



BC tackles whiplash-injury problem

British Columbia's rate for whiplash-injury claims is among the highest in the world, with some 50 000 accidents costing almost \$500 million a

year. These sobering statistics, combined with the world's first significant documentation of whiplash injury by the Quebec Task Force on Whiplash-Associated Disorders, are the driving forces behind the newly launched BC Whiplash Initiative.

The program, the largest continuing medical education initiative in the province's history, represents a joint effort by the BC College of Family Physicians, the Insurance Corporation of BC (ICBC), and the Department of Family Practice and the

Computer enhances doctor-patient relationship

Breast cancer patients at a Winnipeg oncology clinic are testing a touch-screen computer program that helps them identify their information needs and the role they want to play during treatment.

"It's a low-dose intervention," comments Dr. Lesley Degner of the St. Boniface General Hospital Research Centre, who is principal investigator during a clinical trial of the system.

Approximately 280 patients have participated to date. The women are divided into 2 groups: members of 1 group use the computer and members of the other respond to the same questions but on paper. Those using the computer receive a printout. After seeing the

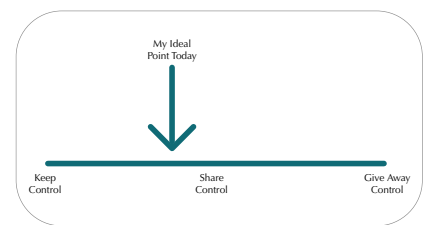
doctor, both groups of patients are given a patient satisfaction questionnaire to ascertain the results of the visit. It determines whether the patient achieved her desired level of decision-making and whether she obtained the information she wanted.

The researchers have determined that the process of identifying role preference and information needs has caused women to think more about these issues. "It solidifies [preferences] when women see the printout," said Degner.

Degner, a registered nurse, said there is little in the medical literature to indicate whether physicians ask patients about their information needs. This study not only will

provide a breakdown on information needs and role preferences according to age but also will help document whether physicians are asking patients the right questions.

The study, funded by the Canadian Breast Cancer Initiative, follows 2 previous studies by Degner. The first assessed the information needs and treatment-participation



This sample printout shows the role the patient wants to play on the day of the visit. She wants to play a slightly stronger role in decision-making while still working closely with the physician.

choices of breast cancer patients. It found that about two-thirds of the 1012 women surveyed wanted to be involved in their treatment choices (Degner LF, Kristjanson LJ, Bowman D, Sloan JA, Carriere KC, O'Neil J, et al. Information needs and decisional preferences in women with breast cancer. *JAMA* 1997;277:1485-92). Less than half, however, believed they were able to participate to the degree they wished.

In another study, Degner and colleagues monitored 278 breast cancer patients to find out if their information needs changed following their diagnosis. They also looked at the extent to which patient participation in treatment decisions predicted psychosocial outcomes such as anxiety, depression and regret about decisions. Results from this study are currently being analysed. — © Jane Stewart



Principal investigator Dr. Lesley Degner (standing) and research nurse Luella Sinha look on as patient Mary Barwinsky selects her role preferences by touching computer screen



medical faculty at UBC. ICBC is providing the funding.

The Quebec researchers reviewed the literature on whiplash and eventually whittled 65 000 articles down

to just 65. They concluded that traditional treatments had to change: active exercise is now recommended over passive measures like rest and the use of collars. Those passive mea-

asures can actually "make things worse," says Dr. Stephen Barron, cochair of the BC initiative. Diagnosis has long presented a challenge, and most physicians are "very frus-

MD placement a big concern as end nears for 2 Ottawa hospitals

Come next year, Ottawa's lineup of hospitals is going to be a lot shorter. Two city hospitals — the Riverside and the Salvation Army Grace — are being closed as part of Ontario's health services restructuring exercise. The Ottawa region's reconfigured delivery system is intended to save \$128.9 million annually.

Dr. Duncan Sinclair, chair of the Toronto-based Health Services Restructuring Commission (HSRC), says his group's goal is to ensure "that physicians are treated fairly and equitably in attaining privileges and access to resources in a restructured system."

The president of the medical staff at the Riverside isn't so sure. Dr. Chris Fleming, who runs his own family practice in Ottawa, says the 150 physicians associated with the 200-bed hospital are playing the "waiting game" over their futures. "Many of the surgeons and internists are wondering what happens during the transition period when we become the Riverside site of the new Ottawa Hospital," says Fleming.

He thinks the "massive chaos and confusion" inherent in the restructuring exercise have fuelled the fires of uncertainty and left many of Riverside's physicians "paranoid." Its emergency room is set to close Nov. 30 and the entire site is to cease operation as a separate hospital at year's end.

The future for the 120 physicians affiliated with the Grace is equally uncertain, says hospital president and CEO Major Malcolm Robinson; the hospital had been providing acute care to Ottawa patients for 94 years.

"Not all of this has been worked out by any means at this stage, and that's where the work of the medical fact finder will partially come into play."

Earlier this year, the HSRC released a discussion paper on medical human resources issues. The paper



Major Malcolm Robinson: "unhappy with the way things worked out"

was prepared by a group chaired by Dr. John Atkinson, a former chief of staff at the Ottawa Civic Hospital, and recommended that all hospitals form a transitional medical human resources team that would develop "physician-adjustment policies" during restructuring.

