

New blood donor restrictions on visitors to France

Quebecers' love for travel to France has forced the province to alter its blood-collection rules. After 3 cases of variant Creutzfeldt–Jakob disease surfaced in France recently, the province's blood agency, Héma-Québec, started excluding as donors those who have spent a cumulative total of 6 months or more in France between 1980 and 1996. Canadian Blood Services (CBS) instituted a similar restriction for residents of other provinces. Quebec already had a similar ban in place for residents who had spent a total of 1 month in the United Kingdom since 1980, while CBS set this limit at 6 months in the rest of Canada (see Germain M, Décaray F, Chiavetta J, Goldman M. Variant Creutzfeldt–disease and the Quebec blood supply. *CMAJ* 2000;163[4]:412-3).

The latest move has resulted in a 1% decrease in the number of donors in Quebec, but Héma-Québec spokesperson Jean-François Lamarche says no blood shortages have resulted. — *Susan Pinker*, Montreal

Will Bush's America draw doctors south?

President George Bush wants Congress to approve tax cuts worth \$1.6 trillion over 10 years, and he wants income tax rates slashed. Will this persuade yet more Canadian physicians to move south?

Not likely, says Jeffrey Simpson, author of *Star-Spangled Canadians: Canadians Living the American Dream* (Harper–Collins, 2000). “Bush's tax cut may make a marginal difference,” says the *Globe and Mail* columnist, “but it won't drive people's behaviour. The brain drain to the US is triggered by a variety of more complex pressures.”

Simpson's book offers an interesting look into the history and consequences of Canadian emigration to the US, where about 660 000 Canadians currently live. Moreover, he argues that Canadians are becoming more and more American in their cultural preferences and political and economic choices.

Increasingly, the most important di-

vider between the 2 nations is the way their citizens regard their health care services: in Canada they are a right, in the US they are a privilege.

In his book, which took 2 years to research and involved mostly face-to-face interviews with 250 Canadians in 13 states, Simpson carefully explores the reasons for physician emigration in the 1990s. He looks at both “push factors” — capped incomes, excessive workloads — and the “pull factors,” such as the growing US need for family doctors.

His analysis will not surprise anybody who follows physician work patterns, but he was surprised by a recent report from the Tommy Douglas Research Institute that contested evidence of a physician shortage (see *CMAJ* 2001;164[6]:857). “It's out of line with every other study I've seen,” he says. “I wonder whether their analysis isn't wishful thinking, reflecting a planner's conceit that [planners] can always anticipate pressures and allocate resources sensibly.”

The kaleidoscope of attitudes among doctors who have moved south surprised Simpson. “I anticipated ardent devotees, but I found plenty of misgivings about the system and a real dislike of HMOs. Many of the doctors I talked to went south to join a free-market system, and now they find the regulation and paperwork just as bad there.”

Simpson has now turned his attention to the future of the Canadian system. “I'm struggling with attitudes within Canada about medicare. The polls say we are still wedded to universality and hostile to the idea of a parallel private

Queen's oncologist gives \$3.8 million to alma mater

A cancer researcher at Queen's University has given the school a huge boost. Dr. Elizabeth Eisenhauer, director of the Investigational New Drug Program at the Queen's-based National Cancer Institute of Canada (NCIC) Clinical Trials Group, is donating \$2.5 million for a new research chair and a further \$1.3 million toward a new Cancer Research Institute on the Queen's campus.

The Edith Eisenhauer Chair in Clinical Cancer Research is named after Eisenhauer's mother, who died of breast cancer in 1970. “My mother showed me the importance of contributing and making a difference,” says her daughter.

The holder of the new chair will also serve as director of the NCIC Clinical Trials Group, while the new institute will house under one roof the 3 NCIC units: the Clinical Trials Group, the Queen's Cancer Research Laboratories and the Radiation Oncology Research Unit. Together, these 3 groups receive more than \$15 million a year in research funding.

“We'd been talking for some time about coming together,” says Eisenhauer. “This will give us some desperately needed new space. My donation is an opportunity to increase the scope of cancer research and recognize the unique mix of expertise that we have at Queen's.”

Queen's does not discuss the source of gifts beyond identifying the donor, but Eisenhauer's donation is widely acknowledged to be a dividend from the university's protection of the intellectual property rights of its researchers. — *Charlotte Gray*, Ottawa



George Bush and Jean Chrétien: health care the main distinguishing mark between 2 nations?

system, but we are also open to some private service delivery if the integrity of the system can be maintained.”

Simpson says some public discussion on the issue is beginning, but serious debate won't start until Canadians realize that change is essential “if we want to keep what we've got.” — *Charlotte Gray*, Ottawa