



Canapress

Not all victims of Liberia's brutal civil war were felled by violence. Five-year-old Emmanuel Flomo lost so much weight because of cholera that doctors had to insert the intravenous drip in his head. By late July, patients were arriving at hospitals in ambulances, pickup trucks and wheelbarrows, and anarchy had taken over the capital, Monrovia. At least one Médecins Sans Frontières (MSF) volunteer was killed in the civil war, which forced 150 000 refugees to flee to Monrovia. MSF warned that the city faced a "humanitarian nightmare."

Are online pharmacies affecting drug supply?

Many experts are apprehensive but no one really knows if Web-based pharmacies are affecting Canada's drug supply by shipping to customers in the US.

As Internet pharmacies experience unprecedented growth by offering lower prices to American customers, some pharmacists here are complaining about delays and shortages in supply for Canadian patients. "It makes sense," says Murray Elston, president of Rx&D. "I think logically that there would be some supply issues at hand."

But the BC Pharmacy Association thinks the assumption is "hypothetical," says Susan Ogilvie, because "ebbs and flows" are a feature of the drug supply. "But to come out and flatly blame the Internet pharmacies? We don't have hard facts to support that."

Dr. David Collins, dean of pharmacy at the University of Manitoba, says data are hard to gather because online cross-border drug dispensing runs counter to US law. He says only anecdotal evidence currently exists but "it's not anecdotal in the field. It's actually happening."

Manitoba is the hub of the Canadian Web pharmacy industry, with more than 45 online pharmacies collecting about \$400 million annually. Pharmacists have told Ron Guse, their registrar, that current shortages are "unlike those they've ever experienced. There's a general feeling of uneasiness. Before, they wouldn't have given a second thought to giving their last bottle of medicine to a patient. I don't think that confidence exists now."

Barry Power, director of practice development at the Canadian Pharmacists Association, says the association intends to examine the Internet industry's impact on supply. "The industry can assess where its sales are spiking," he says, and this data can be used to determine if Internet sales are affecting Canadian supplies.

Guse says that regardless of whether the new industry is causing shortages, it is placing new stresses on the supply chain. After Sept. 11, for instance, demand for ciprofloxacin soared and Bayer couldn't handle the surge. "I'm hoping [that shortage] wasn't a sign of what's to come," says Guse. — *Brian Whitwham, Ottawa*

Private contractors to reduce surgical waits at BC hospital

A new market has opened for Vancouver's private surgical sector after the Richmond Hospital issued a call for contractors to perform some day surgeries. The hospital, located in a fast-growing Vancouver suburb, has about 6000 people on its surgical waiting list, half of whom wait at least 90 days. The problem is exacerbated because the hospital can afford to operate only 5 of its 8 operating rooms.

The Vancouver Coastal Health Authority (VCHA) has responded by inviting private sector facilities that provide surgery to bid to perform on about 3000 procedures, such as arthroscopic operations, annually.

This will potentially free 16 to 20 hours of operating room time weekly, says VCHA spokesperson Clay Adams. However, Adams says he does not know how much capacity exists within the private surgical sector. Initially, he expects that only about 750 procedures will be assigned to contractors.

In North Vancouver, low-risk cataract surgery has been farmed out to a private facility for 4 years. Adams says this "very successful" arrangement resulted in a 23% decrease in the surgical waiting list at the Lions Gate Hospital in the first year. The waiting time is now about 45 days.

Under the contractual arrangements, says Adams, the health authority controls the waiting list so that "there is no risk of cherry picking" by private providers. To meet requirements of the Canada Health Act, the surgeons bill the provincial government directly; patients are not charged.

The president of the BC Medical Association says he favours "anything that expands our operating room capacity, but we need to be sure that facilities have appropriate safeguards." However, Dr. John Turner does caution that while the private sector may help reduce waiting lists, "not every surgery can be done on an outpatient basis." — *Heather Kent, CMAJ*