Amalgamation of the Riverside and the Grace was scheduled for the end of March, at which time the Board of Directors of the new Ottawa Hospital (which also combines the Civic and the General hospitals) will decide on staffing issues. While

it's not scheduled to close until Sept. 30, 1999, the Grace seems further ahead in knowing what will happen to some of its physicians.

The hospital's chief of obstetrics and gynecology, Dr. Seema Johri, will assume that position at the Queensway-Carleton Hospital when the responsibility for obstetrics is transferred there from the Grace next year. "Obstetrics is a new program for them so they had to create the new position," explains Robinson, who anticipates that all the Grace's obstetricians and pediatricians will gain privileges at the Queensway-Carleton. That turn of events is welcomed by Robinson and his staff, who are still "unhappy with the way things worked out."

The medical team at the Riverside, meanwhile, has little cause to celebrate. Fleming suggests that restructuring has been nothing more than a political exercise. "We recently received a 4-year accreditation for efficiency, but the government decided it was going to close 30 medium-sized hospitals in Ontario and they decided to close us," he says. "We're easier to close than the Civic or the General because they are bigger than we are."

To add insult to injury, the Riverside will lose its CT scanner at the end of June, when it is to be transferred to the Queensway-Carleton — 6 months before the Riverside is scheduled to close. "We can't function as an up-to-date hospital doing various types of care if the CT scanner goes," Fleming complains. —

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trated” because they have little formal training in the diagnosis and treatment of whiplash. Barron says the new program “will give the majority of physicians in BC a consistent approach to whiplash, using innovative ways of getting the information out.”

The initiative teaches doctors to diagnose injuries in 4 categories, according to severity. Twenty physicians from different disciplines involved with whiplash-injury treatment have been trained to present the training in every BC community that has a hospital, says Barron. One-day sessions are also held in large centres.

As well, interactive audio teleconferencing sessions are held twice a year, linking physicians in 27 rural locations with presenters in Vancouver; written material is sent to physicians before the conferences. Dr. Carl Whiteside, a member of the initiative’s steering committee, says sessions held so far have been well received.

Other components of the program include a Web site (www.health-sciences.ubc.ca/whiplash.bc/), expansion of the undergraduate curriculum and the creation of guidelines to help write medicolegal reports. The BC group is also organizing the first World Congress on Whiplash, which will be held in Vancouver in February 1999 (www.whiplash.99.org). — © Heather Kent

Rural Newfoundland no longer Canada’s “AIDS capital”

A rural area in Newfoundland may have lost its distinction as “the AIDS capital of Canada,” but AIDS workers say lower infection rates shouldn’t make anyone complacent.

Between 1990 and 1995, about 40 people in the Conception Bay North area tested positive for HIV, most of them young women. Since then, however, only one new case has been

reported. That news is a relief to the roughly 50 000 people who live in Conception Bay North, a string of small communities just over an hour’s drive from St. John’s. Since 1990 the area has had one of the country’s highest HIV-infection rates for young women.

“If the numbers are down, that’s excellent,” says Gerard Yetman, executive director of the Newfoundland and Labrador AIDS Committee. “It means we can look at what we’ve done in public education, see what’s worked and enhance our programs. But I hope we’re not jumping the gun here. Until we have hard scientific data on how many people are being tested, we can’t say for sure that the numbers are down. And the health department has never released information on testing.”

The high infection rate in Conception Bay North prompted the Red Cross to stop collecting blood from local donors in 1995, and residents said that move simply added to the stigma the community was facing.

Meanwhile, health officials were trying to find out how so many people in such a small area became infected.

“There was no sign of injection drug use in the area and viral studies told us there was nothing different about the virus,” says Dr. Catherine Donovan, medical officer with the Eastern Newfoundland Health Unit. “It appeared that sexual activity among heterosexuals was responsible for the outbreak.”

When the first cases emerged, public health officials began tracing sexual contacts and notifying the sexual partners of people who had tested positive. One man, Raymond Mercer, was convicted of criminal negligence and sentenced to 11 years in prison for knowingly infecting a number of local women.

“I think partner notification and contact tracing was very effective, particularly in this setting,” says Donovan. “We encouraged a lot of people to get testing and most people [who are HIV positive] have been identified.”

Cool site

Go *Ask* *Alice*
(www.columbia.edu/cu/healthwise/alice.html) is tailor-made for physicians who find themselves besieged with a dizzying array of questions from younger patients. By passing along this address, they’ll allow these patients to find many answers on their own. *Go Ask Alice*, which is maintained by Columbia University Health Services, is aimed at mature teenagers and university students. It serves as an online advice columnist that electronically responds to real questions posed by its readers. The questions are grouped under broad categories such as sexuality, relationships, alcohol and drugs, fitness and nutrition, emotional well-being and general health. My only criticism is that the inquiries within each section are listed randomly, although a search engine is available for those seeking specific information. The questions I saw dealt with an abusive boyfriend, acne and antibiotics, breast implants, pinworms, body odour, an Achilles tendon injury and whether a synovial cyst should be treated by smashing it with a hammer. I found Alice’s answers appropriate and informative, with frequent cautions to seek a physician for further advice. A word of warning — the section on sexuality is very graphic and makes no moral assumptions. Your patients should be alerted that they may find some of this material inappropriate or offensive. — Dr. Robert Patterson, robpatterson@msn.com