

Briefly

Doctor shortage tops poll: The shortage of family doctors is the top health care concern for residents of Ontario in the run-up to the Oct. 6 provincial election, according to a poll conducted by Nanos Research (www.nanosresearch.com/library/polls/POLONT-F11-T498.pdf). According to the poll, conducted for CP24, CTV and the *Globe and Mail*, 34.1% of Ontario residents rank the physician shortage as the top priority in health care, followed closely by emergency room wait times, which 31.4% of respondents said was their top concern. Just over a quarter of participants in the poll said that managing rising health care costs was the most important issue, while only 5.2% believed that user fees were the top priority. — Roger Collier, *CMAJ*

Private wait time plan: A plan proposed to treat orthopedic patients in Wales, United Kingdom, within 36 weeks suggests that increased use of private hospitals would help make that goal attainable (www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/864/7%203%20Orthopaedic%20Plan.pdf). The plan, from a National Health Service organization called the Cardiff and Vale University Health Board, claims there is limited capacity to meet demands for surgery in two areas in particular: foot/ankle and major spine surgery. Suggestions on how to meet demand include encouraging surgeons to “undertake sessions outside their contractual hours” and “the potential use of local independent sector.” This would be a change in direction for Wales, where the previous government had opposed the use of the private sector in the National Health Service. — Roger Collier, *CMAJ*

Drug use up: The rate of illicit drug use for people aged 12 and older in the United States increased from 8% to 8.9% between 2008 and 2010, according to a survey from the US government’s Substance Abuse and Mental Health

Services Administration. The increasing popularity of marijuana accounted for much of the overall increase (<http://oas.samhsa.gov/NSDUH/2k10NSDUH/2k10Results.htm>). In 2010, 17.4 million Americans reported being users of marijuana, up from 14.4 million in 2007, according to the *National Survey on Drug Use and Health*. A significant increase in drug use was found in young adults. In 2008, 19.6% of people aged 18–25 used illicit drugs, but by 2010, that figure rose to 21.5%. “We stand at a crossroads in our nation’s efforts to prevent substance abuse and addiction,” Pamela S. Hyde, an administrator for the government agency, said in a press release (www.samhsa.gov/newsroom/advisories/1109075503.aspx?from=carousel&position=1&date=09082011). “These statistics represent real lives that are at risk from the harmful and sometimes devastating effects of illicit drug use. This nation cannot afford to risk losing more individuals, families and communities to illicit drugs or from other types of substance abuse — instead, we must do everything we can to effectively promote prevention, treatment and recovery programs across our country.” — Roger Collier, *CMAJ*

Food insecurity: About 14.5%, or 17.2 million, American households were “food insecure” in 2010, according to a United States Department of Agriculture report. Of those, roughly 6.4 million households (about 5.4%) had “very low food security. ... In these households, the food intake of some household members was reduced and normal eating patterns were disrupted due to limited resources. They comprised about one-third of all food-insecure households. Declines in the prevalence of very low food security were greatest for households with children, women living alone, and households with annual incomes below 185 percent of the poverty line,” states the report, *Household Food Security in the*

United States in 2010 (www.ers.usda.gov/Publications/ERR125/ERR125.pdf). — Wayne Kondro, *CMAJ*

Hospital waits and adverse events: People who are forced to hang around hospital emergency departments for lengthy periods of time are more likely to suffer adverse events than those who are attended to quickly or who leave the emergency department without being seen, according to a study by the Institute for Clinical Evaluative Sciences in Toronto, Ontario. The risk of death was 79% higher, and the rate of admission 95% higher for high-acuity patients who waited in an emergency department for six hours as compared with those who were seen within an hour, states the study (*BMJ* 2011; 342: d2983). In low-acuity patients, the risk of death within seven days was 71% higher and the risk of admission 66% higher. “Contrary to popular belief, leaving without being seen was not associated with a higher risk of adverse events in the short term. Reducing adverse events attributable to long waiting times among patients who go home is probably best achieved by reducing the overall length of stay in emergency departments for all patients, rather than targeting patients who leave without being seen for review or follow-up. — Wayne Kondro, *CMAJ*

Private health care spending: The average Canadian has had to directly cough up more and more money to pay for health care over the course the past three decades, according to the Ottawa, Ontario-based Centre for the Study of Living Standards. Out-of-pocket expenditures for dental care, pharmaceuticals and unlisted or delisted medical services rose to 5.59% of personal disposable income in 2010, from 2.65% in 1981, according to a new Centre study, *Beyond GDP: Measuring Economic Well-Being in Canada and the Provinces, 1981–2000* (www.csls.ca/reports/csls)

