

BC families win suit over government payment for expensive autism therapy

The British Columbia Supreme Court says the province violated the Canadian Charter of Rights and Freedoms and discriminated against children with autism by refusing to pay for a controversial form of behaviour-modification therapy. The ruling came after families with autistic children filed a lawsuit. The province, home to 1300 autistic children, has filed an appeal.

About 150 BC families currently pay up to \$60 000 a year for the intensive, 40-hour-per-week therapy developed by Dr. Ivar Lovaas of the University of California. Its supporters claim the Lovaas method is the only effective, long-term treatment for autism; 63 BC psychiatrists endorsed the therapy by signing a petition, which was used to support the lawsuit. The BC government's refusal to fund the treatment led several BC families to move to Alberta, where it is publicly funded.

In her ruling, Justice Marion Allan said early intensive behavioural treatment is medically necessary. She rejected the government's argument that

it cannot afford the treatment, arguing that the costs "may well be offset by the saving achieved by assisting autistic children to develop their potential."

Autism, a complex neurological disorder characterized by excesses and deficits in speech, language, cognitive function and socialization skills, causes developmental delay that is evident to specialists by the time a child is 18 to 30 months old. Lovaas therapy is supposed to counter it with intensive training in pre-academic/academic skills, language, socialization and behavioural skills.

Dr. Sabreena Freeman, a sociologist who has an autistic child, says that with the therapy, basic skills are broken down and taught through repetition. In teaching colours to a pre-school-age autistic child, the therapist may place a red block on a table and ask the child to "give me red." If the child doesn't respond, the therapist would place his hand on the block and push it over. This process is repeated continuously.

Deborah Pugh of the Autism Society of BC calls the therapy "highly contro-

versial," since some supporters, desperate for help, started calling the treatment a cure. "For decades families were given very little hope, and [then] Lovaas gave us reason for hope," she explains.

Dr. Ken Bassett of the BC Office of Health Technology Assessment says he is concerned by the lack of detail in the original 1987 study that introduced Lovaas therapy and its 1993 follow-up. "In his program, Lovaas provides a detailed manual, but the extent to which it was actually followed in his own studies is unknown. You can't even tell whether what is going on now is similar to what went on in the original study."

About 10 BC families with autistic children have moved to Alberta, where government-funded Lovaas therapy is available. Scott McDonald's 2 autistic sons now receive 38 hours of Lovaas therapy weekly, and he pays only 3% of the cost. He said autism takes a huge toll on families. "A lot of the people we know [who have autistic children] are now single parents," he said. — *Heather Kent, Vancouver*

Ottawa U embraces "high-tech, high-touch" medical education

Medical students at the University of Ottawa (www.uottawa.ca) will be spending more time cracking their "notebooks" than their textbooks as they wend their way through the new U of O Web-based curriculum this year.

The new curriculum is called "meded" and is based on problem-based learning (PBL), but takes the concept a step further with the integration of Web-based images, test results and videos, all accessible through notebook computers supplied to each student.

"The real bonus of PBL is that it adds a much more detailed clinical perspective to the basic science of our learning," said second-year student Fawzi Mankal. "The computerized cases are excellent because we can see what a grand mal seizure actually looks

like, instead of having to rely on descriptions in a book."

The U of O still incorporates some traditional lecture-style teaching for its medical students, but organizes learning about the major body systems into 13 blocks. Training is further linked to a "problem of the week" patient case that is presented to students on a Monday and serves as the basis for the teaching for the rest of the week.

Professor Walter Hendelman hopes to expand the resources available online. He cites cooperation among Canadian medical schools as one of the best ways to achieve this growth. "Within the confines of our own country, we should be able to share resources across provincial boundaries because we are all basically drawing from the same trough."

Hendelman has collaborated with other physicians to develop neurological images for students. His most recent effort, developed with Ottawa neurologist Christopher Skinner, details syringomyelia and includes graphic images of the anatomy and pathophysiology of the spinal cord.

Dr. Peter Walker, the dean of medicine, sees computerized education as an important tool for the future of medical training, particularly in preparing physicians to practise in rural and underserved areas.

"Web-based learning means that you can take the student anywhere. Whether you are in Ottawa or Smooth Rock Falls, it doesn't matter. You are plugged in and you can be confident that they can access the information they need." — *Steven Wharry, CMAJ*