

DISPATCH FROM THE MEDICAL FRONT

Statistics don't count

There is a definite inadequacy in numbers, as my wife and I discovered recently during a 5-week foray to Swaziland.

Jennifer is in third year medicine at the University of British Columbia and I am an ultrasound technician at Vancouver General Hospital. We thought we'd done the pre-trip research and compiled the requisite data that would prepare us for our stint as volunteers in a sub-Saharan hospital.

Swaziland is a landlocked country that is primarily surrounded by South Africa, but also bumps up against Mozambique, on the east coast of Africa. It is very small, but what it lacks in size it more than makes up for in destitution. It is one of the world's poorest countries, with unemployment at approximately 40%, and an estimated 70% of the population living on less than US\$1 per day.

In a country with more than 1 million people, there is no radiologist, no cardiologist, no neurosurgeon, no anesthesiologist, no pathologist and a surplus of other empty postings. Raleigh Fitkin Memorial Hospital has no hot water, nor is there running water in the operating theatre. There is no working defibrillator, no renal dialysis machine and more than once, surgery was cancelled due to a lack of sterile saline. The CD-4 count machine was broken.

But Swaziland's true hardship rears its ugly head in the form of HIV/AIDS.



Chris Eddy

UNICEF anticipates that more than 10% of Swaziland's population will be orphans by 2010, which translates into a staggering 120 000 youngsters in one of the world's poorest nations.

The World Health Organization's official report on Swaziland has the infection rate at upwards of 40.4% of the adult populace (15–49 years) as of 2003. However, Swaziland's National Emergency Response Counsel for HIV/AIDS organization has recently released statistics indicating an infection rate of 42.6%. The WHO's life expectancy statistics (2005) are abysmal: 38 for males, 37 for females. The US Central Intelligence Agency world fact book publishes even lower numbers (males: 31.8 years; females: 32.6 years) and pegs life expectancy as the world's lowest.

Last June, the Swaziland Vulnerability Committee, operating under the Ministry of Agriculture's National Disaster Relief Task Force, projected that life expectancy will drop to 30 years by

2010. UNICEF anticipates there will be 120 000 orphans — more than 10% of the entire population — by 2010.

Those are the statistics.

They don't count.

Certainly, they did not prepare us for the beautiful 16-year-old girl who came into emergency with a productive cough, and was dead 3 days later from extensively drug-resistant tuberculosis. They did not ready us for the mothers who arrived at the rural clinics, with their children in tow, and then rifled through their person for “passport-book” medical histories before requesting an HIV ARV treatment refill for their baby.

They could not brace us for the power outages in Emergency, or the shortfall of basic supplies.

When looking into the eyes of a dying child, numbers mean nothing. — Chris Eddy RTR RDMS, Vancouver

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CMAJ invites contributions to Dispatches from the medical front, in which physicians and other health care providers can provide eyewitness glimpses of medical frontiers, whether defined by location or intervention. The frequency of the section will be conditional on submissions, which must run a maximum 350 words or be subject to our ruthless editorial pencils. Forward submissions to: Wayne.Kondro@cma.ca

News @ a glance

Brief reprieve: The Vancouver-based InSite safe injection site has been given another 6-month reprieve from the federal Controlled Drugs and Substances Act. Health Minister Tony Clement said in a terse news release that the extension “will allow research on how supervised injection sites affect prevention, treatment and crime to be continued for another 6 months.” Although scientific experts and health officials ar-

gue that safe injection sites are demonstrably beneficial, Clement said earlier this year that the government believes the scientific evidence of their efficacy is entirely equivocal. The government has commissioned a study measuring such factors as “public order and safety issues,” and “local contextual issues” (*CMAJ* 2007;176[13]:1813).

Haloperidol warning: The US Food and Drug Administration (FDA) has warned that injectable haloperidol

should not be administered intravenously. Although the antipsychotic is to be used intramuscularly, it is sometimes used off-label as an intravenous injection to control agitation in critically ill patients. The FDA issued the warning after reviewing more than 2 dozen case reports of patients experiencing either sudden death or cardiac arrhythmias (including QT prolongation and torsades de pointes) after receiving intravenous injections of the drug.



