



trated” because they have little formal training in the diagnosis and treatment of whiplash. Barron says the new program “will give the majority of physicians in BC a consistent approach to whiplash, using innovative ways of getting the information out.”

The initiative teaches doctors to diagnose injuries in 4 categories, according to severity. Twenty physicians from different disciplines involved with whiplash-injury treatment have been trained to present the training in every BC community that has a hospital, says Barron. One-day sessions are also held in large centres.

As well, interactive audio teleconferencing sessions are held twice a year, linking physicians in 27 rural locations with presenters in Vancouver; written material is sent to physicians before the conferences. Dr. Carl Whiteside, a member of the initiative’s steering committee, says sessions held so far have been well received.

Other components of the program include a Web site (www.health-sciences.ubc.ca/whiplash.bc/), expansion of the undergraduate curriculum and the creation of guidelines to help write medicolegal reports. The BC group is also organizing the first World Congress on Whiplash, which will be held in Vancouver in February 1999 (www.whiplash.99.org). — © Heather Kent

Rural Newfoundland no longer Canada’s “AIDS capital”

A rural area in Newfoundland may have lost its distinction as “the AIDS capital of Canada,” but AIDS workers say lower infection rates shouldn’t make anyone complacent.

Between 1990 and 1995, about 40 people in the Conception Bay North area tested positive for HIV, most of them young women. Since then, however, only one new case has been

reported. That news is a relief to the roughly 50 000 people who live in Conception Bay North, a string of small communities just over an hour’s drive from St. John’s. Since 1990 the area has had one of the country’s highest HIV-infection rates for young women.

“If the numbers are down, that’s excellent,” says Gerard Yetman, executive director of the Newfoundland and Labrador AIDS Committee. “It means we can look at what we’ve done in public education, see what’s worked and enhance our programs. But I hope we’re not jumping the gun here. Until we have hard scientific data on how many people are being tested, we can’t say for sure that the numbers are down. And the health department has never released information on testing.”

The high infection rate in Conception Bay North prompted the Red Cross to stop collecting blood from local donors in 1995, and residents said that move simply added to the stigma the community was facing.

Meanwhile, health officials were trying to find out how so many people in such a small area became infected.

“There was no sign of injection drug use in the area and viral studies told us there was nothing different about the virus,” says Dr. Catherine Donovan, medical officer with the Eastern Newfoundland Health Unit. “It appeared that sexual activity among heterosexuals was responsible for the outbreak.”

When the first cases emerged, public health officials began tracing sexual contacts and notifying the sexual partners of people who had tested positive. One man, Raymond Mercer, was convicted of criminal negligence and sentenced to 11 years in prison for knowingly infecting a number of local women.

“I think partner notification and contact tracing was very effective, particularly in this setting,” says Donovan. “We encouraged a lot of people to get testing and most people [who are HIV positive] have been identified.”

Cool site

Go *Ask* *Alice*
(www.columbia.edu/cu/healthwise/alice.html) is tailor-made for physicians who find themselves besieged with a dizzying array of questions from younger patients. By passing along this address, they’ll allow these patients to find many answers on their own. *Go Ask Alice*, which is maintained by Columbia University Health Services, is aimed at mature teenagers and university students. It serves as an online advice columnist that electronically responds to real questions posed by its readers. The questions are grouped under broad categories such as sexuality, relationships, alcohol and drugs, fitness and nutrition, emotional well-being and general health. My only criticism is that the inquiries within each section are listed randomly, although a search engine is available for those seeking specific information. The questions I saw dealt with an abusive boyfriend, acne and antibiotics, breast implants, pinworms, body odour, an Achilles tendon injury and whether a synovial cyst should be treated by smashing it with a hammer. I found Alice’s answers appropriate and informative, with frequent cautions to seek a physician for further advice. A word of warning — the section on sexuality is very graphic and makes no moral assumptions. Your patients should be alerted that they may find some of this material inappropriate or offensive. — Dr. Robert Patterson, robpatterson@msn.com



During that period, the AIDS Committee was working with health officials, schools, churches and organizations in Conception Bay North to establish community-based AIDS awareness programs. "This was the first major outbreak among heterosexuals and it turned our education programs around completely," says Yetman. "We had to take a whole different approach — instead of targeting gay men, we had to reach a much wider audience, particularly young people."

