

## News @ a glance

**Warning too late:** UK doctors were warned in March not to start patients on doses of paroxetine (Paxil) higher than 20 mg, but that warning should have come a decade ago, says the head of the UK's leading mental health charity, Mind. In protest, Richard Brook resigned from the Medicines and Healthcare Products Regulatory Agency (MHRA) Expert Working Group, which was set up to examine the safety of SSRIs and issued the advice, reporting that in 2003, 17 000 people were started on doses that were too high. Brook said the agency has known about this trend for a decade. "Either they didn't understand the full implications of the available medical data at the time or, worse, that data were fully understood and they failed to act. Either way it amounts to extreme negligence and a clear dereliction of the MHRA's duty to safeguard the well-being of the British public." — *Colin Meek*, Wester Ross, Scotland

**Hip-hip-hooray:** The world's first international research centre focussing on problems affecting the hip will open in 2006 at Vancouver General Hospital. Under the auspices of the Vancouver Coastal Health Research Institute, the Centre for Hip Health: A Lifespan Approach will support 18 academic faculty within a year. The \$11.1-million centre, which will focus on bone health,

falls prevention and osteoarthritis from childhood to old age, is jointly funded by the Canadian Foundation for Innovation (\$5.2 million), the province (\$5.2 million) and individuals and industry (\$2.6 million). Of the estimated 25 000 hip fractures annually in Canada, about 20% result in death and 50% in disability, at an annual cost of over \$16 billion. WHO predicts that the number of hip fractures will increase from 1.7 million in 1990 to 6.3 million by 2050. — *Heather Kent*, Vancouver

**No hang-ups:** The Quebec government has refused to ban the use of cellphones while driving, despite recommendations from a Quebec coroner. In calling for the ban, Claude Paquin said a police reconstruction of the fatal crash indicated that cellphone use was "beyond all doubt the direct cause" of the death of Michel Bourdeau on Aug. 6, 2002, on the South Shore. Quebec Transport Minister Yvon Marcoux says he prefers a public-awareness campaign. "The cellphone is just one of many sources of distraction for a driver," Marcoux told reporters. "We can't start legislating on every one of them." Newfoundland introduced legislation in April 2003, becoming the first Canadian jurisdiction to ban the use of cellphones in motor vehicles.

**GM research needed:** The UK government has given the go-ahead to grow a single variety of genetically modified (GM) maize. The decision coincides with publication of a British Medical Association (BMA) statement on GM foods calling for more research into the controversial crops. The report authors feel that the few robust studies that have looked for health effects have been short-term and specific. There is a

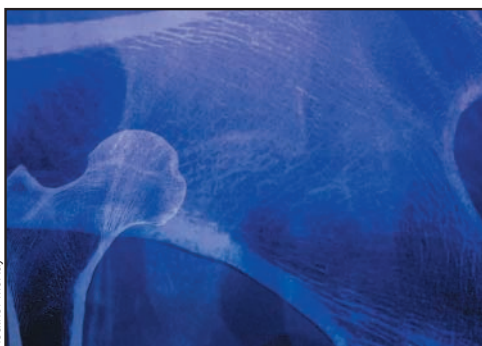
lack of evidence-based research with regard to medium- and long-term effects on health and the environment. Nevertheless, the BMA is of the opinion that "the potential for GM foods to cause harmful health effects is very small and many of the concerns expressed apply equally to conventional foods. However, safety concerns cannot, as yet, be dismissed completely." The



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report highlights several areas requiring work including: potential allergic reactions, nutritional status, gene transfer, environmental impact and design of experiments to assess GM crops. — *Cathel Kerr*, Fife, Scotland

**Survey omnibus:** The most comprehensive survey ever of Canadian physicians is being conducted by the CMA, College of Family Physicians of Canada and Royal College of Physicians and Surgeons of Canada. Unlike the more familiar CMA Physician Resource Questionnaire, the 12-page National Physician Survey is being sent to 60 000 FPs, specialists and medical students and residents. The results will be used to create a detailed database on physician practice patterns and future plans, which should provide information on understanding access and waiting time problems. The data will also support decisions about the numbers and kinds of physicians to train and recruitment strategies needed. Results will be available this fall. — Compiled by *Barbara Sibbald*, CMAJ



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