been in a persistent vegetative state since March 1996. Doctors recommended a DNR order be placed on the boy's chart against the wishes of the natural parents. But the child's legal guardian, Child and Family Services of Winnipeg, agreed with the DNR order and subsequently was sued by the parents.

Schafer said that intervention could only serve the parents, who may be charged with murder if the child dies. He said the court ruling does not absolve doctors of legal responsibility for the decisions they make. "If a physician's failure to provide a service is negligent or incompetent, then there still can be adverse consequences for the physician under the law."

Dr. Mark Heywood, a gynecologic oncologist at the Manitoba Cancer Treatment and Research Foundation, said the decision is important because it underscores and supports the Manitoba Medical Association's (MMA) newly developed position on futile therapy. "The gist of our position is that patients have a legal right to refuse treatment, but they don't have a right to demand treatment," he explained.

For example, he said patients don't have the right to demand antibiotics for a viral infection or to request a brain scan for a headache. "It is unethical to waste resources on a futile case when the same resources may help to save the life of another patient. Wasted drugs and therapies may not be available when they are really needed."

Heywood said the MMA is working with the College of Physicians and Surgeons of Manitoba to draft a Code of Conduct. Manitoba physicians could apply the guideline when using the CMA's Code of Ethics, he said. — © *David Square*

Quebec latest to face obstetricians' anger

Quebec has become the latest province to face off with its obstetricians over malpractice fees and other issues. In December the province's obstetricians began refusing to accept new patients until they had negotiated a new agreement with the Ministry of Health and Social Services. A $5000 increase in malpractice insurance dues, which brought the cost of coverage to $29 000 a year, was the "straw that broke the camel's back," says Dr. Vyta Senikas, president of the Association of Obstetricians and Gynecologists of Quebec.

They launched their pressure tactics Dec. 16 by refusing to accept new patients; 2 days later they agreed with the ministry and Federation of Medical Specialists to begin intensive negotiations this month. Although they

Malaria may be on move to "tropical" Canada

The recent confirmation of a case of malaria involving a Toronto woman was hardly unique, given that several hundred cases are confirmed in Canada every year, but Dr. Kevin Kain says this one stands out because it was probably caused by a Canadian mosquito. Although this has been a very rare occurrence in recent times, it may be a harbinger because global warming is expanding malaria's reach.

Canada had 744 confirmed malaria cases in 1996 and an estimated 2000 unreported cases, which involved people returning from regions where the disease is endemic. Today, rapid transportation means that no doctor's office is immune from seeing patients with malaria. Kain, director of the Tropical Disease Unit at the Toronto Hospital, finds it frustrating that many physicians continue to ignore the possibility. He said it usually takes 6 to 8 days for the parasite to be identified, and this is far too long for a disease that can kill quickly.

He says that if physicians asked a straightforward question — "Have you travelled outside of Canada to a region where malaria is present?" — and ordered a blood test if there was a positive answer, lost treatment time would be substantially reduced.

Canada has 3 of the 4 factors necessary for an outbreak of malaria: *Anopheles* mosquitoes, standing water and a climate that is warm for at least 3 months of the year. The missing element is a large concentration of people carrying the parasite.

Canadian history indicates that these elements have come together in the past, most notably during construction of the Rideau Canal. A large portion of the labour was provided by British troops who had recently returned from India, many of whom were infected with the parasite. An outbreak occurred, and construction had to be halted until it subsided.

The message for Canada's physicians is that, given global warming, rapid transportation and the mosquito breeding grounds available here, it might be time to consider malaria as something more than a tropical disease. — © *Peter Wilton*

appear optimistic that agreement will be reached, the obstetricians have said that if a solution is not found by Feb. 1, all low-risk deliveries will have to be handled by GPs. Obstetricians will be involved only in providing essential and tertiary services for high-risk patients.

Senikas says the insurance issue brought the plight of her specialty into focus in Quebec, where obstetricians make $252 per vaginal delivery — less than in any province except Newfoundland. She says an obstetricians who handles an average of 120 deliveries a year has a take-home pay of $20 per delivery. Many obstetricians outside the cities perform even fewer deliveries, but their insurance costs remain the same. Malpractice premiums are expected to reach $40 000 by 2000.

