

US spending on long-term aid in the country is less than 1% of emergency aid. And by responding early to the Niger emergency in 2005, it would have cost \$1 a day to prevent malnutrition among children. Instead, by the peak of the emergency, it cost \$80 to save a malnourished child's life.

In Kenya in 2006, 83% of funding applications for non-food aid responses were rejected, CARE said. Yet, positive responses could have allowed people to keep their livestock — their major source of food and income — alive and thus have prevented the situation from deteriorating into an emergency. — Wairagala Wakabi, Kampala, Uganda

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## News @ a glance

**Stent update:** Patients with drug-eluting stents (DES) may lower their risks of MI or death by taking clopidogrel, an anti-platelet medication, longer than the currently recommended 3–6 months (*JAMA* 2006;297;early release Dec. 5, 2006). Among patients with DES who were event free at 12 months, those taking clopidogrel were less likely than those not taking clopidogrel to die during the next 12 months (0% v. 3.5%,  $p = 0.004$ ) and less likely to either die or have a MI (0% v. 4.5%,  $p < 0.001$ ). The researchers conclude that the appropriate duration for clopidogrel administration can only be determined within the context of a large-scale RCT.

**Aid to India:** The University of Manitoba has been awarded US\$22 million for a program to stem the rising tide of HIV/AIDS in southern India. The award, provided by the US Agency for International Aid (USAID), is expected to provide 5 years of stability for a program whose future was unclear after Canadian support was withdrawn 8 months ago. The U of M project provides front-line prevention, counselling and treatment in 2 southern Indian provinces with more than 110 million people, says Dr. Stephen Moses, a professor and a lead scientist on the project. “The US government is signing on for the long-term,”

says Moses. The university has been involved in India since 1998, and has been providing similar programming in Kenya for more than 25 years (where scientists are working with Oxford University on a promising HIV vaccine initiative). The program in India is a critical component of the national strategy to control the spread of HIV/AIDS, Moses says. Although infection rates are less than 1%, infectious disease experts are extremely concerned about the social and economic impact of an outbreak of African magnitude in the world's most populated country, he added. It is believed that more than 5.7 million Indians are infected with HIV, Moses says. — Dan Lett, Winnipeg

**NS doctor sues:** Halifax cardiologist Dr. Gabrielle Horne is suing Capital Health, Nova Scotia's largest health authority, claiming she has suffered loss of reputation, loss of a research program and lost remuneration as a result of a suspension that should have lasted roughly 2 weeks but ultimately took 4 years to resolve (*CMAJ* 2006;175:1845). Damages have not been specified but could be in the millions according to Horne's lawyer, Ron Pizzo. — Donalee Moulton, Halifax

**Ultra Vires:** BC Premier Gordon Campbell says the province will introduce legislation in 2007 to specifically define the 5 principles of the Canada Health Act (comprehensive, universal, portable, accessible and publicly administered), while adding a sixth: sustainability. Although that's entirely outside the jurisdiction of a provincial government, Campbell blithely noted that Ottawa only contributes about 6% of BC's \$12-billion annual health budget and that “if the federal government feels that our legislation isn't appropriate, I'm sure they'll let us know.” British Columbians will be given an opportunity to voice their views on the legislation during a \$10-million, 1-year health care consultation exercise.

**Nursing pool:** There's a widespread regional variation in the number of working nurses across the country, according to a new Canadian Institute for Health Information report, *Highlights from the Regulated Nursing Workforce in*



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*Canada, 2005.* The crude national average is 1004 per 100 000 population. But that ranges from a high of 1585 in Newfoundland and Labrador to lows of 916 in Ontario and 823 in BC. The study also shows that the nation's nursing pool is expanding slowly. The total number of nurses working in Canada in 2005 was 321 590, a 2% increase over 2004. RNs now make up nearly 80% of the total nursing workforce. Their average age is 44.7 years, as compared to 41 in 1994.

**Stickhandling:** Composite hockey sticks, comprised of materials such as fibreglass, carbon graphite and aluminum, may pose a higher risk of causing penetrating chest trauma, surmise medical student Joel Kennedy and colleagues in a case report published by the *Canadian Journal of Emergency Medicine* (2006;8[6]:437-40). The composite sticks “are thought to be lighter and more rigid, which unfortunately may result in stick fracture with sharp penetrable fragments. It is possible that fractured composite sticks may more easily allow penetrating trauma, as seen in our case.”

