

in a couple of respects,” says Dr. Anne Doig, chair of the SMA’s legislative committee. “We’re concerned that our names, our reputations and our professional judgment are being used to lend credibility to a process that in itself isn’t credible.”

It is almost impossible to assess the risk exposure poses without key information about the person who may pose the risk, says Doig.

Firefighters, police officers and paramedics requested the law, says Quennell, who described the Saskatchewan medical community as “split.”

“Give the split within the medical community, we prefer to [give the benefit of the] doubt to the victims of crime and emergency service providers that request this protection,” Quennell told *CMAJ*.

Dr. Keith Ogle, who teaches medical ethics at the University of Saskatchewan College of Medicine, says he would refuse to complete the assessment form.

“I’m not sure a lot of doctors would want to sign that form recognizing that, as a result of that act, somebody will be tested against their will. It tends to place a physician in a position in which they are almost an accomplice to a coercive act.”

Ogle is also concerned the tests will give the applicant a false sense of security, since diseases such as HIV have a period of incubation before showing positive.

Arthur Schafer, a medical ethicist and the director of the University of Manitoba’s Centre for Professional and Applied Ethics, says the law invades people’s civil liberties.

“Canadian courts have ruled that no one can ‘intermeddle’ with the body of an adult against their wishes. You need a very good reason to violate that principle,” he says.

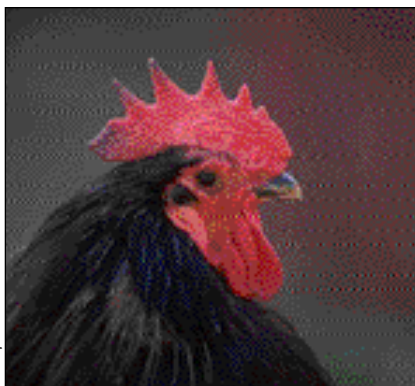
If a physician refuses to complete the form for the court, an applicant could simply go to another physician, says Quennell.

“I think the circumstances in which a doctor’s medical report would result in the court making this order would be relatively rare,” the minister says. “I also think the existence of this Act will make voluntary testing more likely.” — Amy Jo Ehman, Saskatoon

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News @ a glance

Pandemic plan: US President George Bush unveiled a US\$7.1-billion pandemic influenza plan in November that will increase manufacturing capacity for vaccines and commit US\$800 million to develop new vaccines, drugs and diagnostic tests, if Congress approves it. Almost \$3 billion worth of the funding is intended to accelerate the development of vaccines in cell cultures, instead of the current technology that uses chicken eggs to grow vaccines. The plan also calls for the purchase of US \$1.2-billion worth of vaccine against H5N1 bird flu, even though scientists are not sure that strain will eventually mutate into a pandemic strain. The US would vaccinate “essential personnel” against H5N1, in hopes it would give them some immunity. Currently, the US has only one plant manufacturing influenza vaccine.



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Measles in Africa: The number of measles cases and deaths in Africa has dropped 60% since 1999 thanks to improvements in routine and supplementary immunization, says the World Health Organization. African governments and the Measles Initiative partners, including the UN Foundation and American Red Cross, collaborated on the project to vaccinate more than 200 million children. One million lives have been saved since 1999. “This is a major public health achievement,” says WHO Director-General, Dr. Lee Jong-Wook. Since 2001, the Measles Initiative has spent \$144 million in 40 African countries. The Measles Initiative plans to expand its vaccination campaign into Asia, where 180 000 people die of

measles annually. In 2003, 500 000 people — 470 000 of them under age 5 — died from measles. Half of these deaths were in Africa. It costs less than US\$1 to vaccinate a child.

Connected youths: Teenagers age 12 to 15 with positive family, school, friend and community ties are healthier and have a higher sense of self-worth, according to report from the Canadian Institute for Health Information’s Canadian Population Health Initiative. *Improving the Health of Young Canadians, 2005* explores the association among 5 positive “assets”: parental nurturing, parental monitoring, school engagement, volunteering and connection with peers. Teenagers who report having 4 or 5 of these “assets” were more likely (83%) to have good health than those with 2–3 (74%) or less (54%). — Kristen Everson, Ottawa

Tobacco treaty: Over 105 countries have now signed the WHO Framework Convention on Tobacco Control. The global treaty was developed in 2003 to curb current and future tobacco-related deaths. Tobacco kills almost 5 million people a year. Without a change in current smoking trends WHO estimates that by 2030 the tobacco consumption will kill double that number. Signatories to the treaty agree to impose limits on tobacco advertising, sponsorship and promotion, to establish new packaging and labelling of tobacco products and to institute indoor smoking bans. They will also clamp down on tobacco smuggling. — Sally Murray, *CMAJ*

Stock shock: Executives with Guidant Corporation, currently the subject of class-action lawsuits in Canada and the US over its implantable cardiac defibrillators and pacemakers, sold more than US\$100 million in company stock recently, the *Indianapolis Business Journal* reports. The executives sold their shares in advance of a deal to sell the company to Johnson & Johnson, an agreement that could unravel given the number of class-action suits pending against Guidant. — Compiled by Barbara Sibbald, *CMAJ*

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