

## Korean to head World Health Organization

Epidemiologist Jong Wook Lee, a South Korean expert on vaccines, tuberculosis and poverty-related disease, is expected to succeed Dr. Gro Harlem Brundtland as director general of the World Health Organization (WHO) in July. His nomination by the 32-member WHO Executive Board will likely be rubber-stamped by the World Health Assembly in May.

The very political race to succeed Harlem Brundtland attracted 9 candidates, with Lee, head of WHO's Stop TB Program, edging out Dr. Peter Piot, head of UNAIDS, on the seventh ballot.

### ATV injuries rise by 50% as other types decline

The mercury is on the plus side of zero again, which means that Canadians will be swapping snowmobiles for all-terrain vehicles (ATVs). And doctors should get ready. The Canadian Institute for Health Information (CIHI) says the number of ATV-related hospitalizations has increased by almost 50% in the last 5 years. According to the *2003 National Trauma Registry Report: Hospital Injury Admissions*, 2535 people were hospitalized following ATV accidents in 2000/01, up from 1693 in 1996/97.

New Brunswick, with a 90% jump, experienced the largest increase, followed by Alberta and Nova Scotia. Quebec had the highest number of hospitalizations in 2000/01, with 577.

CIHI says most injuries involve fractures and dislocations, but the smaller number of head injuries is worrisome. "Some head injuries can have long-term consequences, and a lot can be fatal," says CIHI consultant Julian Martalog.

Although ATV-related accidents account for only 1.3% of all injury-related hospitalizations, CIHI says it is the only type of injury whose incidence has increased dramatically during the past 5 years. The incidence of all other injuries, including unintentional falls, motor vehicle collisions and assaults, all declined. Unintentional falls (56% of total) remain the leading injury-related cause of hospitalization in Canada. — *Tim Lai, CMAJ*

Lee, 57, has held technical, managerial and policy positions with WHO for 2 decades. His roots contrast sharply with those of his Norwegian predecessor, who came to WHO 5 years ago as a former prime minister of Norway, a seasoned diplomat and environmental champion.

Although Lee is a relative unknown outside the WHO bureaucracy, there is optimism about his ability to shape WHO's mandate. One of his main jobs will be to maintain WHO as the world's premier policy-making body on health.

Having led the Stop TB Program, a coalition of more than 250 international partners, he will have some insight into how to best manage the thorny issue that dogged his predecessor: WHO's controversial embrace of "partnerships" with private industry.

When asked what rules or policies should govern these partnerships, Lee told the *British Medical Journal* that he "recog-



Dr. Lee: 20 years at WHO

nized the potential dangers of attempts by those with a vested interest to skew the normative functions of WHO. Partnerships are not an end in themselves."

In a written manifesto submitted as part of his nomination process, Lee insisted that under his leadership WHO's overall mission — the attainment by all peoples of the highest possible level of health — will remain unchanged. — *Alan Cassels, Victoria*

## Alberta delivers new blow to prescription data mining

Alberta has become the second province to ban the sale of physicians' prescribing information. Pharmacies and pharmacists have been given 6 months to stop making such sales without physicians' consent. The decision came after the sales were ruled a violation of the province's Health Information Act. Companies affected by the ruling have 45 days to appeal to Information and Privacy Commissioner Frank Work.

Work determined that Alberta pharmacists and pharmacies were selling up to 37 data elements related to prescribing activity, including the physician's first and last name. However, under section 34 of the act disclosure of these names is permitted only with a physician's consent if it is being linked to the 35 other data elements.

The Alberta Medical Association (AMA) led the fight against the practice. President Steven Chambers said staff and legal counsel spent months gathering information and preparing a brief for a 2-day public hearing held in April 2002. "[The ruling] helps protect the privacy of the physician-patient relationship," Chambers told *CMAJ*. He said many physicians did not know the information was being sold.

In a letter to AMA members, Chambers said the data are purchased from pharmacies by companies such as IMS Health (Canada). The process, often called data mining, is already outlawed in British Columbia.

IMS then sells the data to pharmaceutical companies, which use it for drug-detailing purposes. IMS clients can purchase reports such as *Xponent*, which contains information about doctors' prescribing habits with drugs in a given class. *ProMap* tracks monthly prescribing activity within a group of physicians and indicates which ones are writing new prescriptions for targeted drugs.

Canada's privacy commissioner has ruled that data mining does not violate a physician's privacy rights, but that decision is currently being appealed. The CMA, a staunch opponent of data mining, has been granted intervener status in that case (*CMAJ* 2003;168[3]:325).

Chambers advised AMA members to be "cautious and prudent" if asked to sign a consent form allowing data mining. Members have been asked to forward all consent forms to the AMA before signing. — *Natalie Dunleavy, CMAJ*