

Dispute over autism treatment heads to top court

British Columbia's long-running legal dispute with parents of autistic children will be resolved in the Supreme Court of Canada.

In 2000, the BC Court of Appeal upheld an earlier ruling that found the province had violated the Canadian Charter of Rights and Freedoms by denying treatment that was deemed medically necessary for autistic children. The therapy can cost up to \$60 000 a year. There are an estimated 1400 autistic children in BC, and the court re-

moved the age limit of 6 years for accessing funding, setting the maximum age at 19 (*CMAJ* 2002;167[11]:1278).

Chris Hinkson, one of the lawyers representing the 4 families named in the original lawsuit, says the Supreme Court's May 16 announcement that it would hear an appeal of the BC rulings is significant. "They will only hear cases that they are persuaded are of national importance," he says. Several provinces are now facing similar suits.

Michael Lewis of the BC Autism

Society is "fairly optimistic" about the outcome and says governments in Alberta and Ontario have already made some recent "pre-emptive moves" to improve their funding for autistic children.

The only similar case to reach the country's highest court involved deaf people who had lost translators due to government cutbacks — services which the court restored. This case is expected to be heard in early 2004. — *Heather Kent, Vancouver*

PULSE

Health of the nation: "I'm fine, eh"

Canadians may share some concerns about the health of the medicare system, but new data indicate that a majority of them (61%) rate the state of their own health as very good or excellent.

The data are from a health indicators framework designed by the Canadian Institute for Health Information and Statistics Canada. It includes health status, nonmedical determinants of health, health system performance and community and health system characteristics.

Health status is defined by health condition, human function, well-being and death. Newfoundland and Labrador had the highest proportion of respondents reporting very good or excellent health (66%), while Nunavut had the lowest (53%). Almost one-third of Canadians report having a body mass index greater than 27, while 4% have diabetes and 15% have arthritis/rheumatism. Disability-free life expectancy was highest in Quebec (70 years) and lowest in Nova

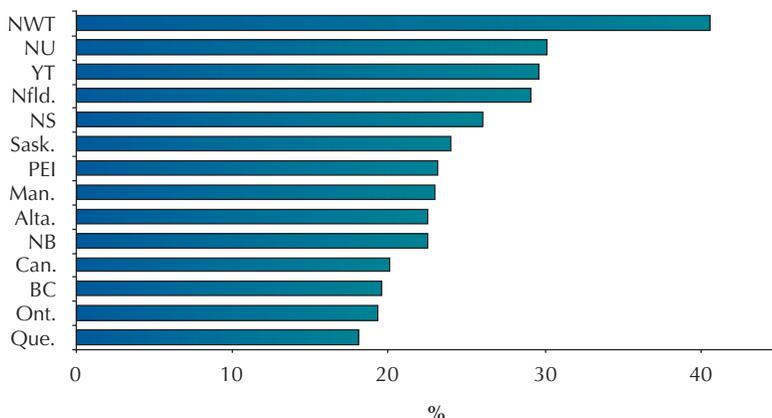
Scotia (66 years) and Nunavut (63 years). However, Quebecers lost the most potential years of life due to acute myocardial infarction and the second most for lung cancer (after Nunavut).

Nonmedical determinants of health include smoking, drinking, diet, life stress, unemployment and crime rates. Over a quarter (26%) of Canadians smoke, and 43% report being physically active. British Columbia is the most active province (49%) and New Brunswick is least active (35%). Crime rates are highest in the 3 territories, followed by Saskatchewan.

Health system performance is measured by indicators such as adjusted mortality rates 30 days after surgery, and readmission rates. Between 1998/2001, 19% of patients hospitalized following a new stroke died within 30 days of admission, and 12% died following a new heart attack.

Community and health system characteristics provide useful contextual information but are not direct measures of health status or quality of health care. Those measures include the physician-population ratio and rates for hip- and knee-replacement surgery and cardiac bypass surgery. — *Lynda Buske, Associate Director of Research, CMAJ*

Frequency of heavy drinking*



Source: Health Indicators, 2003, CIHI

* Canadians 12 and over who reported consuming 5 or more alcoholic drinks on at least 1 occasion in the past 12 months