



NS enjoys success recruiting rural docs

A decision by the Medical Society of Nova Scotia and the provincial government to cohire a physician recruiter appears to be paying off. Since 1995, when former drug-company sales representative and continuing-medical-education coordinator Frank Peters hung up his shingle at the society, 20 medical positions have been filled in the province, including 9 under a special incentive package designed to attract physicians to rural areas (Robb N. Nova Scotia hopes to solve recruitment problem with joint effort from MDs, government. *Can Med Assoc J* 1996;155:1615-6).

Unfortunately, one province's success can be another's bad news. Several of the physicians recruited by

communities in Nova Scotia are moving from small communities in other parts of Canada.

Brochure on air-bag safety available

Public concern about automobile air bags has been growing in the wake of reports of injury and death caused by air-bag deployment (Buckle up and put the children in the back. *Can Med Assoc J* 1997;156:857). In response, Transport Canada has published an illustrated brochure on how air bags work, proper seat adjustment, seat-belt use and the placement of children. The brochure can be reproduced in whole or in part for patients; it is available by calling 800 333-0371, or 613 998-8616 in the Ottawa region.

Alberta MDs concerned about primary care role

About 83% of Alberta physicians are concerned they will lose their role as primary care providers/coordinators to other health care practitioners, a fall 1996 physician-opinion survey conducted by the Alberta Medical Association (AMA) has revealed. More than 700 responses were received to the questionnaire, which covered issues relating to health care reform and the work of the association.

The AMA's *Alberta Doctor's Digest* reports that there is a strong sense of cohesion and urgency among members on issues such as patient advocacy, quality of care, government lobbying and professional unity. In addition, 66% of respondents agreed there is an appropriate role for pri-

"Take your butt outside"

A new antismoking campaign from Physicians for a Smoke-free Canada (PSC), in partnership with the Glaxo Wellcome Foundation, puts a new focus on the issue of secondhand smoke. Instead of condemning the smoking habit, the 2-year advertising campaign will attempt to educate smokers about the dangers of secondhand smoke, particularly its effect on children. The slogan? "If you can't quit, take your butt outside."

"This campaign recognizes that people will continue to smoke," says Cynthia Callard, PSC's executive director. "It's a difficult issue for government to approach, but it is certainly appropriate for physicians to speak out."

The campaign includes public-service announcements in print and on television, as well as transit advertisements in the Toronto area. Messages explain that in homes where parents smoke children are 46% more likely to contract bron-

chitis or pneumonia, 19% more likely to experience ear infections and 43% more likely to become asthmatic. Examples of the print



messages include: "Safe smoking for the whole family. Step one: step outside" and "How to make smoking more enjoyable for you and

your loved ones. Do it outside."

A recent Statistics Canada survey found that only 20% of Canadians knew that secondhand smoke causes asthma and fewer than 1% knew it caused ear infections. "The message just wasn't reaching people," says Callard.

The Ontario Campaign for Action on Tobacco is also trying to send a message about secondhand smoke. The Toronto-based group recently called attention to a California Environmental Protection Agency study, which concluded that exposure to secondhand smoke may lead to thousands of deaths in the US from sudden infant death syndrome and cardiovascular disease, and thousands of new cases of asthma; it also suggests that there may be a link between exposure to secondhand smoke and increased risk of breast and cervical cancer. The report is available at <http://www.calepa.cahwnet.gov/oehha>.



vately funded, medically required services as a complement to an adequately funded public system.

Amnesty International recognizes CMA action

Amnesty International's Medical Network has called attention to 2 CMA actions opposing human-rights abuses. A recent edition of the network's *Health Care and Human Rights* noted that the CMA's new Code of Ethics, adopted by General Council in 1996, includes an item (33) that condemns human-rights abuses. It also noted that General Council passed a resolution protesting the Nigerian government's decision to cancel the annual meeting of the Nigerian Medical Association and the subsequent sentencing of the association president to 15 years in jail. The Medical Network welcomes the financial, moral and letter-writing support of Canadian physicians. Information is available from 214 Montreal Road, Vanier ON K1L 1A4.

Marijuana ingredient used legally in pharmaceutical product

The controversy over referenda in California and Arizona that called for the legalization of marijuana for medical purposes prompted Unimed Pharmaceuticals to issue a news release stating that a pure synthetic form of marijuana's active ingredient, THC, is legally available in a prescription drug. Dronabinol is used to treat nausea and vomiting associated with certain cancer chemotherapies.

FPs not being abandoned for alternate types of therapy

More patients may be investigating alternative-medicine therapies, but more than 85% of them continue to consult their family physician, a 2-year study at the University of Toronto has concluded. When researchers from the U of T developed a profile of how 300 people used different types of health care, they found that 93% of chiropractic pa-

tients, 88% of acupuncture patients, 95% of naturopathy patients and 87% of Reiki clients also sought health care from a family physician. (Reiki concentrates primarily on emotional healing.) "Physicians have worried that their patients will abandon them for alternative medicine, but this is not the case," the U of T stated in a news release.

Video shows how college's disciplinary actions pursued

The College of Physicians and Surgeons of Ontario is selling an 18-minute video that describes its disciplinary process. The college notes that a disciplinary hearing can be an intimidating experience for physicians and complainants and says its video demystifies the process and provides insight into the roles of the prosecution and defence lawyers. It features the testimony of witnesses, the physician and the complainant. In the sample case, a physician was charged with professional misconduct following the death of a patient. The video costs \$10; information is available from the college by fax, 416 961-8035.

Lights out, music on



Music hath charms to soothe the savage breast — and to increase the satisfaction of elderly outpatients undergoing cataract surgery, the *Canadian Journal of Anaesthesiology* reports (1997;44:43-48). Researchers from the Western Division of the Toronto Hospital evaluated music's effect on 121 elderly outpatients undergoing elective cataract surgery with retrobulbar block and monitored anesthetic care using fentanyl or alfentanil and midazolam.

Patients heard either relaxing suggestions, white noise, operating-room noise or relaxing music. Vital signs were documented, anxiety was

assessed using the State-Trait Anxiety Inventory and visual analog scales were used to assess anxiety and patient satisfaction. The study showed that music and relaxing suggestions consistently improved patient satisfaction, and elderly patients were more satisfied with their experience if they heard music. "In an era where patient satisfaction seems to be a paramount goal," the researchers concluded, "it would appear that music plays a role in enhancing this satisfaction and is a useful tool in outpatients undergoing peripheral procedures with monitored anesthetic care."

Taking the mystery out of Nova Scotia's tar ponds

Three levels of government have committed \$1.7 million to support community-based environmental initiatives to study ways to clean up the tar ponds in Sydney, NS. Nearly a century of discharge from steel-making operations in Cape Breton's industrial heartland had turned a tidal inlet into toxic-waste site that was considered an environmental cleanup problem second only to the Love Canal near Niagara Falls, NY (Robb N. Were jobs more important than health in Sydney? *Can Med Assoc J* 1995;152:919-923).

Although a cleanup is still years away, the federal, provincial and municipal governments have agreed to