



## Pulse

# Where have all the nurses gone?

Recent data from the Canadian Institute for Health Information (CIHI) indicate that the total number of registered nurses employed in Canada

Registered nurses employed in nursing per 100 000 Canadians

Province	1993	1998	% change
Nfld.	891.4	986.3	10.6
PEI	937.8	933.0	-0.5
NS	986.4	911.2	-7.6
NB	1002.5	990.3	-1.2
Que.	832.5	773.1	-7.1
Ont.	784.5	687.3	-12.4
Man.	915.8	893.2	-2.5
Sask.	832.6	823.4	-1.1
Alta.	812.5	746.7	-8.1
BC	754.6	696.4	-7.7
Yukon	-	778.3	n/a
NWT	796.2	782.8	-1.7
Canada	816.3	782.8	-1.7

Source: Canadian Institute for Health Information

dropped by 3.4% between 1993 and 1998, falling from 235 630 in 1993 to 227 651 in 1998. Because of a growing population, this represents an 8.3% decrease in the number of nurses per 100 000 Canadians.

Although half the provinces showed gains in the overall number of nurses employed between 1993 and 1998, only Newfoundland showed an increase in the number of nurses employed relative to population. Ontario experienced the largest decline, with a 12.4% decrease per 100 000 people. In that province, there were 5518 fewer nurses in 1998 than in 1993.

CIHI also found that the nursing population in Canada is aging, with 25.5% of nurses being 50 years or older in 1998; 5 years earlier, the comparable figure was 20.7%. At the other end of the scale, the proportion of

nurses under 30 decreased from 14.2% of the total in 1993 to 10% in 1998.

There has also been a significant change in the profile of employment opportunities for registered nurses. An increase in the availability of casual part-time positions has increased the proportion of those working part time from 39% in 1993 to almost half — 48% — by 1998. The proportion of nurses working in the fields of community health and home care also grew, from 9.2% in 1993 to 11.5% in 1998. The proportion working in hospitals had fallen to 62.4% in 1998, down from 67.3% in 1993.

This column was written by Lynda Buske, Chief, Physician Resources Information Planning, CMA. Readers may send potential research topics to Patrick Sullivan (sullip@cma.ca; 613 731-8610 or 800 663-7336, x2126; fax 613 565-2382).

## Breast cancer treatment and older women

Fifty percent of breast cancer cases now involve women older than 65, but are these women victims of ageism when it comes to research, diagnosis and treatment of the disease? This was one of many issues explored at a recent Vancouver conference on breast cancer treatment involving older women.

Sixty-five-year-old women can expect to live another 18 years and 75-year-old women another 12 years, said Dr. Sharon Allan, head of medical oncology at the BC Cancer Agency in Victoria. But treatment for breast cancer within this age group can be controversial because most clinical studies have not included older women. Treatment decisions have to be made in the context of other illnesses and the women's social situation. Ageism — the feeling that

these women are not worth treating because of their age — should be avoided as a rationalization for withholding treatment, Allan said.

Studies show that older women undergo screening mammography less often than younger women and are less likely to have breast-preservation surgery. However, cancer detection from mammography is more common in 65-to-75-year-old women than in younger women. Dr. Noelle Davis, head of surgical oncology at the Vancouver Hospital and Health Sciences Centre, said these women should have mammograms biannually, and after they reach age 75 if they are healthy.

Davis said one study showed a 40% reduction in breast cancer in older women who took tamoxifen prophylactically. Tamoxifen is “very

well tolerated in older women,” Davis concluded.

Although older women are less likely to receive appropriate therapy for breast cancer, most cope well with radiotherapy and surgery. Davis said a lot of myths surround the use of radiotherapy for this age group; for instance, women with osteoporosis can receive radiotherapy if the body is positioned carefully, although the use of chemotherapy remains controversial because there are no good data.

For frail, elderly patients, Davis said limited surgery, such as lumpectomy, can be done under local anesthetic, and should be followed by radiotherapy. The future, she concluded, “presents a great opportunity for better screening and prevention efforts” in older women. — © Heather Ken/Vancouver