BC physicians give province's health system dismal marks

Dr. Graham White, a family physician from Parksville, BC, says he's frustrated with the lack of health care resources in the province. When the Nanaimo Hospital opened 30 years ago, it had 245 acute-care beds. It now has 226, he says, "and during that time the area's population has doubled."

There are now 3195 patients on waiting lists for elective surgery in the area. White says there are long delays



Dr. Graham White: a frustrating lack of resources

for many procedures; patients who need an MRI scan must be referred to Victoria, where the wait is 6 to 9 months. "The bottom line is money," says White. "The acute health care system has been gutted."

White is not alone in giving the health care system poor marks. Doctors in the Vancouver Island city of Nanaimo decided to award "grades" to health administrators, and Dr. Lawrence Winkler, the internist who spearheaded the drive, says the results should make no one proud.

The BC Ministry of Health earned an F, the Central Vancouver Island Regional Health Board received a D and the Nanaimo Regional General Hospital was awarded a C-. The group asked 125 physicians with hospital privileges how they rated the performance of the ministry, the board and the administration.

"For a long time we've been struggling with the concept that physicians' voices have been either diluted or deliberately excluded," said Winkler. "We did this to bring some reasonable pressure to bear on the system."

Grant Roberge, chief executive officer of the health region board, says he respects the physicians' concerns and "improvements have to be made." — *Daphne Gray-Grant*, Vancouver

French at heart

The University of Ottawa Heart Institute is developing a multimedia software package to help physicians and other health care providers learn French medical terms. The program, French@Heart, is being developed by the institute's French Resource Centre with funding provided by the Ontario Ministry of Health and Long-Term Care. Elisabeth Crisci, spokesperson for the project, says the software is needed now because many Ontario hospitals are going to be designated bilingual beginning next year. The software, which will be available this fall, is supposed to provide physicians, nurses and other health care providers with the "functional French" they will need in these bilingual institutions. Next year, all Ontario communities in which more than 10% of the population is francophone will have to designate a hospital to provide bilingual health care. Crisci said French @Heart will include an extensive lexicon of medical terms and lists of common words used with patients, as well as filmed interviews showing patients seeing specialists from several different fields. — Patrick Sullivan, CMAJ

International "poaching" of nurses bound to get worse

Poaching of Canadian nurses by American hospitals is getting worse because of the growing shortage of nurses there, the Canadian Nurses Association warns. "The US is offering Canadian nurses full-time jobs and all sorts of perks," says Mary Ellen Jeans, the executive director. "Canada is doing nothing." She describes the American recruiting as "aggressive."

The American Association of

Nurse Executives says there are nursing shortages across the country. A study of the aging RN workforce (JAMA 2000;283[22]:1948-54) forecasts that by 2020 the US will have 20% fewer RNs than it needs. Federal officials and nursing groups anticipate an acute shortage beginning in 2010, when today's nurses, who average 44 years of age, begin to retire. Less than 10% of US nurses are under age 30.

Canada faces a similar situations. The CNA predicts a shortfall of between 60 000 and 115 000 RNs by 2010, and the UK needs 20 000 nurses immediately. "There's an international shortage, so everyone is poaching from one another," says Jeans. "If Canada wants to turn that tap off, it's going to have to invest and create full-time jobs and quality working environments." — *Barbara Sibbald*, CMAJ