Several HIV-positive women from Conception Bay North, and notably Trudy Parsons, took on public roles in the education campaign. Parsons, who was infected by her boyfriend while still in her teens, spoke regularly in schools and appeared in a documentary about HIV and AIDS among young people. (She is no longer involved in AIDS education.)

"The work that Trudy did in the schools took down barriers," Yetman recalls. "She changed the minds of a lot of young people — she convinced them that AIDS was not a gay disease, because [now] it had touched someone just like them."

The AIDS Committee plans to meet with the province's health minister to discuss ways to provide AIDS education to other populations at risk, particularly young people living in poverty. — © *Beth Ryan*

Health system held hostage, CMA president says

Canada's health care system is the victim of a lack of government planning and an overdose of cost cutting, the CMA president says. "It was clear that a system established over 30 years ago would have to adapt to new realities to continue to provide high quality care," Dr. Victor Dirnfeld said during the Managing Health Care Conference held in Toronto last month. "Unfortunately, when governments finally began to take major

steps to reshape the system their primary concern was to cut the maximum amount with a minimum of negative public reaction." The conference also included addresses by several prominent health economists who discussed various aspects of health reform.

For his part, Dirnfeld said any government-led changes to health care should follow a concrete set of principles to ensure that reforms take a reasoned approach. Currently, "our governments lurch from one crisis to the next, dealing with immediate access problems but unable to repair the damage caused by badly planned system-wide reforms."

He hopes governments will join the CMA lead in developing principles for assessing health care reforms. "It has long been the CMA position that any health care reform must be well planned at the outset, pilot tested before its general introduction, monitored as it is put into practice and evaluated regularly once it is well established," he said.

Wit and wisdom from the UK

A Sceptic's Medical Dictionary, which is published by the *BMJ* Publishing Group and available through the CMA's Department of Publications (800 663-7336 x2307), offers a cornucopia of medical wit and wisdom gathered from hundreds of sources. Consider the way it defines *flexible*, which it says is the only adjective ambitious physicians should apply to their beliefs.

"Yesterday's dogma is particularly dangerous in medicine," it reports. "These days to gain acceptance as a progressive obstetrician you need to campaign for more home confinements, to disparage epidural anesthesia as a grossly overused interference with a natural process, and condemn bottle feeding as a monstrosity almost as grave as infanticide.

"Yet just over 20 years ago a pro-

gressive obstetrician was expected to abuse reactionaries who criticized plans to have all women delivered in 'safer' hospital beds, and had to champion every woman's right to painless childbirth and to free herself from the tyranny of breast-feeding. [It is] the flexible dogma game."

American ob/gyns reject request from gay colleagues

The American College of Obstetricians and Gynecologists (ACOG) has rejected a request for exhibit space from an organization representing gay physicians, a decision the latter group says highlights why many American lesbians do not receive adequate medical care. In rejecting a request for exhibit space at its annual conference, the ACOG said the presence of the Gay and Lesbian Medical Association (GLMA) "would not benefit or be of interest to the majority of our membership."

"Lesbians often don't obtain gynecological services because they fear encountering homophobia from their gynecologist, and their health suffers because of this," said Dr. Jocelyn White, a GLMA board member. "ACOG's mission is to educate its members about all women's health issues, yet its decision to reject the GLMA shows it is willing to ignore the medical needs of millions of women."

Occupational health Web site launched

The Canadian Centre for Occupational Health and Safety has launched a Web site that should interest physicians whose work touches on occupational medicine. The free service (www.ccohs.ca) covers more than 100 topics and answers more than 1000 questions concerning chemicals, workplace injuries, ergonomics and more. More information is available by calling 800 263-8466.