

### More Canadians need dialysis

The use of dialysis has more than doubled in the past decade, the Canadian Organ Replacement Register reports, with 12 808 Canadians undergoing hemodialysis or peritoneal dialysis in 1998. The national rate of 421.6 cases per million population marks a 107% increase over the past decade. Manitoba had the highest rate, with 625 cases per million people, while British Columbia had the lowest, at 335 per million. Although kidney transplants are the most effective way to treat kidney failure, register spokesperson Dr. Stanley Fenton says “the shortage of organs, along with increasingly older patients who tend to have other health problems, makes transplantation less feasible.” About half of the people who start dialysis treatment have chronic conditions such as hypertension and diabetes. The Canadian Institute for Health Information says the growing need for dialysis “reflects an increased incidence of end-stage renal disease among older Canadians.”

### Three NB MDs in race to head CMA in 2002

Three past presidents of the New Brunswick Medical Society are vying to head the CMA in 2002/03. In the running are Dana Hanson, a Fredericton dermatologist and current speaker for the CMA’s General Council, David Marr, a Saint John cardiologist, and Roger Roberge, a Moncton general surgeon. New Brunswick selects the president in 2002 because it is its turn to host the annual meeting. This will mark the sixth time a New Brunswick physician has headed the CMA, which was founded in 1867, and the first time since 1981. The election will take place in October via a mail-in ballot; all society members will be eligible to vote.

### Canada’s only human milk bank may close

An advocacy group is protesting the possible closure of Canada’s last human milk bank by year’s end. The bank at the BC Children’s Hospital costs about \$100 000 a year to operate and provides milk to about 20 infants a year, says Dr. Dorothy Shaw, the hospital’s medical program director, diagnostic and ambulatory services.

“It’s a significant financial outlay for a small group of babies,” says Shaw. “With our deficit, we’d need extremely good evidence to say this is worth while.” She says that existing scientific evidence concerning donated milk clearly does not substantiate the need for the bank.

Elisabeth Sterken, a nutritionist who serves as national director of the Infant

Feeding Action Coalition (INFACT), says some case studies have demonstrated the value of donated breast milk over infant formula. “Formula is ... another stress for the infant,” she says.

The milk at the BC milk bank is pooled from volunteer donors, pasteurized and prescribed. It is used within the hospital to feed about 12 patients annually; there are usually 5 patients with specific medical needs, primarily gastrointestinal problems, and another 7 who need the milk because of their mothers’ failure to lactate. The remainder goes to children outside the hospital. Few requests for milk come from outside BC. Shaw says there are 7 other milk banks in North America, including 1 in Mexico. — *Barbara Sibbald, CMAJ*

