



Lisa Fletcher / iStockphoto.com

Dogs, horses, dolphins, cats, birds, rabbits, lizards and a host of other animals are now being pressed into therapeutic service to improve the physical, emotional and cognitive functions of patients.

213). Those hopes have since been scaled back and the organization has evolved into a public foundation, receiving its charitable status in 2005. “The reason we changed it was because people were getting the wrong impression,” says Moss. “People were thinking: who is this organization? Are they a regulatory body?”

The foundation now has as its primary objective the goal of improving the accessibility and the quality of animal assistance for those who need it: seniors, people with disability and others. Moss says the Foundation will strive to bring together individuals and organizations, including health care professionals and veterinarians, to trade techniques.

It’s taken a number of years for the foundation to “get a real sense of where we can make a difference and where we would not be repeating services,” Moss says. In 2007, the foundation became a member of both the Canadian Health Network and the Health Technology Exchange. “We’re now moving into the next stage. ... We’re looking at it from a community development perspective as well as from the voluntary sector perspective.” The foundation will also seek to develop resources to help build the capacity of the community, so that funding may be available to small providers for things like professional development and insurance coverage.

It’s a catalytic role, Moss adds. “It’s really about identifying the strengths and the opportunities and the common ground to build from.”

The 3-day “Bridge Builders Event,” to be held in Kemptville, Ontario, Apr. 25–27, will include workshops, presentations and service exhibits. “We’re hoping that we’re going to get representation from all 3 different areas” and make it an annual event, says Moss. The foundation also hopes others step up to the organizational plate. “We don’t want it to become a foundation event. We want it to become an animal-assisted support services community event.” — Lisa Bryden, Ottawa, Ont.

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Economist challenges recruiting hyperbole

The concept of “ethical recruitment,” or headhunting foreign health professionals only in First World countries that can afford to lose them, has won widespread, international support.

Yet criticisms are emerging just as the incipient movement heads towards its watershed moment: a global forum on “human health resources” in Uganda in March. Michael Clemens, a Harvard-trained economist at the Washington-based Center for Global Development, says banning physician and nurse recruitment in Africa is unhelpful to Africans.

And he’s got data to back his claims.

Clemens admitted in an interview that his views don’t coincide with those of “97% of the people I talk to about this issue.” But there are compelling reasons why African health care workers would want to emigrate from their birthplaces and even benefits that accrue to their home nations as a result of their decisions to leave.

He points first to the obvious: Africans have clear incentives to leave. In addition to concerns they may have about safety or security due to the high crime rate in South Africa, nurses there can double or triple their salaries by moving to Australia. That’s magnified

for Ghanaian or Kenyan nurses, who can increase their wages by a factor of 10.

Then there's the less obvious: nurses who choose to stay in Kenya may essentially be choosing unemployment. In 2006, Clemens learned from Kenyan officials that 7000 nurses licensed to practise there were not working in their field due to a Ministry of Health hiring freeze. In his view, the opportunities that beckon African health care workers abroad are "a good thing" because such opportunities are in short supply back home. Moreover, health professionals who go abroad send huge amounts of money back to Africa.

Clemens contends there's a link between the number of doctors who leave a country and the number working within that nation. In support of that proposition, he cites the findings of an analysis undertaken on health professionals from the 53 African countries (*Hum Resour Health* 2008;6[1]:1 [epub ahead of print]). Using census data from the 9 countries to which African health professionals are most likely to emigrate, including Canada, Clemens and Gunilla Pettersson plotted the numbers of African-born individuals working in those countries as physicians (65 000 in the year 2000) and as nurses (70 000 in 2000) and found that the numbers leaving don't correlate with the numbers left behind — the nations losing larger numbers of health professionals are wealthier countries with larger numbers to lose.

Graphing the data, Clemens expected to see a downward slope: "I was sure that ... I would measure the effect [of doctors leaving] and say, for every doctor who's outside, there are 5 fewer doctors at home, but no."

Instead, he found a "very sharp, positive relationship."

That correlation between the high number of doctors departing and the higher number working within a country was true for all 53 countries. In light of that, Clemens found himself increasingly offended by talk of countries "exporting" nurses or "poaching" physicians (*CMAJ* 2008;178[3]:269-70; *CMAJ* 2008;178[3]:270-71; and *CMAJ* 2008;178[4]:379-80).

"You don't export a person, you export ivory," he says, "You poach elephants."

Taking issue with that analysis, though, is the Canadian physician who's arguably done more than anyone else to spotlight physician recruitment patterns. World Health Organization (WHO) Assistant Director General Tim Evans is incredulous at Clemens' findings and says dryly that the anecdotes he hears in Africa are "not captured in the econometric analysis."

Evans recalls a 2004 instance in which, over the course of a weekend between a World Health Assembly meeting and a WHO gathering, a doctor emigrated from Ghana, forcing the country's Minister of Health to close the surgical wing of a hospital. "The foundation of human resources in Africa is so fragile that you lose the only anesthesiologist in a hospital and all of a sudden there is no capacity to run basic, emergency obstetric care," Evans says. He doesn't accept that the outflow of physicians to the North has no adverse consequences.

Evans began working on the problem when he was at the Rockefeller Foundation in the late 1990s. "I remember being in Uganda in 1998 and asking, 'Why are you only producing 30 physicians per year?'," Evans says. Uganda was training the same number of doctors that year as it had in 1969, though the country's population had nearly tripled.

With donors increasing their investments to the billion dollar range from the million dollar range, Evans feared there wouldn't be sufficient doctors or nurses to staff new programs. After he joined the WHO, the organization began promoting ethical recruitment and produced a 2006 report that concluded Africa was "at the epicenter of the global health workforce crisis."

For Clemens, though, the paradoxical answer is to allow more health professionals to emigrate. He won't be in Uganda, though, to make that case when the WHO and a host of non-governmental agencies focus their attention on the issue. In fact, the organizers didn't contact him. "If I had to guess, they probably just wish I would go away," Clemens says. — Miriam Shuchman MD, Toronto, Ont.

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News @ a glance

Candidates seven: A record 7 candidates, including 4 ex-presidents and 1 former provincial legislator are in the hunt to become the Saskatchewan Medical Association's next president and automatic nominee as president-elect of the Canadian Medical Association (CMA). Under the rotation used by the CMA to determine its president, the



Seven Saskatchewan doctors are bidding to become president-elect of the Canadian Medical Association.

"Land of Living Skies" will be taking its turn at the national helm commencing in 2009/10. The candidates are anesthesiologist Dr. Mark Arsiradam; family physician Dr. Anne Doig; family physician and former member of the legislative assembly Dr. Lewis Draper (New Democrat-Assiniboia-Gravelbourg); otolaryngologist Dr. James Fritz; family physician Dr. Allen Miller; family physician Dr. Stan Oleksinski; and general practitioner-anesthetist Dr. Vito Padayachee. The latter 4 are former presidents of the provincial association. Voting closes Feb. 26.

Green light: One-year research licenses have issued to King's College London and Newcastle University by Britain's Human Fertilization and Embryology Authority to create cytoplasmic embryos by merging animal eggs with human cells (*CMAJ* 2007;177[8]:847). The move followed an unsuccessful bid in the House of Lords to amend the Human Fertilization and Embryology Bill to prohibit the creation of interspecies embryos. The amendment was defeated 268-96.

Bluenose overhaul: In the wake of a commissioned study that indicated Nova