News @ a glance

HPV approval: Nova Scotia will become the first province to implement vaccinations for the Human Papillomavirus (HPV). Commencing in the 2007–08 educational year, the province will provide 3 doses of the HPV vaccine over a 6-month period for all girls in grade 7. Meanwhile, the Society of Obstetricians and Gynaecologists of Canada has rolled out national guidelines on the diagnosis, treatment and prevention of HPV (www.hpvinfo.ca).

Birthing strategies: The federal government should invest $60 million over 5 years to create a national birthing strategy, including a distinct Aboriginal version, to help redress an ongoing Canadian slide in international comparisons of perinatal and maternal mortality rates, the Society of Obstetricians and Gynaecologists of Canada urged at their 63rd annual clinical meeting (*CMAJ* 2007; 177[3]:243). Among specifics that would be developed are national data collection mechanisms, clinical practice guidelines, standardized post-secondary education curriculum and some form of national oversight agency like a "Canadian Council for Maternity Care."

Corbis

Mandatory reporting: Alberta Health Minister Dave Hancock has introduced amendments to the province's Health Professions Act that will require all health practitioners and their regulatory bodies to notify their local medical officer of health of "the existence of a nuisance or a threat that is or may be injurious or dangerous to the public health."

High-speed HIV tests: Ontario Health Minister George Smitherman will set aside $350 000 per year to make the province the first jurisdiction in North America to offer HIV tests that provide patients with results in 60 seconds, instead of 3 weeks. The new "point of care" HIV tests will be offered at sexually transmitted disease clinics and community health centers across the province as well as at 24 new anonymous testing sites in remote and rural communities like Kenora, Keewatin, Timmins, Leamington and Chatham. — Compiled by Wayne Kondro, *CMAJ*

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Dispatch

From the medical front: Letting go

There are a few things about living and working in the Democratic Republic of Congo that take some getting used to: the cock-a-doodle-doo alarm clock at 5 am every morning; the constant shouting of "muzungu" everywhere you go; having 1 oxygen concentrator for an entire hospital, which includes an OR [operating room], L&D [labour and delivery] and, of course, the often 3-to-a-bed pediatric ward; mastering the use of the manual suction pump, which is reminiscent of my great-great-grandmother's Singer sewing machine; using 1 gloved hand to do everything because your international order is trapped in the Congolese customs and the gloves you thought you would have in stock were all used up during the cholera outbreak ... for example.

I have been here for 3 months now, working as an outreach nurse with Médecins Sans Frontières. It really did feel like a dream at first, to be here in Africa. I may have even pinched myself, once or twice, just to make sure. But I knew it was real when I was in a health centre, helplessly watching a woman arrest in front of me and I found myself wondering where the code blue button was, and I realized that there was no code blue button, that I was alone, and that this woman would die. I actually started CPR, but soon realized that I was in the middle of nowhere, 5 hours from a hospital with 1 oxygen concentrator, and that I had to let go. And I guess this has been my biggest lesson so far, learning to let go of what I know is possible back home, and finding out what is possible in Africa.

So far I have learned that in Africa you can deliver a baby with no electricity and an oil lamp. I know that just by having a car, you can save the life of a malnourished child who you are sure will die because his face is so swollen from the lack of protein in his body that he can no longer open his eyes. I know that when a patient dies, it does not always mean that we have somehow failed, even if it feels that way, because death is a part of medical care and of life, here, that I think we have, perhaps, forgotten how to accept. I know that you can do a lot with very little. If I think about what I know and what I can do, I know this: I can teach but I can also learn, and for that I am grateful for the opportunity to be in Africa. — Shauna Sturgeon BScN, Kinshasa, Democratic Republic of Congo

CMAJ invites 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. Without intending to restrict options, the front can be defined as any unique confluence of time and event, whether in developing countries, war zones, inner-city clinics, in the North, or with a novel surgical technique 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

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