

Many issues loom for CMA's new president

When Dr. Henry Haddad assumes the CMA presidency later this month, there'll be no shortage of issues on his plate.

First on the agenda is Roy Romanow's study of medicare's future, which may have the most impact on Canada's health care system since the Hall Royal Commission issued its report almost 40 years ago. Haddad will have to ensure that the former Saskatchewan premier is fully briefed on physicians' concerns.

Haddad, who assumes the presidency Aug. 15 during the CMA's annual meeting in Quebec City, is also concerned about the way politicians debate

medicare. During last fall's election campaign he told reporters that political posturing must stop and health care must be treated as more than a "political football."

As is the case with many of the CMA's 50 000 members, waiting lists are a personal concern for Haddad, a gastroenterologist from Sherbrooke, Que., who has a 4-month-long waiting list for patients needing endoscopy.

He also worries about the country's poverty levels. "One in 6 Canadian children under 18 lives in relative poverty," he says. "As physicians, that should bother us a lot."

Haddad, a 1963 University of Ottawa graduate, has cleared the decks for his 1-year term by cutting his clinical practice responsibilities by 75% and taking a leave from his duties at the University of Sherbrooke, where he has been a full professor since 1982.

He says his work with the medical students at Sherbrooke has been a learning experience for him, too. "The vast majority of these students are in medicine for the right reason — to serve — but they want a more balanced life than my generation had, and I fully agree with that. I look back on my own life and I didn't see my children grow up."

He is also a strong proponent of the

need to increase medical school enrolment — he says the number of medical students accepted annually is still well short of the total needed, despite recent increases at some schools.

Haddad, the first member of Canada's Arab community to head the CMA, cut his political teeth with the Quebec Medical Association, where he is a past president. He says the QMA has undergone "huge changes," particularly in the area of advocacy. It now represents more than 6000 of the province's 15 000 physicians. "That isn't bad, given the political context of Quebec," he says, "but there's still work to be done."

Haddad, 63, acknowledges that he is taking the CMA's helm during one of the most unsettled times in Canada's health care history: health care workers are angry, patients are upset and a recession threatens. At the same time, the CMA's visibility has never been higher.

"Today the CMA is quoted and our positions are referred to with great regularity in both the national media and the House of Commons. We have become the 'go-to' organization for national media when it comes to health-policy issues, and this in turn means that we have a major responsibility to both the country and the profession." — *Barbara Sibbald, CMAJ*



Courtesy: H. Haddad

Dr. Henry Haddad: a busy year ahead

ON THE NET

Carpal tunnel syndrome and computers

Use of a computer at work does not appear to cause carpal tunnel syndrome, American researchers report.

That is the somewhat surprising result of a recent study in *Neurology* (2001; 56:1568-70; www.neurology.org), in which researchers found that rates of carpal tunnel syndrome were no different among computer users than in the general population.

"We wanted to do this study because conventional wisdom says that using a computer increases your risk of developing carpal tunnel syndrome," explains Dr. J. Clarke Stevens, a neurologist at the Mayo Clinic in Scottsdale, Ariz.

The assumption that computer use at work can cause the syndrome is deeply

ingrained, as the Web sites of organizations like the Canadian Arthritis Society (www.arthritis.ca) and the Canadian Centre for Occupational Health and Safety (www.ccohs.ca) show.

To test the theory, Stevens issued questionnaires to 257 frequent computer users at the Mayo Clinic in Scottsdale. The participants all used computers for an average of 6 hours per day, as well as having similar occupations and length of work experience.

The questionnaire determined that 10.5% of respondents had symptoms that could be attributed to carpal tunnel syndrome. These respondents went into the lab to undergo nerve conduction tests to confirm the diag-

nosis. The tests found that only 9 of the original 257 respondents actually had the syndrome. This incidence of 3.5% is similar to the rate in the general population.

"These percentages are similar to ones found in other studies looking at how often carpal tunnel [syndrome] occurs in the general population and not just among computer users," says Stevens.

Stevens stressed that computer use can still lead to problems. "There are a lot of aches and pains associated with computer use," he says. "We just found that, at least in this group, frequent computer use doesn't seem to cause this syndrome." —

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