# Helping musicians to keep hearing the high notes

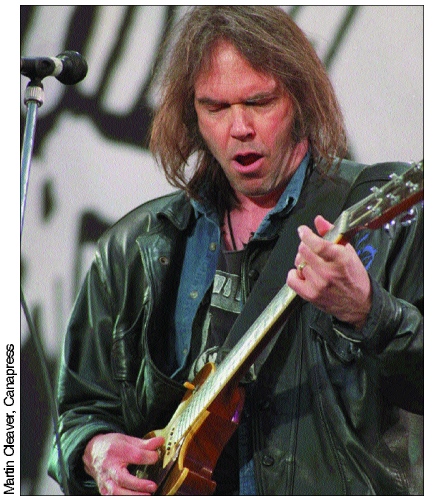
The waiting room of the Centre for Health Promotion looks like the audition room for a symphony orchestra or a rock and roll group. The centre, which specializes in helping musicians, encourages its clients to bring their instruments to their appointment. They play for Dr. John Chong and Prof. Marshall Chasin, not for applause, but to ascertain what physical price they are paying for their love of music.

Chong's training as a concert pianist provided him with firsthand knowledge of the physical toll that playing music can take on the body. Chasin's expertise in audiology, combined with his love and appreciation of music, made him the ideal audiologist for the centre, which opened in Hamilton in 1986. A second centre recently opened in Toronto.

Hearing loss is one of the biggest problems, with 90% of musicians experiencing some sort of hearing loss, according to Chasin. And many of these people don't seek medical attention until the damage is so severe that it impedes their ability as a musician.

Rock musicians tend to lose their hearing due to the sheer volume of noise. Statistically, classical musicians are at an equal or greater risk of hearing loss. The reasons vary from the number of hours they practise to where they sit in the orchestra. Hearing loss can even be related to whether musicians like the music they play.

To prevent loss, Chong and Chasin offer hearing protection designed with musicians in mind. What makes these protective devices unique is that they reduce sound levels by 15, 20 or 30 decibels but the sound waves remain intact, even the high notes that cause the greatest damage. The fact that the integrity of the music remains is vital in convincing musicians to wear hearing protection. In the past, they complained that the bass line and the high notes were lost when hearing protection was worn.



Martin Cleaver, Canapress

**Not forever Young: High decibels can put rock stars at risk of hearing loss**

Chasin hopes that with the innovations taking place in hearing protection, younger musicians will respect the potential for hearing loss and take preventive measures. — © *Peter Wilton*, Toronto

# Getting paid not to teach too costly for New York hospitals

Despite handsome government bonuses to cut residency programs and thereby stem physician oversupply, New York State hospitals are finding they can't do without the low-cost, high-volume services of their young doctors-in-training.

Two years after signing on to the federal program, similar to one that paid farmers *not* to grow crops, more than half of the 49 hospitals in the Medicare Graduate Medical Education Demonstration Project have dropped out. Their complaint: replacing residents earning US$50 000 and working 80-hour weeks, with fully qualified specialists earning US$150 000 and working only 40 hours, was a losing proposition — even with the federal government kicking in its subsidies.

As Kenneth Raske, president of the Greater New York Hospital Association (GNYHA) said in a published report: "It became clear how indispensable the residents are to providing high-quality care on a day-in, day-out basis." It was the GNYHA, backed up by the state's 2 powerful senators, that first thought up the plan (see *CMAJ* 1997;157;1263-4).

Federal Medicare pays hospitals up to US$100 000 per year for each resident trained, and after paying their salaries (about US$50 000), hospitals can pocket the rest. Under the demonstration project, Medicare continued to pay hospitals even for the residency slots that were cut, so long as they reduced the total number of slots by as much as 20% to 25%. The plan was expected to result in up to 400 fewer residency positions in New York in the first year alone.

Though devised initially for New York, which trains some 15% of the nation's doctors, the plan was to extend the program to other states if it was successful. One major teaching centre that signed on to the program found the first year's experience cost the hospital US$1.5 million. Administrators quickly backtracked and restored the 40 resident positions they had cut.

When they signed on, the hospitals anticipated some significant changes in the supply-demand equation. They expected patient populations to decline, thus reducing the need for residents, and they felt Medicare reimbursements to hospitals to train doctors would surely be cut given federal balanced-budget imperatives. That would have reduced their incentive to employ residents. Neither change happened. Medicare budget cuts were only slight, and although average lengths of stay have dropped, the number of admissions rose and so the demand for residents' labour intensified. — © *Milan Korcok*, Florida