



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

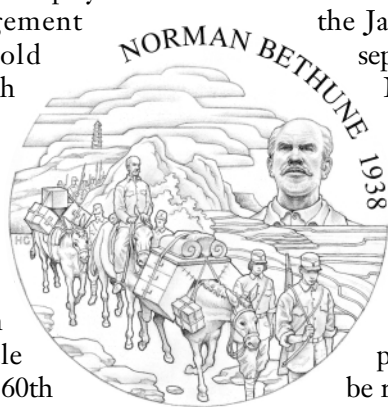
For the first time, Ontario has more provincially designated underserved areas in the south (37) than in the north (31). There are usually about twice as many underserved areas in the north. In 1996, for example, there were 22 areas in the south and 41 in Northern Ontario.

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).



Salter says many communities are becoming more active in recruiting doctors instead of relying on word-of-mouth. Seeley's Bay, a small community near Kingston, is a case in point. There, residents are anxious to recruit a physician so that they can access good health care without travelling.

Salter says the province does not plan to research the latest figures. "We're just going to deal with them," he said. — © *Barbara Sibbald*

Women in majority among medical school grads

Last year marked the first time that more women than men graduated from Canadian medical schools. Of the 1582 medical degrees awarded last year, 50.3% went to women (see Pulse column, page 568).

The proportion of female graduates has been increasing steadily. French-language medical schools

first awarded a majority of their degrees to women in 1987, and they are still taking the lead as far as this trend is concerned. In 1997, 62.5% of their graduates were women. The proportion at English-language schools continues to hover at just over 46%, the mark reached in 1996. The trend will affect medical practice, because women generally work fewer hours than their male colleagues because of family and other commitments.

Smoke got in their eyes

The sight of brown skies and the smell of smoke greeted Dr. Michael Brauer last fall when he arrived in Malaysia, 3 days after the World Health Organization asked him to advise the country's health ministry on dangers posed by air pollution caused by out-of-control fires in Indonesia.

Brauer, an associate professor of respiratory medicine and occupational hygiene at the University of British Columbia, spent 10 days in the Kuala Lumpur area at the height of the smoke crisis in September and October. Forest fires on the large islands of Sumatra and Borneo, which are lit every year to clear land for plantations, blew out of control because of a delayed rainy season. More than 1 million hectares of forest were affected and there are estimates that the fires produced carbon dioxide emissions equal to the levels produced by Western Europe in a year.

The problem worsened when the Indonesian government delayed fighting the fires until neighbouring countries turned up the heat. Singapore produced the first satellite images of the fires, which proved critical for pinpointing the blazes. Indonesia also lacked air-monitoring systems, while Malaysia possesses state-of-the-art equipment. By the

time serious firefighting began, underground coal seams and peat were also burning out of control.

Kuala Lumpur and Kuching, a city of 500 000 residents in Sarawak, in Malaysian Borneo, felt the full brunt of the smoke. Aid groups futilely distributed hundreds of thousands of masks, and in the process created a world-wide shortage. "Short of putting out the fires," says Brauer, "health-protection measures were ineffective. And there was no escape — no place to run or to drive to." Staying indoors,

as the government advised, offered "no protection."

Brauer says the eventual impact on people's health is difficult to ascertain because of sketchy documentation, but in Kuching, where hospitals are computerized, the number of hospital and clinic visits made because of respiratory conditions and conjunctivitis tripled. The number of deaths related to the fires and smoke is unknown; the rainy season, which started about 2 months later than usual, eventually doused the fires. — © *Heather Kent*



Smoke and haze covered Kuala Lumpur