

## News @ a glance

**Tobacco class action:** The BC Supreme Court certified a class-action suit against Imperial Tobacco Feb. 7 over its marketing of cigarettes labelled “mild” or “light.” Justice Deborah Santanove said the basis of plaintiff Kenneth Knight’s claim is that Imperial “engaged in numerous deceptive acts or practices in the solicitation, offer, advertisement and promotion of cigarettes, contrary to the provision of the Trade Practice Act.” Cynthia Callard, executive director of Physicians for a Smoke-Free Canada, noted that this is the first class-action suit to be certified in Canada. The class action seeks general and punitive damages and an injunction against marketing these products. Montreal-based Imperial Tobacco plans to appeal the certification. In the US meanwhile, a Feb. 4 federal appeals court overturned an earlier decision ordering top tobacco firms to give \$280 billion in “ill-gotten” gains to the US government. If the ruling sticks, the lawsuit will proceed in a lower court and leaves only the possibility of milder sanctions, such as forcing firms to cover smoking cessation costs or to submit to marketing restrictions.

**Free ride:** New Brunswick is poised to become the only province in Canada where people needing emergency medical care can get a free ride to the hospital in an ambulance. The move comes in the midst of plans to close several hospitals and cut hospital beds.

Premier Bernard Lord admits he’s hoping to take the sting out of his health care changes by offering free ambulance rides in emergency situations beginning in April. “Since we believe in the universality of the health care system, that ambulance fee should not be a barrier,” Lord said. The fees average about \$120 per trip. Dropping the

charges will cost the province about \$3.2 million a year. — *Christine Morris, Fredericton*

**Blog blog:** Follow the trail of former *CMAJ* editorial fellow (2002–03) and emergency physician James Maskalyk on a *cmaj.ca* Web blog as he roams the globe with Médecins Sans Frontières until mid-April. He will visit MSF projects in Bolivia, Zimbabwe, South Africa and Zambia with the aim of raising awareness about neglected diseases. “This might stimulate some research and discourse. At the very least interested observers might act when it comes time to vote on an international trade agreement that would affect access to medicines,” Maskalyk says. His first report came from La Paz, Bolivia, where he learned about the prevention and treatment of Chagas disease (*American Trypanosomiasis*). Stay bookmarked: [www.cmaj.ca](http://www.cmaj.ca)

**Crisis? What crisis?** Two years after SARS swept through Toronto, the Public Health Agency of Canada opened a \$3 million “nerve centre” in Winnipeg to help detect and control outbreaks of infectious disease. Located in the Canadian Science Centre for Human and Animal Health, the 494 square metre Emergency Operations Centre is packed with high-tech gadgetry to allow it to coordinate medical, scientific, technical and administrative responses to a national health emergency, including pandemic influenza. The centre features a 5-metre wide video screen and rows of computers that allow 16 sites to share data simultaneously. In addition to responding to infectious disease outbreaks, the centre can assist in crises involving nuclear, biological, radiological and chemical weapons.

**SSRIs and suicide:** Canadian researchers have found an almost twofold increase in the odds of fatal and non-fatal suicide attempts in users of SSRIs compared with those taking placebo or other therapeutic interventions (*BMJ* 2005;330:396-9). Dr. Dean Fergusson, a scientist at the Ottawa Health Research Institute, led a group of investigators (including UK psychiatrist Dr. David Healy) in a systematic review of published randomized controlled trials comparing SSRI with placebo or other active treatments in patients with depression and other clinical conditions. They included 702 trials, representing 87 650 patients. The researchers observed a significant increase in the odds of suicide attempts (odds ratio 2.28, 95% confidence interval 1.14 to 4.55) among patients receiving SSRIs compared with placebo. “Although small, the incremental risk remains a very important population health issue because of the widespread use of SSRIs,” they noted. The study “provides the most comprehensive and conservative evidence to date on the association between SSRIs and suicide risk,” said Fergusson.

**Vein to vein:** Current and reliable information about blood, blood components and transfusion is now available to health care professionals at Canadian Blood Services’ new Web site: [transfusionmedicine.ca](http://transfusionmedicine.ca). The site, which aims to help hospitals improve blood utilization and surveillance, includes information on donations, pre-transfusion, administration and complications. CBS is a

national, not-for-profit organization that manages the blood supply throughout Canada (except Quebec) and oversees the country’s Unrelated Bone Marrow Donor Registry. — Compiled by *Barbara Sibbald, CMAJ*



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