



The studentship program will take from 80% to 100% of a student's time for up to 2 years of clinical research, during which the study of pain

management and breathlessness will be high priorities. The grants program aims to use evidence-based research on medications used to treat

these symptoms to develop equitable, cost-effective access to drugs across the country. Faculty scholarships lasting up to 2 years will be open to a wide range of education professionals.

The CPCI will be administered at arm's length from government by the newly created Palliative Care Foundation of Canada. It will cost \$19.5 million over 5 years, with \$9.75 million coming from Health Canada and the balance from the drug industry, other private sources and fund-raising. — © Heather Kent

## What does it cost to live with HIV?

The annual British Columbia HIV/AIDS conference marked its 10th birthday this fall, and the anniversary arrived at a critical time because BC now claims one of the highest incidence rates for HIV infection in the developed world.

A unique Canadian project discussed at the 1997 conference has been investigating the cost and economic impact of HIV and AIDS. The goal of the Community Health Resource Project is to define direct and indirect costs associated with HIV/AIDS and, conversely, to explore the economic value of life. The project evolved after discussions with community groups to determine where gaps existed in current cost-related research. "What is missing most notably in other studies is the cost to partners, volunteers and community agencies," said Dr. Robin Hanvelt of UBC, the study's principal investigator.

Current direct-cost estimates per lifetime episode of AIDS are as high as \$180 000, whereas indirect costs representing lost income because of death and debilitation may reach almost \$1 million per case.

This is the only Canadian study to specify the cost of retroviral therapy (57% of participants are taking drug combinations that cost about \$12 000 per year, and protease inhibitors cost close to \$6000 annually). It also includes a wide range of costs, including the price

tag attached to volunteer support, and contains a large sample from "emerging groups" affected by the disease, such as women and natives.

A functional health-status component, which describes people's perception of their health, is considered a crucial component. As well, participants are asked to record in a diary unmet needs involving basic items such as food and clothing.

Evin Jones of the BC Persons with AIDS Society said patients' dependence on welfare benefits is her agency's "central dilemma." Affordable housing is needed, because even though average rent in downtown Vancouver is \$740 per

month, the maximum shelter allowance for those receiving welfare is \$325 a month. This forces many people to live in decrepit hotels. The requirement that Canada Pension Plan disability benefits be deducted from welfare cheques also causes financial problems, said Jones.

The research project, launched in September 1996, now has 550 participants; 175 are natives, and native leaders play an active role in the project. Data are currently being analysed and results will be disseminated widely in the AIDS community. Hanvelt and his coinvestigator, UBC economist David Schneider, "hope the data will be used in ways that we never anticipated." — © Heather Kent



## WHO condemns broad use of antibiotics on farms

Humans are in danger because of the growing use of antimicrobial drugs in raising farm animals, the World Health Organization (WHO) says. Following an October meeting, WHO reported that public health consequences of excessive use of antimicrobial products in livestock include the emergence of resistant microbes, which can be transferred to humans through the food chain. Researchers attending the meeting received evidence that antibiotic use in animals leads to resistant salmonella infections.

## Manitoba MDs say *Nein* to German physicians

Manitoba's health minister never dreamed that his plan to hire German doctors to work in remote parts of the province would degenerate into an acrimonious debate between the government's official opposition, the College of Physicians and Surgeons of Manitoba and the Association of Foreign Medical Graduates of Manitoba Inc.

During a recent trip to Germany, Health Minister Darren Praznik scoured the country for 40 replacement doctors to serve in areas with chronic physician shortages. However, his initiative caused a storm of