

## NWT residents are accident prone, live shorter lives

Life expectancy in the Northwest Territories is 5 years less than the national average for women and 4 years less for men, according to the NWT's first health status report since 1990. The differences are largely attributable to lower life expectancy among aboriginal people, who account for more than half of the territory's population, the authors suggest.

*The NWT Health Status Report 1999* indicates that life expectancy for aboriginal males is just 70 years, while aboriginal women, on average, live 75 years. Non-aboriginal males in the NWT live an average of 72 years, non-aboriginal females 77 years.

Several factors account for the poor rankings. Northern residents have, among other things, a higher incidence of alcohol use, smoking and certain infectious diseases such as TB and chlamydia.

The report, which was written by territorial health officials, also concludes that the outdoor-oriented lifestyles of many Northerners may be a mixed blessing. While 31% reported



**Northerners' outdoor lifestyle may be mixed blessing**

being active enough to reap cardiovascular benefits (compared with just 19% nationally), the mortality rate due to injury was more than twice the national average, even when adjusted for the NWT's relatively younger population.

"Arguably, the North is a risky place to maintain an active lifestyle," the authors wrote. "By its very nature, life on the land (and water) is full of natural

*(Continued on page 682)*

## Halifax hospital gives itself a passing grade

The Queen Elizabeth II Health Sciences Centre in Halifax has made the grade. The hospital, the largest tertiary care centre in Atlantic Canada, has issued a report card rating itself on 7 major health care criteria. The card, which will be made available to all Nova Scotians, is believed to be the first of its kind in the country.

"We clearly are doing a report card to be open and accountable to the public that we serve," Bob Smith, the QE II's president and CEO, said in an interview. "Certainly we are contributing to an area of emerging interest in Canada."

That interest stems from the need to be accountable and the desire to im-

prove. Smith hopes that public accountability will encourage public debate. He hopes that, in turn, will lead to an even healthier system.

Such reporting also forces hospitals to take a critical look at what they're doing well and at areas where they need to improve. "Doing a report card has to be a value-driven issue," says Smith. "It's been gutsy for us to face up to our strengths and our weaknesses."

Even though the QE II has rated itself — a brash move, Smith admits — the assessment is based on "informed opinion," including patient and employee surveys, treatment outcomes, budgets and waiting times. "My peers across the country are all interested in

how they can take their data and use [them] better," Smith notes.

The QE II, which intends to issue similar report cards at least once a year, gave itself the highest marks for patient outcomes, patient satisfaction and efficiency (8 out of 10). The next best set of marks went for research and education and finance (7). The lowest grades — 6 — were given for waiting times and employee satisfaction.

"The ability for us to [reach] 9 out of 10 and 10 out of 10 is not [going to happen] in the next 6 months," says Smith. "We will see a comfort zone a couple of years out if we stay the course. I'm comfortable we'll keep moving the bar higher." — *Donalee Moulton*, Halifax



## Low-stress stamp

Dr. Hans Selye, internationally renowned as the father of the study of stress, is featured on a new stamp that is part of Canada Post's Millennium Collection. Selye, an endocrinologist at the Université de Montréal who died in 1982, wrote the first paper defining stress in 1936. He went on to write 1700 scholarly papers and 39 books on the subject, and cofounded the Canadian Institute of Stress with Alvin Toffler in 1979.

## Medical murders shock England

A GP from Hyde, England, has been found guilty of murdering 15 patients. Dr. Harold Shipman, 54, injected his victims, all middle-aged or elderly women, with diamorphine. Police intend to charge him with 23 more murders, and estimate that the final number may reach 146; almost all of the victims were women. The motive is believed to have been the exercise of power, but he also took cash and jewelry.

Many are asking how and why he got away with it for so long. In 1976, as a young GP, Shipman had 8 criminal convictions for drug-related offences. He underwent treatment and re-emerged as a GP 18 months later.

Shipman has been running a single-handed practice in Hyde, which is near Manchester, since 1991. His crimes were uncovered when he forged the will of a wealthy patient. The patient's daughter, a solicitor, recognized the signature on the crudely typed will as a forgery and alerted police. Had she not done so, Shipman would probably still be at large. He tried to cover his tracks by making retrospective entries in patients' notes so that healthy people appeared to have serious medical problems. However, his computer left an audit trail of entries that had been typed in at a later date.

Previous warnings about Shipman's death rates had been ignored or not taken seriously. The local undertaker had noted that many of his patients were, unusually, wearing day clothes when they died. She discussed this with Shipman, who dismissed her concerns, but she informed the local coroner.

Further warnings came from a nearby group practice. Shipman used to contact the 5 doctors when he needed a cremation certificate countersigned, because by law these need the signature of 2 physicians. In 1 year they countersigned 41 certificates, while in their own practice they had only 5 deaths at home, since most take place in hospital. They contacted the coroner, who notified police. The police failed to contact the General Medical Council, but had they done so they would not have been told about the drug offences unless they had specifically asked. Nor did the police check whether he had a criminal record.

The police also contacted the local Health Authority, which checked the medical notes of several patients but failed to spot that they had been falsified. The doctor who made the checks has now been suspended.

No less than 5 victims died in Shipman's surgery, having arrived there under their own steam. The rest died at home, many after unsolicited home visits. He got his diamorphine by overprescribing to terminally ill patients and then offering to take away the surplus when they died. The health secretary, Alan Milburn, has promised an official investigation.

Shipman, 54, denied the charges throughout, but the evidence against him was overwhelming. He was arrogant to the police and impassive in court, and has shown no remorse. He can expect to spend the rest of his life in prison. — *Caroline Richmond*, London, England

## Health in the North

(Continued from page 681)

hazards. Many injury-related deaths could be avoided through safer practices, like careful boating, sober driving and fire prevention." The leading causes of injury-related death were vehicular accidents (21%), suicide (16%) and drownings (14%). Many of the drowning cases involved hypothermia and/or alcohol consumption. Other findings:

- 26% of NWT residents are heavy drinkers, compared with 9% of Canadians;
- NWT residents were 3 times as likely to be binge drinkers;
- 25% of NWT women consumed alcohol during pregnancy and 46% smoked during pregnancy;
- 45% of NWT residents aged 12 or older were smokers, compared with fewer than 30% of Canadians;
- the teen birth rate was almost triple the national average;
- the incidence of tuberculosis was 54 per 100 000 person years, compared with a national rate of 7;
- the average rate of infection for chlamydia was 542 per 50 000 people, compared with 77 nationally. With gonococcal infection, the NWT rate was 104 cases per 50 000 people, compared with a national rate of 12; and,
- 91% of NWT residents aged 12 or older reported having a functional health status of very good or better, compared with 85% of other Canadians.

The report made few comparisons to previous decades because the old data included Nunavut, which left the NWT in 1998 to become a separate territory. The report is available at [www.hlthss.gov.nt.ca/hstatus/hstatus.htm](http://www.hlthss.gov.nt.ca/hstatus/hstatus.htm).

— *David Helwig*, London, Ont.