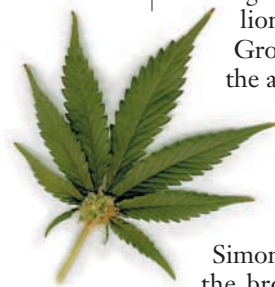


News @ a glance

Surgeons negotiating AFP: Doctors Nova Scotia (formerly known as the Medical Society of Nova Scotia) is negotiating an alternative funding plan for 46 surgeons at the Queen Elizabeth II Health Sciences Centre in Halifax. The surgeons would receive a salary instead of fees-for-service. The negotiations, which also involve the hospital's anesthetists and critical care specialists, could take a year to finalize, said Dr. Mary Doyle, past president of Doctors Nova Scotia. The surgeons are among a growing list of NS physicians now paid under some form of alternative funding plan. These include QEII physicians in neurosurgery, pathology, oncology and gynecology as well as pediatricians, pediatric surgeons and diagnostic imaging specialists at the IWK Health Centre. — *Donalee Moulton*, Halifax

Tax pot: A study from the Fraser Institute, a right-wing think-tank group, suggests that if marijuana were decriminalized, treated like any legal product and taxed, it would reap the government over \$2 billion. The study, *Marijuana Growth in BC*, reports that the annual crop is worth over \$7 billion. With over 23% of Canadians using marijuana, the study's author, Prof. Stephen Easton of Simon Fraser University, says the broader social question is not whether we approve or disapprove of local production, but rather who shall enjoy the spoils. "If we treat marijuana like any other commodity, we can tax it, regulate it, and use the resources the industry generates rather than continue a war against consumption and production that has long since been lost," Easton stated. "It is apparent that we are reliving the experience of alcohol prohibition of the early years of the last century."



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Swill is swell: Letting kids get dirty may be the best thing you can do for their immune systems, research from Scripps Research Institute in California suggests. After studying the way bacteria helped mice resist the onset of type 1 diabetes, the researchers concluded that pathogens challenge the body, enabling it to stave off such autoimmune diseases (*Cell* 2004;117:265-77).

Drug spending increases: Total spending on drugs is expected to reach \$19.6 billion in 2003, an increase of 8.1% over the previous year, reports the Canadian Institute for Health Information (CIHI). Its 4th annual report on drug expenditures indicates that governments are picking up more of the tab for prescribed drugs: 47.2% in 2003 compared with 42.5% in 1998. In 2003, drug spending is expected to represent 16.2% of the estimated \$121.4 billion in total health expenditures — the 4th highest rate among 11 industrialized countries ranked by the Organisation for Economic Co-operation and Development. "The increase in drug spending is occurring despite relatively stable drug prices in Canada," says Dr. Paul Grootendorst, a University of Toronto professor and CIHI advisor. "This points to a higher volume of drug use and the entry of new drugs, which are generally introduced to the market at higher prices."

Oxycodone tracking: Pharmacists in Atlantic Canada are making a list of oxycodone products and checking it twice. The inventory comes at the request of Health Canada. Carole Bouchard, director of the Office of Controlled Substances, informed pharmacists throughout Atlantic Canada that they must report all sales of oxycodone products between January and

June. Pharmacists have until mid-August to submit their report, which covers 21 drugs including oxycodone, percocet and percodan. Atlantic Canada was singled out because of increasing concerns about abuse and misuse of oxycodone in the region. — *Donalee Moulton*, Halifax



Barbara Sibbald

UK prescribers: A greater range of health professionals will be able to prescribe drugs under plans recently announced by the UK Health Secretary. Supplementary prescribing rights would be given to optometrists, chiropractors, physiotherapists and radiographers. Such powers have already been given to nurses and pharmacists. Professional bodies say the proposals will lead to better treatment for patients. Radiation oncologists, for example, will now be able to prescribe anti-nausea drugs. Supplementary prescribing rights are expected to be granted by September this year. — *Cathel Kerr*, Fife, Scotland

Inadequate vaccination: Current staff vaccination rates in aged care facilities (ACFs) are inadequate, according to the *Medical Journal of Australia* (2004;180[12]:640-2). Researchers from Melbourne reviewed 2 outbreaks of influenza in ACFs in January and March 2002. Only 5 of 60 staff had been vaccinated against influenza; 19 later developed flu. Free flu vaccination is not currently funded for health care workers in ACFs. "The priority for preventing influenza outbreaks in ACFs should be to prevent individuals introducing the virus into the facility," says coauthor Dr. Stephen Lambert. "The key way to do this is to ensure health care workers are vaccinated." — *Dr. Sally Murray*, Melbourne, Australia — Compiled by *Barbara Sibbald*, CMAJ