

And the winner of the vaccine is . . .

A health unit in Ontario has devised a provocative way to deal with what it considers the province's lack of commitment to immunization programs.

After an unsuccessful year-long lobbying effort to have the province pay for meningococcal and pneumococcal vaccines, officials in the Haliburton, Kawartha, Pine Ridge District Health Unit, which is responsible for 160 000 people, decided to dispense some vaccine themselves through a free lottery.

The July lottery was considered the best way to distribute about \$50 000 worth of vaccine — enough for 425 children. There were thousands of potentially eligible winners, although the contest was off limits to health unit employees, people living outside the unit's borders and those who have vaccine coverage through benefit plans.

"There's a long history of this [unit]

trying to promote the value of immunization, and with new vaccines such as these it seems that they should be available within a reasonable amount of time," said Dr. Alex Hukowich, the region's medical officer of health. "Since we didn't know what the demand would be, we thought the only fair way of allocating it was to start this lottery."

Entry forms for the lottery, believed to be the first of its kind in North America, were printed in various newspapers and on the health unit's Web site. Parents were allowed to enter children aged between 1 and 5. Up to 2000 entries were expected from parents across the largely rural area covered by the health unit, which stretches from Algonquin Park to Port Hope and Cobourg.

In the end, only 136 parents of about 160 who applied were granted the free shots, but Hukowich thinks his message



Canapress

You call this a prize?

still reached Ontario's Ministry of Health and Long-Term Care. The ministry does provide free pneumococcal and meningococcal vaccines during outbreaks. The National Advisory Committee on Immunization recommends a standardized national immunization policy for such diseases. Canada currently has a patchwork of policies (*CMAJ* 2003;168[5]:533;598).

"We're not doing this as a protest against the current government, but clearly we hope that it will prod the province," Hukowich said. "Why does it take so many years for them to bring these vaccines on line?"

Intentions aside, some critics accused the health unit of leaving the health of its residents up to a game of chance. "We [weren't] trying to gamble with anyone's health," maintains Hukowich. "We think all children should have access to this, and that parents should not be required to go out and buy these vaccines. We simply wanted to promote the vaccines in a novel way."

As for being on the cutting edge of health promotion, Hukowich said that even though he has received calls from other health units inquiring about the lottery program, he doesn't want the idea to spread. "I just want Ontario to do what [some] other provinces have already done, and make these vaccines available." — *Brad Mackay*, Toronto

BMA targets racism within NHS

The British Medical Association (BMA) says racism within the National Health Service (NHS) is affecting the careers of some physicians, and is even considered "acceptable" behaviour in some quarters.

Physicians from ethnic minorities account for 35% of hospital-based doctors in the UK, but comprise only 20% of consultant specialists. The BMA study, *Racism in the medical profession: the experience of UK graduates* (www.bma.org.uk/ap.nsf/Content/racism), is part of a larger cohort study that is tracking the careers of around 500 doctors who qualified to practise in 1995. The study found that:

- 62% of minority doctors and 41% of all doctors believe that ethnicity is a significant factor in access to medical training;
- 70% of minority doctors and 45% of all doctors believe ethnicity plays a significant role in early career opportunities;
- 87% of minority doctors and 53% of all doctors believe ethnicity affects access to training in medical specialties;
- 86% of minority doctors and 59% of all doctors believe it plays a significant role in career advancement.

One male British physician of Indian origin said he had been told "openly by consultants that there is prejudice." A white respondent who had helped sort applications for training reported that one consultant threw away all those from foreign-born doctors. Another white doctor said that he had been informed by his predecessor that "really all I had to do was to walk into the interview room and walk out because I'd already got my name on that job."

Respondents also cited a closed selection process that seemed to rely "not on what you know but who you know."

Dr. Vivienne Nathanson, the BMA's head of science and ethics, said the report made for "very uncomfortable reading," and called for NHS managers to make selection processes more transparent and objective. — *Mary Helen Spooner*, West Sussex, UK