2011-11.pdf). “Private non-reimbursed expenditure on health care in Canada rose from \$6.3 billion current dollars in 1981 to \$56.6 billion in 2010. ... This development can be considered a deterioration of the economic security of Canadians. Increased private health expenditure imposed by poor health thus represents a growing financial burden for low income Canadians.” — Wayne Kondro, *CMAJ*

Diabetes toll: More than 4.6 million deaths around the world were caused by diabetes in 2011, while the number of people with diabetes reached a “staggering” 36 million and cost of treating Type 1 and Type 2 diabetes rose to US\$465 billion, according to the International Diabetes Federation (*IDF*). Data from the federation’s *New Diabetes Atlas* “are proof indeed that diabetes is a massive challenge the world can no longer afford to ignore. In 2011, one person is dying from diabetes every seven seconds,” Dr. Jean Claude Mbanya, president of the federation and professor of Endocrinology at the University of Yaounde, Cameroon, said in a press release (www.idf.org/new-idf-data-reveals-diabetes-epidemic-continues-escalate). — Wayne Kondro, *CMAJ*

The NCD toll: Noncommunicable diseases (NCDs), including cancer, heart disease and stroke, lung disease and diabetes, account for roughly 89% of deaths in Canada, according to a new World Health Organization (WHO) report. The NCD age-standardized death rate per 100 000 Canadian men in 2008 was 386.5, while that for Canadian women was 265.0, states WHO’s *Noncommunicable Diseases Country Profiles 2011* (www.who.int/nmh/publications/ncd_profiles_report.pdf). The death rate for

men, as compared with women, was 142.2 to 106.6 for cancers, 26.9 to 16.0 for chronic respiratory diseases and 151.6 to 90.1 for cardiovascular diseases and diabetes. The report also correlates death rates to country incomes. “Age-standardized death rates were highest in countries with low incomes. Low- and lower-middle-income countries have the highest proportion of deaths under 60 years from NCDs. Premature deaths under 60 years for high-income countries were 13% and 25% for upper-middle-income countries. In lower-middle-income countries the proportion of premature NCD deaths under 60 years rose to 28%, more than double the proportion in high-income countries. In low-income countries the proportion of premature NCD deaths under 60 years was 41%, three times the proportion in high-income countries.” — Wayne Kondro, *CMAJ*

European TB strategy: The World Health Organization Regional Committee for Europe has unveiled an action plan to combat the high incidence of multidrug- and extensively drug-resistant (MDR- and XDR-TB) tuberculosis within its 53 member states. As a consequence, “the emergence of 250 000 new MDR-TB patients and 13 000 XDR-TB patients would be averted, an estimated 225 000 MDR-TB patients would be diagnosed and at least 127 000 of them would be successfully treated, hence interrupting the transmission of MDR-TB; 120 000 lives and US\$ 5 billion would be saved,” WHO/Europe states in its *Consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis in the WHO European Region 2011–2015* (www.euro.who.int/__data/assets/pdf_file/0007/147832/wd15E_TB_ActionPlan_111388.pdf). The plan advocates more collab-

oration in the development of drugs, vaccines and diagnostic tests, as well as improved access to treatment. — Wayne Kondro, *CMAJ*

Rising fees: Tuition at Canada’s medical schools rose an average of 4.4% for undergraduate medical students in the 2011/12 academic year, Statistics Canada reports. The average fee for medical students was \$11 345, trailing only those for dentistry at \$16 024 (www.statcan.gc.ca/daily-quotidien/110916/t110916b3-eng.htm). The average fee for medicine in 2010/11 was \$10 867. Tuition fees for pharmacy rose 8.8% to \$9806, while those for veterinary medicine rose 4.9% to \$5889 and those for nursing rose 3.2% to \$4809. — Wayne Kondro, *CMAJ*

Undiagnosed dementia cases: As few as 20% of dementia cases in high-income countries, and fewer still in low- and middle-income countries, are diagnosed, resulting in a vast “treatment gap,” according to Alzheimer’s Disease International. “It suggests that approximately 28 million of the 36 million people with dementia have not received a diagnosis, and therefore do not have access to treatment, care and organised support that getting a formal diagnosis can provide,” the federation of 75 Alzheimer associations states in *World Alzheimer Report 2011: The benefits of early diagnosis and intervention* (www.alz.co.uk/research/WorldAlzheimerReport2011.pdf). Among recommendations contained in the report are ones calling on all countries to establish a national dementia strategy and create “networks of specialist diagnostic centres ... to confirm early stage dementia diagnoses and formulate care management plans.” — Wayne Kondro, *CMAJ*

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