



biochemistry at the University of California at San Francisco. Awareness of his work grew when prions were blamed for causing the variant of Creutzfeldt–Jakob disease that killed several people in England. That outbreak was tied to meat taken from cattle that had developed BSE, popularly known as mad cow disease.

Canada–China hospital being developed

Canadians are playing a key role in developing China's first joint-venture hospital. Interhealth Canada China Inc., an Ontario company, is majority owner of the development, known as

the Beijing/Toronto International Hospital Project. Construction of the first 80-bed phase is to begin this month, with the hospital expected to open late in 1998. Eventually it will have 250 beds.

Unlike most foreign-run hospitals in China, which employ British or American managers, the Beijing hospital will be run by Canadians. Fifty staff members, including a medical director, are currently being recruited. Forty percent of medical staff will be Canadian, with the first 15 Canadian doctors being recruited next summer. Initially, all Chinese physicians employed at the hospital will be foreign trained; Chinese doc-

tors hired later will be given additional training at the hospital. The first Canadians on staff will move to Beijing about March.

The hospital will be aimed at the foreign-expatriate market, although it may also be available to Chinese employees of multinational corporations and entrepreneurs. Wilson Parasiuk, chair of Interhealth Canada China Inc., says there are 160 000 expatriates in China and the hospital will fill a growing demand for in-country treatment. Today, most foreign patients with a serious illness are evacuated. The new hospital hopes to receive Canadian accreditation within 2 years of opening.

New health clinic for Asian women

Vancouver's Asian Women's Health Clinic, which was established in 1994 to increase the rate of cervical- and breast-cancer screening among Chinese women, has had to expand to meet growing demand. It is now located at Mount Saint Joseph Hospital, a major centre for multicultural facilities, and has tripled the number of hours it is open because of the area's continuing influx of immigrants.

The clinic addresses language and cultural barriers that make women leery of seeking gynecologic and breast examinations by employing only female doctors who speak Mandarin and Cantonese. Dr. Lorna Sent, the medical director, says male physicians, even those who speak a Chinese dialect, present the major cultural barrier to these women. There are still relatively few female physicians of Chinese descent living in BC's Lower Mainland. More than 40% of women using the clinic for the first time had never had a breast examination.

As well, studies indicate a far

higher incidence of cervical cancer in Asian women than Caucasian women. Asian women generally consider gynecologic care separate from the other health issues that



Dr. Lorna Sent: Male MDs a barrier for female Asian patients?

bring them to a family doctor's office, explains Sent. Educational material on Pap smears and breast

health has been developed at the clinic, and women undergo screening mammography on site.

Regina Li of SUCCESS, a Chinese community agency, says the clinic has been "very successful." Because of its word-of-mouth popularity, the agency no longer needs to promote the facility. Li says most of its clients have immigrated to Canada within the last 3 years and are attracted to it because of its female physicians. Only about half require their doctor to speak Chinese, since they possess adequate English.

Dr. Lois Yelland, medical health officer for Vancouver's East Health Unit, says the sheer numbers of Asian women needing service prompted the decision to open a clinic dedicated to them. Other clinics have taken a different approach. The Bridge Clinic, which is also at Mount St. Joseph Hospital, attracts women from diverse ethnic backgrounds. Its goal is to help women adapt to the Canadian health care system by encouraging them to seek care from their own family doctors. © — Heather Kent



Ontario's Hamilton Health Sciences Centre is playing a key role, for once the Chinese hospital is operating the Hamilton site will act as a telemedicine consulting base. John Tegenfeldt, CEO with the Vancouver/Richmond Health Board who will assume the same post with the Chinese hospital in December, says specialized radiological images may be sent to Hamilton for interpretation, with the Canadian hospital functioning as a "tertiary referral centre."

Down the road, Canadian doctors can expect more employment opportunities in China. Interhealth Canada China Inc. has been licensed to build 8 primary care medical centres in other cities, including Shanghai. All of the sites have a local population of at least 3 million people, as well as significant numbers of expatriates. — © Heather Kent

Impact of national pharmacare plan studied

A fully funded, comprehensive and publicly administered national pharmacare program would increase public spending on prescription drugs by about \$4.3 billion per year, a study completed for the Pharmaceutical Manufacturers Association of Canada has revealed. The study, released at the PMAC's annual meeting this fall, indicated that prescription drugs cost Canadians about \$6.8 billion in 1996, with provincial drug plans covering 44% of the cost. "Overall," said the study, "the best opportunity for a national pharmacare program is a combined public/private plan with a 25% copayment, as is the case in Quebec, or a plan in which the patient pays the dispensing fee. In both cases the impact on public and private plans is an increase of less than 10%." The National Forum on Health proposed the introduction of a national plan last February, and the idea is currently being considered by the federal government.

Religious leaders give organ donation a boost

In an unprecedented display of unity, leaders from different religious communities rose and signed a giant organ-donor card at the Ottawa headquarters of the Kidney Foundation of Canada in October. Those affixing their names included Roman Catholic Archbishop Marcel Gervais, Rabbi Reuven Bulka, Dr. Madhu Sahasrabudhe of the Hindu community, Dr. Mukhtar Malik, president of the Ottawa Muslim Association, and Quasem Mahmud, chair of the Islamic Schools Federation of Ottawa. In all, 10 religious leaders signed the card.

The foundation says the initiative comes at a crucial time because hospitals are reporting a critical shortage of donated organs. "At the same time," says the foundation, "people on long waiting lists are dying every day. We believe that people often decide against signing their donor cards because doing so will deny them a proper religious burial or will somehow be against their religion."

The foundation, which says about 16% of Canadians consider their religion a barrier to organ donation, hope the signatures will help to "dispel a widespread myth that donating organs is contrary to religious beliefs."

"This is the best thing you can do with your life — to save someone else's life," Bulka told the *Ottawa Sun*. "We want to escalate this to the point where it's not even a choice — it is a duty of the individual." Gervais, whose niece is an organ recipient, agreed that some people worry that religion frowns upon organ donation. "I don't understand it," he said.

Things aren't always as they appear

Member's Dialogue, a publication of the College of Physicians and Sur-

geons of Ontario, says many physicians are grappling over whether to review surveillance videotapes made by insurance companies when they complete independent medical examinations (IME) in injury cases. The college says videotapes present potential pitfalls, which range from questions about the actual identity of the subject if the tape is poorly recorded to viewing videotapes after conducting the IME, thereby eliminating the patient's chance to explain or clarify its contents.

Dr. John Carlisle, the college's deputy registrar, says physicians who do not feel they are experienced enough to interpret videotaped material or are unsure how it was made may refuse to comment on it. Physicians who screen videotaped material should tell patients the evidence will be part of their assessment.

Shortage of re-entry positions tackled on East Coast

Nova Scotia has approved a proposal to provide additional postgraduate specialty training for physicians already in practice, with 12 new positions being made available annually at Dalhousie University. The shortage of postgraduate positions has caused numerous complaints across Canada because physicians who want additional training have found themselves locked out of the system because new graduates are taking up all available training slots. *Pulse*, the newsletter of the Medical Society of Prince Edward Island, says that province is trying to determine if any island physicians wish to apply for the Nova Scotia positions, which will be available at Dalhousie University. Approval of funding for a position, which will cost \$38 000 a year, will not be approved by the PEI government until an area of need had been identified.