In recent years, many Quebec obstetricians have become so angry about the situation that they left for the US or other provinces; many others began deciding at a younger age to drop obstetrics and stick to gynecology. "There's no future for our young people here, and they sense it," Senikas argues. "We're doing this for the future of the specialty, before it's too late and people have left or stopped. We're not asking for any increases except for work related to the delivery room."

Obstetricians are seeking reimbursement of their malpractice premiums, so that they would pay $4900, with the government paying the rest; this arrangement is already in place in Ontario. They also want the fee for a vaginal delivery raised to $400, an increase in bonuses for evening and night deliveries, and an agreement that any money earned in the delivery room will not be included in the annual salary ceiling of $257 000.

Meanwhile, the general practitioners who perform 42% of deliveries in Quebec think obstetricians have reason to complain. The 600 GPs who perform obstetrics pay malpractice fees of $4980 a year. Dr. Jean Rodrigue, a spokesperson for the Federation of GPs of Quebec, says it wants to encourage GPs to handle births. In the short term, however, "I think it would be difficult for GPs to deal with the situation" if obstetricians increase their pressure tactics.

Meanwhile, a government council recently proposed that midwives be allowed to practise in hospitals, birthing centres and private homes. However, it said midwife-assisted births should not take place more than 30 minutes from a hospital. — © *Janice Hamilton*

Physician numbers hold steady

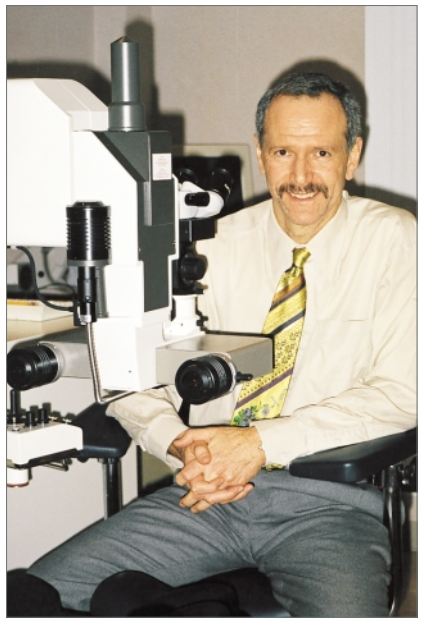
The number of physicians in Canada dropped by 48 — or less than 0.1% — in 1996. Figures released by the

Popularity of laser eye surgery grows in BC

Laser eye surgery is thriving to such an extent on the West Coast that a Vancouver ophthalmologist says British Columbia may be the busiest area for the procedure in North America. Since the first private clinics opened here 7 years ago, says Dr. Hugo Sutton, up to 30 000 eyes have been treated in Vancouver. Sutton, 1 of about 20 BC ophthalmologists active in the field, says these numbers are "approached in Calgary and Windsor, but not in the US." He attributes the popularity of excimer laser photorefractive surgery here to "a recognition of Canadian refractive surgery for its careful due diligence as well as high volume and successful outcomes."

Patients, who can refer themselves, typically pay up to $5000 for bilateral refractive surgery. Americans account for about 20% of the caseload for Dr. Michael Berman, another ophthalmologist with a laser-surgery clinic in Vancouver. He says Canada's approval process for the second and third generation of laser equipment has been faster than in the US, and this means that American patients may receive more advanced surgical techniques here.

Techniques have been improving. Laser in situ keratomileusis (LASIK) procedures, which involve cutting the cornea, creating a tissue flap and then applying the laser treatment, began just last year; it now accounts for about 80% of the work in Sutton's clinic.



Dr. Michael Berman in the operating room at his Vancouver clinic

Why have these procedures become so popular? Sutton says that eliminating glasses or contact lenses is a "life-enhancing procedure for many people." Berman concludes that "people seem to want to be free of glasses and contact lenses," and laser surgery has given him "another lease on ophthalmology." — © *Heather Kent*