

Reform Party rejects physician's reforms

Dr. Keith Martin is a disappointed man. The British Columbia MP, who serves as the Reform Party's health critic, recently presented his proposals for reform of the health care system to the party's shadow cabinet. He shouldn't have bothered, because his colleagues were not interested: "I lost round one," he told *CMAJ* ruefully.

Martin's presentation distilled the ideas contained in speeches and articles that he has penned during his 6 years in the House of Commons. He is convinced that the only way to save medicare is to permit the development of private clinics that operate entirely outside the public system. He says this would allow the wealthy to choose to spend disposable income on health care. By making that choice they would free up public facilities for everybody else and make more money available on a per capita basis. The rich, he suggests, would thus subsidize the not-so-rich.

"Is it unequal?" he asked in a recent newspaper article. "Yes, but I would ar-

gue that it is better to have an unequal system that provides for better access for everyone than the system we have now, which ensures continuing declining access to treatment for all but the rich, who can get better health care by flocking south of the border."

Why didn't his party buy his arguments? "They didn't want to go there because they share the belief that public opinion should lead the debate. They thought Reform would get burnt if we got too far ahead."

For a young man who entered politics because he wanted to effect change, this was a dispiriting lesson. "I thought we were here to lead and to fix problems. I think it is unfortunate that we must wait for public opinion, even when we can see that our current system is failing Canadians." Even if people don't agree with his ideas, he says, Canadians should at least be having a debate. At present, politicians are too cautious. "Defend the status quo and you look like the proverbial white



Dr. Keith Martin: lost first round

knight. Advocate change and you are labelled an enemy of the health of Canadians. This strategy may be politically advantageous for some, but it stops a useful debate on health care dead in its tracks." — *Charlotte Gray, Ottawa*

E. coli outbreak linked to fall fair

It appears that autumn poses special risks for infection by verotoxin-producing *Escherichia coli* (VTEC), the Canadian Food Inspection Agency (CFIA) and a health unit in London, Ont., report.

Last fall the Middlesex-London Health Unit reported 159 suspected cases of *E. coli* O157:H7 infection that were linked to an agriculture pavilion at the Western Fair. The investigators found "very strong evidence" linking the outbreak to sheep and goats at the fair's petting zoo. VTEC, commonly found in the intestines of healthy cattle, is transmitted to humans by fecal-oral contact. One 9-year-old London boy was hospitalized with hemolytic uremic syndrome (HUS). Another in-

fectured child attended a day-care centre, prompting the health unit to remove temporarily all children who had diarrhea. Children and elderly persons are especially vulnerable to VTEC infection.

Southwestern Ontario is no stranger to the bacterium. A 1985 outbreak in London, which was traced to sandwiches containing uncooked meat or poultry, killed 19 nursing-home residents. Soon after, another outbreak in nearby Sarnia affected children who had consumed unpasteurized milk during a school visit to a dairy farm. Last fall, at least 116 people attending a fall fair near Albany, NY, were also affected. Eleven of the children involved de-

veloped HUS, and a 3-year-old girl and 79-year-old man died. The problem was traced to high levels of *E. coli* O157:H7 found in unchlorinated water from a shallow well that had been used by some of the fair's food vendors.

In October, the CFIA warned about the risk of VTEC infection from unpasteurized fruit juice or cider. The problem may arise when cider is made from dropped apples contaminated by grazing cattle. In 1998 at least 6 people in Ontario's Perth County were infected with VTEC after consuming cider from a 264-L batch produced by 2 farm families and shared with friends and relatives. — *David Helwig, London, Ont.*