



## Hepatitis outbreak in UK blamed on alternative doctor

A physician has been condemned for causing Europe's largest outbreak of hepatitis B at his clinic in north London. Dr. Madhusadan Shivadikar, 69, a registered physician, practised an obscure form of acupuncture. A report by the local health authority says 60 people from across Britain were infected after undergoing treatment at the Finchley Alternative Medical Centre.

The report, prepared with the Public Health Laboratory Service, found there was no infection control policy in place. Shivadikar had made no arrangements for blood spillages or splashes, and some of his medical notes were so stained with blood that inspectors did not want to touch them.

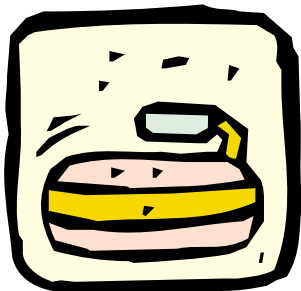
They found that he did not wear a gown or gloves to treat his patients and that the centre did not have any sterilization equipment. Clinical waste was thrown into an open rubbish bin and disposed of with general household waste.

His technique, called autohemotherapy, involves extraction of some of the patient's blood, mixing it with saline and reinjecting it. Although Shivadikar used sterile needles he used the same syringe each time, and he used the same bottle of saline on up to 15 patients. "The incident team felt that this procedure posed a high risk of cross-contamination and the multidose bottle was the

most likely vehicle of transmission of the infection," reported Dr. Stephen Farrow, the authority's director of public health.

A spokesperson for the General Medical Council, the disciplinary body for British doctors, told *CMAJ* that Shivadikar has been suspended. Despite the damning evidence, Shivadikar was unrepentant. "I do not believe all those people got hepatitis from here," he told reporters. "The equipment would not have got contaminated and I do not know how it could happen. Lots of people are carriers already. I will practise it again because it helps people." — © *Caroline Richmond*, London

### Victoria to host medical bonspiel



Plans are well under way for the country's largest medical bonspiel and golf tournament, which will be held in Victoria Mar. 29–Apr. 1, 2000. Calgary pathologist Trygve Larsen, one of the organizers, says the Canadian Interprovincial Medical Bonspiel and Golf Tournament is open to all Canadian physicians. MD Management Ltd., the CMA's financial subsidiary, is one of the main sponsors. Details on registration, accommodations and costs are available from Larsen, 403 209-5204; (fax) 403 209-5292; trygve.larsen@cls.ab.ca.

## Psychiatry via televideo an answer to specialist shortage?

Time and distance are 2 of the barriers hindering physicians' ability to provide consistent health care across the country. However, the importance of these 2 constants may be declining in importance in the delivery of psychiatric care and counselling, results from a pilot study involving "televideo" psychiatry indicate.

The study, which involved 2 mental health centres, was coordinated by Dr. Gene Duplessis of the Campbellford and District Community Mental Health Centre near Peterborough, Ont., and Dr. John Farewell of Toronto's Centre for Addiction and Mental Health.

Forty patients, all 18 or older and needing general psychiatric assessment, were recruited from family practices in the Campbellford area. None of the patients was actively suicidal. Twenty of them were assessed through a face-to-face, 90-minute interview, while the other half were assessed for the same length of time via televideo.

Farewell says this study is different from others because of the real distances involved. In most previous

studies of the value and effectiveness of televideo, the psychiatrist and patient were separated only by a wall. With this recent Ontario study, however, the psychiatrist and patient were separated by 2.5 hours of highway.

Feedback provided by patients and psychiatrists indicated that both parties had no problem developing the rapport that characterizes the doctor-patient relationship, and that there was little difference in the psychiatric assessments and solutions found within the 2 groups.

If this technology is eventually adopted, there will have to be a change in the way psychiatrists are paid. Currently, the Ontario Health Insurance Plan covers only face-to-face consultations.

Farewell and Duplessis are encouraged by the initial results, and are confident that televideo will eventually become a common tool for delivering psychiatric services across Ontario. They think the technology may help alleviate the shortage of psychiatric care across the province. — © *Peter Wilton*, Toronto