

## News @ a glance

**Babushka revolution:** Legions of Russian pensioners, war veterans and handicapped people — including large numbers of grandmotherly “babushkas” —



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protested throughout January after free health, transportation and social services for more than 25 million government beneficiaries were replaced with cash payments as part of sweeping “monetization” reforms signed into law last year and implemented January 1 (CMAJ 2004;171:1157). With medicine and many other needs available now only for cash, beneficiaries say government payments are inadequate. After first blaming officials in the regions for bungling the implementation, in late January the Kremlin agreed to more than double planned increases to payments. But that may not be enough. Arkadiy Volskiy, president of the Russian Union of Industrialists and Entrepreneurs, warns that Russia must now overhaul its entire medical insurance system, and that “the failures at the beginning of this new stage of social reform” could discredit other market-based reforms to health and social programs. — *Paul Webster, Toronto*

**Genetic lab test:** The US Food and Drug Administration has approved the first DNA laboratory test system that will let physicians assess a patient’s unique genetic information before prescribing. The microarray test analyzes one of the cytochrome P450 genes. Variations in this gene can cause a patient to metabolize certain drugs more quickly or slowly or not at all. The test is performed using DNA that is extracted from a patient’s blood.

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**Ontario pays up:** An Ontario judge has ordered the province to pay for behavioural treatment for 3 autistic children despite an earlier Supreme Court of Canada decision that the BC government didn’t have to pay (CMAJ 2005;172:168). Ontario Superior Court Justice Lee Ferrier made his ruling on the grounds that the therapy is necessary for educational reasons, while the Supreme Court decision concerned payment for the therapy as a medical necessity. Ferrier says another trial is needed to determine whether the benefit is medical or educational. The behavioural intervention, developed by Dr. Ivan Lovaas, costs up to \$60 000 annually.

**No free lunch:** New limits have been put on meals and other entertainment pharmaceutical companies can offer healthcare professionals. The revised *Code of Conduct* from the Canada’s Research-Based Pharmaceutical Companies states that “refreshments and/or meals must be clearly incidental” and “no other form of hospitality or entertainment is to be provided.” The Code also states that tickets to charitable or nonprofit events cannot be given to healthcare professionals, to mitigate the perception that such invitations are extended solely for purpose of gaining access to these people. The voluntary Code, which was approved by the association’s 54 member companies and endorsed by the CMA, came into effect Jan. 1, 2005. The move mirrors a 2002 amendment to the Pharmaceutical Research and Manufacturers of America’s code, which outlawed a battery of expensive giveaways, including tickets and expensive meals.

**New ethics at NIH:** The 18 000 employees of the US National Institutes of Health are now prohibited from investing in or accepting consulting fees or other income from biomedical companies. For the past decade, scientists have been quietly allowed to consult for biomedical companies, which defenders said has allowed the NIH to attract top personnel. But investigative reports from the *LA Times* in 2003 and 2004 revealed that some scientists worked for companies that benefited from their recommendations to physicians, and others publicly endorsed treatments or drugs without revealing that they were being paid by the company. Four congressional hearings into conflict of interest at the NIH were held last year, resulting in the supplemental ethics regulation. “This regulation is critical to restoring the integrity of the NIH and the public trust,” wrote NIH Director Dr. Elias A. Zerhouni in a memo to employees.

**Rabies vaccine shortage:** Federal officials are working to overcome a shortage of rabies vaccine that is expected to last until 2006. Aventis Pasteur Ltd., which manufactures Canada’s

only approved rabies vaccine, recently had to recall several corrupted lots of Imovax. The Public Health Agency of Canada is encouraging other manufacturers to submit their vaccines for sale in Canada. Health Canada is doing an expedited review of one such vaccine,

which should be on the market by spring. About 1250 Canadians receive post-exposure prophylaxis annually. — Compiled by *Barbara Sibbald, CMAJ*



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