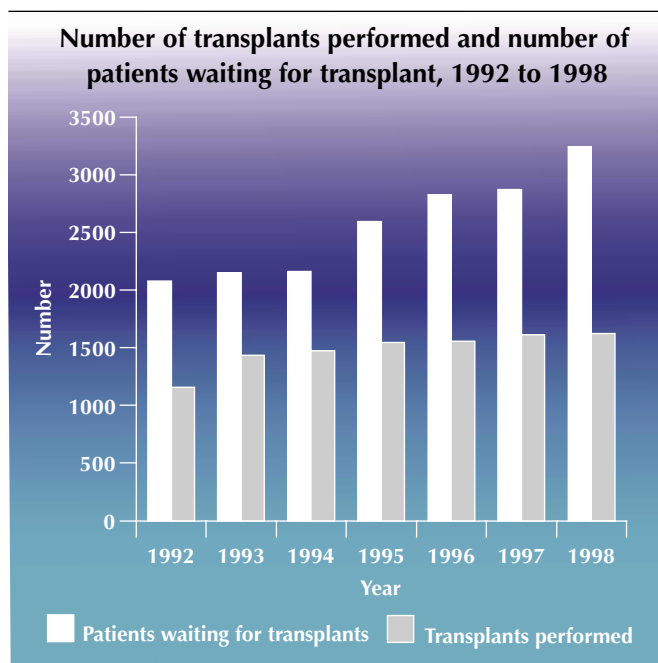


## Pulse

## Transplant queues grow as donor numbers wane

Figures released recently by the Canadian Institute for Health Information (CIHI) indicate that the national organ donation rate dropped 5% between 1997 and 1998,



while the unmet demand for organs jumped by 13%.

CIHI data indicate that the rate of cadaveric donations was 13.7 per million population in 1998, and 14.4 the year before. Saskatchewan had the highest donation rate per million (21.4), while British Columbia (9.0) and the Atlantic region (9.3) had the lowest rates. (For a person to qualify as a cadaveric donor, the donation must originate in Canada, with at least one solid organ being used for transplantation.)

The average age of organ donors rose from 37 in 1997 to 42 in 1998, and 59% of organ donors in 1998 were male.

The number of transplants performed in Canada rose by 40% between 1992 and 1998, with most of the increase coming between 1993 and 1994, when the total jumped by 23%. The number of patients waiting for a transplant has increased by 56% since 1992.

In 1998, 3246 Canadians were awaiting an organ transplant, with patients requiring a new kidney accounting for 80% of that total. Only 4% of those on the waiting list needed a new heart. Of transplants performed in 1998, 61% involved kidneys, 10% hearts.

Canada's organ donation rate of 13.7 per million population is similar to the rates for countries such as Germany, the United Kingdom, Switzerland and Sweden. However, we lag well behind the US, with a rate of 22 per million, and Spain (32 per million). — *Shelley Martin, CMA, martis@cma.ca*

## eHealth activity slow, but major growth may be on horizon

It is just a matter of time before rising health care costs force changes in the way medical records are kept, the CEO of a Canadian high-tech company says. "Spending on health care in North America is up to US\$1.5 trillion annually, and [much of] that money is wasted because of duplication and inefficient record sharing," says Claude Haw, CEO of an Ottawa company that wants to merge medical and information technology. Haw, who held senior management posts at Mitel Corporation and Newbridge Networks, says "eHealth activity only amounts to about US\$250 million worth of activity today but is expected to reach US\$3 billion by 2004."

He now heads Mainsource Software Corporation, which developed a program that uses the Web to deliver med-

ical and health care information in different formats to physicians, administrators and patients. It works by "tagging" information about a patient that is held in laboratory and other databases, including text, videos, MRI scans or any other clinical images, so that it is available on desktop computers.

Haw says this and other eHealth developments are not just fancy tracking devices for bean counters: they have the potential to revolutionize health care for patients. "We could move very quickly to a system where patients have their own smart card and can access their own health record through swipe and PIN [personal identification number], just as they can access their financial records at a bank machine," suggests Dr. Christopher Skinner, the

vice-president of product management at Mainsource. Skinner, who has degrees in engineering and medicine and is a clinical neurologist at the Ottawa Hospital, has published and worked extensively in the area of clinical informatics and the impact of informatics on medical education. Just as Canadians are now prepared to pay up to \$30 a month for access to the Internet, speculates Skinner, they may soon have the chance to do the same to gain secure access to their own health records.

Skinner says eHealth innovators all face the same problem: inertia within the health care system. "This system could be adopted almost everywhere immediately [because] the technical architecture is easily applied," he says. "The barriers are political." — *Charlotte Gray, Ottawa*