

country where I am treated more fairly.”

Some specialists do work excessive hours due to an uneven distribution throughout the Republic.

Health Minister Jozef Kubinyi has attempted to quash fears of both a doctor shortage and an influx of patients. He points to the offsetting arrival of Slovak and Polish doctors who get paid more in the Czech Republic.

Patients will only be motivated to come to the Czech Republic for elective procedures, such as dentistry and plastic surgery, that they have to pay for out-of-pocket, he says.

The vast majority of Czech citizens are covered by the 9 public insurance companies. Private insurers supplement what is offered.

If patients do arrive from other Eastern bloc countries seeking Western-style medicine, they will also find a country with almost no waiting times for operations. There are only 330

people per doctor in the Czech Republic, compared to 650 people per doctor in Great Britain.

The country's 9 public health care insurers are the entity most likely to be affected by the country's entrance into the EU, since the families of workers from EU countries will now qualify for benefits, even if they are non-residents. Visitors requiring emergency care will also be covered. In addition, the government anticipates an influx of pensioners from Western Europe because of the Czech Republic's lower cost of living.

Ladislav Svec, director of the Prague-based Center for International Reimbursements, said insurers will have to spend time and money “evaluating the concrete situation of concrete individuals,” to determine if they meet residency requirements that entitle them to benefits.

Perhaps the most pressing problem, Svec says, is the 70 000 Slovaks working in the Czech Republic who will now be covered by Czech insurance

companies. Those returning to live in Slovakia, also now an EU member, are entitled to Czech health coverage even after they permanently leave the Czech Republic.

Insurance companies are already infamous in the Czech Republic for not paying doctors on time, so some critics question whether they will have trouble reimbursing foreign hospitals when Czechs get ill while they are abroad.

“It's estimated that international clearing of payments between insurance companies in the enlarged EU will take an average of 3 years,” says Hrobon.

The Czech healthcare sector is running a deficit of 10 billion crowns (Cdn\$52 million) and co-payments, as well as a closing of numerous hospitals, may be a necessity.

In such a bankrupt system, foreigners can expect to find well-educated doctors, but preventive care and even toilet paper are not always options. — *Dinah A. Spritzer, Prague*

ENVIRONMENTAL HEALTH

OCFP pesticide study triggered by complaint

The Ontario College of Family Physicians' conclusion that there are no safe pesticide exposure levels, which garnered unprecedented national coverage, was sparked by a pesticide industry lobby group's insistence that there is not enough evidence to support such warnings.

The OCFP launched an extensive review of pesticide literature more than 18 months ago after Industry Task Force II on 2,4-D Research Data, a US-based group, complained that warnings of harmful effects of pesticides included in an OCFP information pamphlet were inaccurate. (2,4-D is the most common active ingredient in lawn care herbicides.)

The complaint was a repeat of the usual arguments in the ongoing debate on pesticides, which the head of the OCFP describes as “an exercise in finger point-

ing,” where one group cites a report warning of health effects and the other side cites another report indicating the results are inconclusive. The OCFP study was aimed at ending such discourse.

The study (www.ocfp.on.ca), funded by the non-profit Laidlaw Foundation, was not peer-reviewed or published. This is the first time a Canadian medical association has attempted to review the literature. Researchers examined 12 000 studies on the health effects of pesticides and drew conclusions from the 250 studies deemed to have the most solid methodology.

The review found “consistent evidence” of serious health risks, including brain, kidney, and prostate cancer, and reproductive and nervous system effects. For example, 3%–7.7% of cases of non-Hodgkin's lymphoma are attributable to exposure to pesti-

noxyacetic acids and chlorophenols.

In addition, there was no evidence that some pesticides are less damaging than others. Rather, what differed were the effects and the time it took for them to appear.

“Our study showed that family doctors are right in advising patients to avoid exposures,” says Jan Kasperski, CEO of the OCFP.

But Donald Page, Executive Director of the Industry Task Force II, attacked the findings in the media and online, charging that the conclusions are based on a “biased review” with unclear criteria for study selection. — *Pauline Comeau, Ottawa*



A pesticide-free Ontario garden.