

## Fourth-year medical student takes Donner Prize

When the winner of the Donner Prize for the best book on public policy was announced prematurely last month, many people couldn't believe who had won — including the author himself. It took a call from a Toronto reporter to convince 25-year-old David Gratzner, who graduated from the University of Manitoba's medical school this spring, that he had won the \$25 000 first prize. His competition included 6 professors, 1 of them a federal cabinet minister.

Gratzner's book, *Code Blue: Reviving Canada's Health Care System*, takes an insider's look at problems besetting that system: hallway medicine, long waiting lists for cancer treatment, a shortage of high-tech equipment, the movement of Canadian doctors to the US. Gratzner's brother, a psychiatrist, has already relocated to the US.

Gratzner said family discussions about the poor state of medicine in Canada and his own rotations in medical departments prompted him to write the book. His articles on health care in Canada have already appeared in several newspapers.

A major theme in his book is the need to improve health care in Canada by improving the doctor-patient relationship. "The way we've structured medicare has corrupted this relationship by allowing patients to overconsume health services, doctors to overprovide services and health administrators to be accountable to no one," Gratzner says.



**Dr. David Gratzner: patients overconsume, doctors overprovide**

To resuscitate this "very bureaucratic, very expensive system," he suggests a system of individual medical savings accounts that is already in use in parts of China, Singapore, parts of the US, and South Africa. "In Canada, instead of spending \$700 per year on health services for a young, healthy male, the Canadian government would give me that money to put into a savings account. Out of this account I would pay for minor day-to-day expenses such as seeing my family doctor or getting an x-ray."

Gratzner said there would then be incentive to spend the money wisely: at the end of the year, money left in the account might be rolled over into a retirement savings plan that would continue to grow. People would also be required to purchase catastrophic health insurance to cover extraordinary medical expenses.

Gratzner plans to spend part of his \$25 000 prize on gifts and birthday parties for his niece and nephew; the rest will go toward covering costs during his psychiatry residency at Mount Sinai Hospital in Toronto. — *David Square*, Winnipeg

cern, except for individuals who receive extended or severe exposure, perhaps by spending time in a cave filled with bats.)

But while the method of transmission may be up for debate, the response is clear. Once exposure has been verified, patients should be offered the standard prophylaxis even if it is many days after the exposure, because the incubation period for rabies varies.

Although bats are not the only carriers of rabies in Canada — skunks,

foxes and, more recently, raccoons in Ontario are all vectors for the disease — their ability to get into homes and cottages makes them a special concern. Although the prevalence of rabies in bats is less than 1% in random surveys, it is somewhere between 5% and 10% in bats submitted for testing, probably because sick bats are more likely to come into human contact.

Still, the message is not always getting through to physicians. Last year, an 11-year-old BC girl was bitten on

the lip by a bat when it flew in her bedroom via an open skylight. Two hospitals failed to advise the girl's parents that she should receive immediate RPEP. Fortunately, the parents contacted their local health unit and the girl received prophylaxis. The bat tested positive for rabies.

"We clearly need to get the information out to more health care workers," Skowronski says of the case. "Rabies is not a disease you take chances with." — *Daphne Gray-Grant*, Vancouver