Wayne Kondro, CMAJ

CMAJ manuscript editor Peggy Robinson has been awarded the American Medical Writers Association's President's Award

AMWA Honour: The American Medical Writers Association will this year confer its prestigious President's Award on Peggy Robinson, CMAJ's former manager of submissions and peer review, and former managing editor. Robinson was "honoured" to receive the award, which was established in 1940 to improve the quality of medical communication. "AMWA provides a top-notch educational program for biomedical communications through its high quality, hands-on workshops." In addition to serving as treasurer of the association's Canada Chapter for 14 years, Robinson has been actively involved in organizing and presenting non-credit workshops and conferences. She continues to serve on the association's budget and finance committee, while working as a freelance manuscript editor at CMAJ. — Shawna Lessard, Ottawa

Heading west: Alberta has supplanted BC as the El Dorado of the health care profession as it attracted more health care providers than any other province between 1996 and 2001, according to the Canadian Institute for Health Information. Alberta's health workforce rose 4% over that 5-year period as the province assumed the mantle as the nation's preferred work destination, held for 10 years by British Columbia. — Compiled by Wayne Kondro, CMAJ

PULSE

Differences in healthy life expectancy among men and women

The World Health Organization (WHO) defines healthy life expectancy as the "average number of years that a person can expect to live in 'full health' by taking into account years lived in less than full health due to disease and/or injury." Figure 1 shows the most recent WHO data on healthy life expectancies for 23 countries.¹

On average, women tend to live longer than men. This trend also applies to healthy life expectancy in most countries. However, there are several exceptions. Figure 1 shows the 8 coun-

tries where the difference in healthy life expectancy is greatest in favour of men and the 8 countries where the difference is greatest in favour of women as well as the G7 countries for comparison. In Canada, the healthy life expectancy for women is 4 years longer than for men. The most striking exception to the general trend is Qatar, where men live in "full health" an average of 2.9 years longer than women. Russia is at the other end of the spectrum, where men are affected by major illness or injury 11 years before women. — Mark O. Baerlocher MD, Toronto

REFERENCE

1. World Health Statistics 2007. Geneva: World Health Organization; 2007. Available: www.who.int/whosis/whostat2007/en/index.html (accessed 2007 Sept 19).

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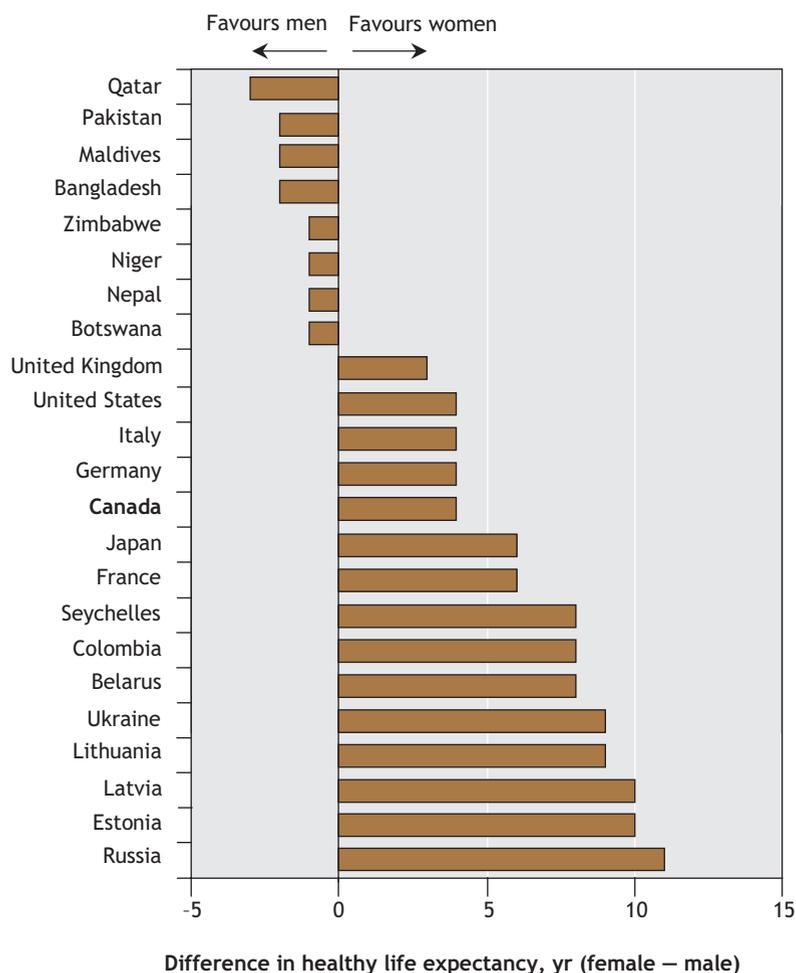


Figure 1: Differences in healthy life expectancy by sex.¹