



Fetal alcohol syndrome diagnosed by telelink in Manitoba

Children in northern Manitoba suspected of having fetal alcohol syndrome (FAS) or fetal alcohol effects (FAE) are now being diagnosed via a telelink between the Thompson Hospital in northern Manitoba and the Children's Hospital FAS Diagnostic Clinic in Winnipeg. The 2 facilities are 750 km apart. "This is a significant tool," says Dr. Albert Chudley, a clinical geneticist specializing in FAS research at the Children's Hospital. The new technology has already been used successfully to diagnose a child with FAE. (The impact of fetal alcohol effects is similar to that of FAS, but it does not include all the physical features linked to fetal alcohol syndrome.)

Chudley and his colleague, clinical geneticist Dr. Sandra Marles, told a recent news conference that they do

not foresee any problems making a FAS diagnosis via a TV screen. "A hands-on approach is, of course, preferable," says Chudley, "but it is not difficult to recognize on television the discriminating facial features of children with FAS, including small palpebral fissures, relatively long, smooth philtrum and narrow upper lip."

Marles says the telelink will save money because children suspected of having FAS/FAE will no longer be flown to Winnipeg for diagnosis. More importantly, she says, children with these problems don't travel well, and the telelink will spare them a trip.

Chudley says the Canadian Centre for Substance Abuse estimates that it costs \$1.4 million to provide extra health care, education and social services for one FAS child. Then Manitoba Health Minister Darren Praznik said the \$170 000 teliagnostic model is part of Manitoba's commitment to the Prairie Province FAS Initiative, which was announced last fall.

Chudley says this technology will help create a community-based team of experts to assist with support, diagnosis and treatment for every child with FAS/FAE. About 2 years ago, Chudley and colleague Dr. Michael Moffatt, head of Community Health Sciences at the University of Manitoba, reported that 10% of children living on First Nations Reserves in Manitoba are victims of alcohol teratogenesis. Researchers in Manitoba hope the telelink system will eventually be expanded to include other diseases. — © David Square



Then Health Minister Darren Praznik and teliagnostic model

"It's not alternative [medicine] to the patient"

Family physicians have a duty to find out if their patients are using complementary therapies, an American expert says. Dr. David Eisenberg, director of the Alternative Medicine Research Medical Clinic in Boston, made the observation during the recent Complementary Medicine Conference in Vancouver.

Eisenberg says doctors should ask patients if they are considering using or are already using other therapies. "If you don't ask, you tend to be wrong a lot. You are missing an opportunity to honour the patient's values and wishes in what they would like to do in partnership with you. Most doctors in the US don't want to

talk about this." He advises asking patients if they have thought about using any "other therapy," but to avoid use of the word "alternative" because "it's not alternative to the patient."

After evaluating the patient, presenting conventional treatment

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Pediatricians, psychiatrists slam pornography ruling

The British Columbia Supreme Court's January ruling that legalized possession of child pornography is "completely unacceptable and inappropriate," say 3 groups of child health specialists. The Canadian Paediatric Society, Assembly of Canadian University Paediatric Department Heads and Canadian Academy of Child Psychiatry say the decision must be thrown out swiftly.

On Jan. 14, Justice Duncan Shaw struck down a section of the Criminal Code that outlaws the possession of child pornography because of the "profound invasion" of freedom of expression and right of privacy, as guaranteed by the Canadian Charter of Rights and Freedoms. The decision was delivered in the trial of John Robin Sharpe of Vancouver, who

was charged with possession of child pornography and possession for the purpose of distributing and selling. The ruling could be cited as a precedent in similar cases, but it is currently under appeal.

Citing the UN's Convention on the Rights of the Child, the 3 child health groups said the right to be free from exploitation outweighs the right to freedom of expression or the right to privacy. The 1989 convention states that "Parties take all appropriate measure to prevent . . . the exploitative use of children in pornographic performances and materials." The 3 groups state that: "As signatories of this important document, we are obliged to uphold the current Canadian law forbidding possession of child pornography."

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options and establishing whether or not they have been tried, Eisenberg recommends an approach based on targeting symptoms. He discusses his patients' preferences in complementary therapy and asks them to keep a daily diary, describing their symptoms at the same time of day for up to 6 weeks.

He also gives them a list of questions to ask licensed alternative practitioners. If the practitioner is not willing to provide honest responses, he suggests that the patient find someone else. The questions include:

- How many treatments will be needed and at what cost?
- How much experience do you have with this kind of condition?
- How long will it take for results to be evident?
- Are you willing to talk to my doctor?

After the patient has seen the alternative practitioner, Eisenberg likes to review the proposed treatment plan. If he does not like it, "this is the time to say 'I'm concerned,' which is different from [saying], 'If you do this, don't come back here.'"

If the alternative practitioner asks the physician to arrange for a test that the doctor does not consider necessary — a chiropractor requesting an MRI, perhaps — Eisenberg would decline by saying: "Don't ask me to get into this compromising position."

The outcome of a patient's experiment with an alternative treatment is usually clear: it either helps or it doesn't. Whatever happens, the experience potentially strengthens the relationship between doctor and patient and opens a line of communication with the alternative practitioner, says Eisenberg. — © Heather Kent

South African hospitals win subscriptions



Leslie Rourke

Two South African hospitals (Manguzi Hospital, Kwangwanase, and the McCord Hospital, Durban) have been awarded 3-year subscriptions to *CMAJ* and its sister publication, the *Canadian Journal of Surgery* (see *CMAJ* 1999;160:63-4). The nominators, Drs. Leslie and James Rourke of Goderich, Ont., visited the hospitals — one rural and one urban — in September 1997. They report that the HIV epidemic in South Africa, when combined with surging opportunistic infectious diseases such as TB, are "decimating the health care resources and the population in general." The Rourkes added that patients in rural hospitals in KwaZuluNatal Province carry their own charts (top), usually wearing them on their bodies.