**Product monitoring:** A new computerized system to monitor adverse reactions to health products will give Health Canada greater capability to detect potential safety issues and analyze data. The new system, due to be implemented by October 2007, will monitor adverse

reactions over the entire life cycle of a product. The internationally compliant system can also be expanded to include premarket adverse reaction reports from clinical trials. Minister of Health Tony Clement said the new system will allow Health Canada to “better protect the health and safety of Canadians.”

**Required rural reading:** The Society of Rural Physicians of Canada’s new *Manual of Rural Practice* provides a low-down on 40 rural practice procedures, “ranging from rapid sequence intubation to ingrown toenail removal.” See [www.srpc.ca/books](http://www.srpc.ca/books). — Compiled by Wayne Kondro, *CMAJ*

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## PULSE

### The medical view from 34 000 feet

In the eyes of Canadian physicians, the health care system needs a few reforms, but is essentially functional. Only 3% believe it should be scrapped or completely overhauled.

By contrast, 42% of German physicians and 16% of US physicians think their national health care systems are all but completely dysfunctional (Table 1).

Those are among a series of intriguing findings from a survey of more than 6000 doctors in 7 countries (Canada, Australia, Germany, the Netherlands, New Zealand, the UK and the US) conducted by New York-based private foundation the Commonwealth Fund as part of its 2006 International Health

Policy Survey, and published on the e-journal *Health Affairs*.

The survey also indicates Canadian physicians are far less likely than their international counterparts to have incorporated electronic medical records into their practices and have a relatively unfavourable impression of aspects of primary patient care, including wait times to see specialists and obtain tests; after-hours physician availability; the use of multidisciplinary teams to treat chronic illness; and the provision of financial incentives to improve quality of care.

The extent of non-involvement in electronic medical records is breathtaking. Only 23% of Canadian physicians now use electronic records, as compared to 28% in the US, 42% in Germany, 79% in Australia, 89% in the UK, 92% in New Zealand and 98% in the Netherlands.

Asked whether their current record-keeping could generate a list of patients who are due or overdue for tests or preventive care, some 52% of Canadian doctors said it would be difficult, while 38% said it couldn’t be done. As a corollary to that, some 68% of Canadian doctors do not send out reminder notices for preventive or follow-up care; some 56% are not alerted about a potential problem with a drug dose or interaction; and 53% aren’t alerted that they need to provide patients with test results. Similarly, 74% of Canadian doctors do not routinely receive data about clinical outcomes (such as glycemic control levels in patients with diabetes), and 87% never receive surveys regarding patient satisfaction. In all of the above instances (with 1 minor exception being test result alerts in the Netherlands), Canadian physicians lag

well behind their counterparts in the other 6 nations.

Similar results and international variations are found in virtually every aspect of the survey. Those indicate that Canadian physicians

- conduct fewer clinical audits of care (45%) than in other nations. The UK leads the way at 96%;
- believe their patients experience long wait times to see specialists (73%), as compared to a low of 31% in the US and a high of 82% in New Zealand;
- believe patients experience long wait times for diagnostic tests (51%), as compared to a low of 6% in Australia and a high of 57% in the UK;
- have arrangements for after-hours care by another physician or a nurse so that people can avoid a visit to an emergency department (47%), as compared to a low of 40% in the US and a high of 95% in the Netherlands;
- routinely use multidisciplinary teams to treat chronic illness (32%), as compared to a low of 29% in the US and a high of 50% in the Netherlands;
- often use evidence-based treatment guidelines issued by medical societies or government to treat patients with common conditions (70%) and complex or multiple chronic diseases (56%). That compares to a low of 36% in Germany and a high of 72% in the Netherlands, with regard to common ailments, as well as a low of 41% in New Zealand and a high of 64% in the UK for complex conditions;
- routinely give patients with chronic diseases written instructions on how to manage care at home (14%), as opposed to a high of 63% in Germany. — Wayne Kondro, *CMAJ*

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**Table 1:** Physicians’ views of their health care system

Which of the following states comes closest to expressing your overall view of the health care system in your country? Select one	Australia	Canada	Germany	Netherlands	New Zealand	United Kingdom	US
Works well and only needs minor changes	38	23	4	52	34	23	13
Some good things, but needs fundamental change	56	71	54	42	62	67	69
So much wrong it needs to be completely rebuilt	5	3	42	3	4	9	16
Don’t know	1	4	-	3	1	-	2

Source: Commonwealth Fund 2006 International Survey of Primary Care Doctors.