

Fluoridation beneficial, studies say

The first systematic review of water fluoridation reveals that the quality of evidence surrounding the topic is low, but the only adverse effect from adding fluoride to drinking water appears to be fluorosis, and this depends on the concentration of the chemical in drinking water. On the benefit side, the authors found a median 15% reduction in tooth decay, which meant a median 2.25 fewer decayed, missing and filled primary and permanent teeth.

The review, which looked at 214 studies and was published in the *BMJ* (2000;321:855-9), concluded that “the evidence of reduction in caries should be considered together with the increased prevalence of dental fluorosis. No clear evidence of other potential negative effects was found.” Another study in the same issue determined that long-term exposure to fluoridation may reduce the risk of hip and other fractures.

Earlier this year Canada’s main dental body, the Canadian Dental Association (www.cda-adc.ca), reaffirmed “its support for fluoridation of municipal water supplies as a safe, economical and effective means of preventing dental caries in all age groups.” However, it noted that water supplies have to be monitored to ensure that fluctuations in fluoride concentrations are avoided.

Fluoride was first added to Canadian drinking water in Brantford, Ont., in 1945, and hundreds of communities have since followed its lead. Several major cities, including Montreal, Vancouver and Victoria have not followed suit.

The subject remains controversial. The STOP Fluoridation USA Web site (www.rvi.net/~fluoride/) says “the evidence against the safety of this public health policy keeps mounting.” — *Patrick Sullivan*, CMAJ

Emergency medicine journal slams fee-for-service payments

Fee-for-service (FFS) payments are a “dinosaur” when used in emergency departments, the editor of the *Journal of the Canadian Association of Emergency Physicians* (*CJEM* 2000;2[4]:228) says. Not only does FFS lead to longer patient waits and physician burnout, says Dr. Grant Innes, but it encourages highly skilled workers to perform low-complexity work and refer early.

“FFS also causes emergency medicine groups to limit their size and maximize single coverage to maintain income,” says Innes, who practises at St. Paul’s Hospital in Vancouver. This in turn leads to longer patient waiting times and increases physician overload, job dissatisfaction and burnout. In the editorial he argues that FFS “motivates us to work like dogs to see more patients faster and to handle more volume than we otherwise would — or perhaps should.”

After 13 years practising in an FFS environment, Innes moved to an alternate funding agreement. He says the improved physician coverage this makes available means he can spend more time with patients in the trauma room and at the same time experience less stress related to patient volume. “FFS rewards high volume and low intensity,” says Innes. “At tax time, the physicians who spent the fewest minutes per patient and treated the most stubbed toes will mail the biggest cheques to Ottawa.” — *Barbara Sibbald*, CMAJ

Nearly a quarter of Canadians head online for health info

According to a recent PricewaterhouseCoopers (PWC) survey, 22% of adult Canadians used the Internet to find health information during the past year and 79% believed the quality of that information needs to be improved.

BC residents were the most likely to have looked for online health information (28%), followed closely by residents of Ontario and Alberta. Quebecers were least likely (14%).

Although 96% of those who searched indicated that it is easy to find information and it tended to be presented in a manner that was easily understood, 79% felt that it is hard to know which information can be trusted.

According to the survey, which was conducted in the spring of 2000, Canadians aged 65 and over are least likely to have used the Internet in the past year (7%, compared with 72% of those aged 15–24 and 56% of those aged 25–44). However, seniors who are connected are more likely to seek health information than younger Canadians (55%, versus 31% for those aged 15–24 and 51% for those aged 25–44). Women who use the Internet are more likely

than men to search for health information (47% versus 36%).

According to the PWC study, 33% of Canadians who obtained medical information on the Internet discussed this material with their doctors. Results from the CMA’s 2000 Physician Resource Questionnaire (PRQ) indicate that 84% of doctors have had patients present them with medical information obtained on the Internet, and 47% of those doctors reviewed such information always or often. The PRQ indicated that only 32% of doctors reviewing Internet-based health information presented by patients found the material to be of good or very good quality.

The exchange of Internet-based health information sometimes travels in the other direction. The PRQ found that 36% of doctors give information found online to patients; 51% of online doctors refer patients to health sites, at least occasionally. Doctors who are not personally online appear to be familiar with some health-related Web sites: 26% of them have referred patients, at least occasionally, to medical sites. — *Shelley Martin*, martis@cma.ca