



Apart from Pender Island, which has 2 physicians, each of the other 6 islands has only 1 doctor. They depend on water taxis and helicopters for medical evacuations, and some islands lack ambulances. Keegan-Henry calls it a “very unsupported situation,” although she acknowledges that having a nurse to provide coverage at the island’s clinic 2 days and 3 nights a week means she is in a better position than some of her colleagues. “It allows me to stay on my feet — just,” she says.

Keegan-Henry is the eighth doctor to practise on Mayne Island in

about 10 years, and she wants another physician to share the workload. She sees twice as many patients as when she arrived 2 years ago, and 60% of them are older than 60. Her island has 1 ambulance, which is staffed by workers with industrial first-aid training. In emergencies, a water taxi will reach Victoria in 45 minutes; in serious cases a helicopter is called in. In the summer, when the population triples to about 3000 people, Keegan-Henry has arranged up to 3 helicopter evacuations in a week.

As well as the challenges posed by emergency coverage, she says, it is

“incredibly difficult” to leave the island for continuing education, and she rarely sees other physicians. She has been able to take 17 days of holidays thanks to the provincial rural locum program, which she describes as a “godsend.”

When she arrived with her husband and 2 young children, Keegan-Henry intended to stay on Mayne Island permanently. Unless her load is lightened, however, she is going to leave. She says the island doctors’ stand concerns an “issue of quality of life in rural communities.”

“All I want is a chance to sleep and see my kids.” — © Heather Kent

New system helps disguise facial deformities

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British chemist Ray Winter demonstrates the Cosmesil system

British researchers have developed a silicone-based system that may help ease the plight of patients left with facial deformities because of surgery. The use of artificial eyes and other items to hide deformities dates back hundreds of years — some have been found in ancient Egyptian tombs — but the major concern today is to use synthetic materials as an alternative to cor-

rective surgery, especially when a malignant lesion is likely to reappear or when the vascular condition at the site of the deformity is so poor a successful graft is unlikely. A new system called Cosmesil, developed by Principality Medical Ltd. of Wales, features “feather edges that effectively disguise the line between the prosthesis and the existing skin tissue.”

Abortions now funded in Newfoundland

A recent decision by the Newfoundland government means women no longer have to pay for abortion services at the Morgentaler Clinic in St. John’s. When the clinic opened in October 1990 it received no government funding. Instead, it charged patients a fee of \$400 to \$750 to cover the cost of the procedure. The clinic was able to reduce its fees in 1993 after the province agreed to pay the physicians who performed the clinic’s abortions.

But lawyers for the Morgentaler Clinic argued that the province should pay the entire bill, since abortion is considered a medically necessary procedure that is covered by the Canada Health Act. Nothing happened until early 1995, when the federal health minister of the day tackled the issue.

Diane Marleau ordered provincial governments to foot the bill for services provided by private clinics in cases where they are already paying the doctors’ fees. “The minister was saying that if the province paid the doctors, it was recognizing the service as legitimate,” says Peggy Keats, manager of the Morgentaler Clinic in St. John’s. “And they should be pay-