues that other moves by the Ontario government, such as downloading responsibility for subsidized housing and public health to municipalities and cutting welfare benefits, clearly do not support health. — © *Ann Silversides*

Study challenges perceptions on back pain

A recent study has questioned the theory that times of employment insecurity and layoffs will lead to increases in the number of workers who suddenly develop back pain. The paper (Brooker AS, Frank J, Tarasuk V. Back pain claim rates and the business cycle. *Soc Sci Med* 1997; 45(3):429-39) determined that when back-pain claims are compared with claims for unequivocally "real" injuries, such as fractured limbs or lacerations, and both sets of numbers are tied to the boom-and-bust times of the economy,

no correlation exists for either. For that matter, the incidence of back pain actually went down when unemployment rates soared during the recessions of 1981 and 1991-93.

The paper's results are especially important in today's workplace, where workers may be considered malingerers and shirkers if they report back pain. The study says the findings are important for physicians. Because no specific test is available to diagnose back pain, they may "buy into" society's perceptions that back pain is not a legitimate illness.

"These findings could have an important role in challenging society's perceptions of occupational back pain," concludes Ann-Sylvia Brooker, from the Toronto-based Institute for Work and Health. — © *Dee Kramer*

Number of underserved areas surges in southern Ontario

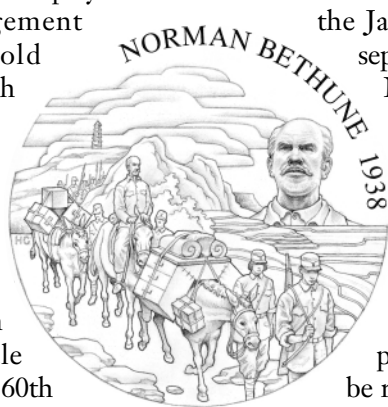
For the first time, Ontario has more provincially designated underserved areas in the south (37) than in the north (31). There are usually about twice as many underserved areas in the north. In 1996, for example, there were 22 areas in the south and 41 in Northern Ontario.

David Salter, manager of the Ministry of Health's Underserved Area Program (UAP), says the figures could be an anomaly and the increase in the south may be due to the natural growth of the program and more aggressive recruiting by community groups.

He says the main reason is likely the program itself. "The ministry's focus on rural health has re-sparked interest in the south," says Salter. The UAP distributes a list of underserved areas and allows communities to take part in its annual recruitment tour. It also offers doctors an incentive of \$15 000 spread over 4 years if a southern community has been unable to fill a position within a year.

Bethune coin Mint's first to honour Canadian MD

For the first time, the Royal Canadian Mint is striking a coin to honour a Canadian physician. Under an arrangement with China Gold Coin Inc., each company will produce 80 000 silver coins featuring Dr. Norman Bethune. The \$5 coins, which will be sold as a 2-coin set, will go on sale Apr. 1 to mark the 60th anniversary of Bethune's arrival in China and his first meeting with Mao Tse-tung. Bethune, a Montreal physician, is considered a



hero in China because of the care he provided for Chinese Communist soldiers who were fighting the Japanese. He died of septicemia in China on Nov. 12, 1939. The reverse of the coin shows Bethune travelling with his mobile surgical unit. Pierre Morin, a Mint spokesperson, said prices for the sets will be released closer to the Apr. 1 sales date. Information is available from the Mint, 800 267-1871 (Canada) and 800 268-6468 (US).