

Ralph Klein's retirement puts "Third Way" health reforms on the shelf.

In the meantime, Alberta Health and Wellness spokesperson Howard May says some reforms must proceed. "It's evolution, not revolution. It's a constant process regardless of whether certain items are on or off the table. . . . We're not innovating for the sake of innovation. Pressures will continue to grow so we have to innovate."

Alberta Health Minister Iris Evans insisted that the "Third Way" isn't dead. Evans told reporters that the government has merely "created an opportunity for Albertans to give us even more feedback." In the interim, the government plans to move with an "aggressive" workforce policy to recruit more health care workers to help alleviate lengthy wait lists.

Alberta Medical Association President Dr. Tzu-Kuang Lee says human resources measures are desperately needed to address Alberta's estimated shortfall of 1000 specialists and general practitioners. Lee also expressed concerns over the fate of other desperately needed reforms, including measures to promote more rapid computerization of Albertan's medical records. "The big fear we have is that the good parts that will benefit patients, they will be dropped along with the controversial parts."

Others were elated by the shelving of controversial elements of "Third Way" and hopeful that they'll be forever jettisoned by Klein's successor.

"If you can't make politicians see the light, make them feel the heat," said Harvey Voogd, co-ordinator for Alberta's Friends of Medicare lobby group, who spent weeks touring rural communities and mustering opposition to privatization. "These politicians felt the heat."

In a speech March 28, Lee said, "It is only when Medicare fails that physicians are prepared to consider private options," he said. "The growth of privately funded health care will be determined by the success or the failure of the public health care system." — Barbara Sibbald, *CMAJ*

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News @ a glance

International child growth standards: The WHO's new international child growth standards provide for the first time evidence and guidance about how every child in the world should grow (www.who.int). Using these standards, physicians and others will know when the nutrition and health care needs of children are not being met. The standards are the result of a study of more than 8000 children from Brazil, Ghana, India, Norway, Oman and the US that began in 1997. "The WHO Child Growth Standards are a major new tool

for providing the best health care and nutrition to all the world's children," said Dr. Adenike Grange, president of the International Pediatric Association. The IPA encourages all its members to adopt and use the standards. The first set of the new growth charts includes weight-for-age, length/height-for-age and weight-for-length/height, plus a BMI standard for children.

Governance panel: Montréal lawyer and chartered accountant Richard Pound replaced former Supreme Court chief justice Antonio Lamer as head of the CMAJ Governance Review Panel on May 8. Lamer resigned May 3 due to illness. Pound is the chair of the World Anti-Doping Agency and a partner with the law firm Stikeman Elliot, as is Lamer. The panel was created earlier this year to recommend a new governance plan for CMAJ and its publisher, CMA Media Inc. Its report is due July 14.

WHO Director-General dies: Dr. Lee Jong-wook died on May 22, 2 days after surgery for a subdural hematoma. Dr. Lee, a 61-year-old national of the Republic of Korea, worked at WHO for 23 years and began his 5-year term as Director-General of WHO in July 2003. During his tenure, he announced the HIV/AIDS "3 by 5" initiative, and led global efforts to tackle avian influenza and prepare for a pandemic. "We lost a great man and a devoted fighter for the human health rights," stated WHO's representative in Syria, Dr. Fouad Mojallid. The Acting Director-General is Dr. Anders Nordström, the former assistant director-general for general management.

CMAJ wins award: The Canadian Association of Journalists presented its award for investigative journalism in a magazine to *CMAJ* in Halifax, May 13. The award was for the journal's news article, "Privacy issues raised over Plan B" (*CMAJ* 2005;173:1435-6), by Barbara Sibbald and Laura Eggertson.

More MDs: The US is increasing first-year medical school enrolment by as much as 4500 students by 2015. First year enrolment in 2002 totalled 19 567. In Canada, enrolment will rise by about

300 this September, for a total of 2500 first-year medical students.

Hypertension chair: The first ever Canadian Chair in Hypertension Prevention and Control will be filled by Dr. Norm Campbell from the University of Calgary. The chair has funding of \$900 000 over 5 years from the Canadian Hypertension Society, the Canadian Institutes of Health Research, Canada's Research-based Pharmaceutical Companies (Rx&D), sanofi-aventis and Blood Pressure Canada. Campbell will expand the Canadian Hypertension Education Program, develop a comprehensive national surveillance plan, increase public awareness and lobby to eliminate indiscriminate addition of salt by the public food sector.

Teamster doctors: Frustrated by a 20% cut in fee schedules and restrictions on medical care by Excellus BlueCross BlueShield, nearly 300 central New York State physicians have joined the 1-million strong Teamsters Local 1149. According to *amednews.com*, the union is planning to push for state legislation to allow physicians to bargain collectively, something federal antitrust law now prohibits. — Compiled by Barbara Sibbald, *CMAJ*

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PULSE

Happy doctors? Balancing professional and personal commitments

A recent Pulse article (*CMAJ* 2006;174[8]:1070) gave a glimpse into the degree of satisfaction specialists reported having with their current professional lives. In this issue, additional results from the 2004 CFPC/CMA/RCPC National Physician Survey reveal some more surprises, this time with how respondents viewed the balance between their personal and professional lives.

As Fig. 1 shows, physicians in spe-

cialties such as cardiology, urology and radiation oncology, which are often perceived as having better lifestyles (i.e., better work hours and lighter call schedules, and therefore more time for personal commitments) were among the 10 least satisfied specialist groups. Physicians among the 10 most satisfied groups, including psychiatry, ophthalmology, psychiatry, dermatology and radiology, were less of a surprise.

Less than 50% of the members of 7 specialist groups (respirology, urology, endocrinology/metabolism, gastroenterology, medical oncology, he-

matology and biochemistry) were “somewhat” or “very” satisfied with the balance between their professional and personal commitments.

The low satisfaction rates among Canada's physician workforce is an impetus for further examination of this issue. There is ample literature on physician well-being, and although few would probably question that progress has been made, it is clearly not yet enough. — Mark O. Baerlocher, Toronto

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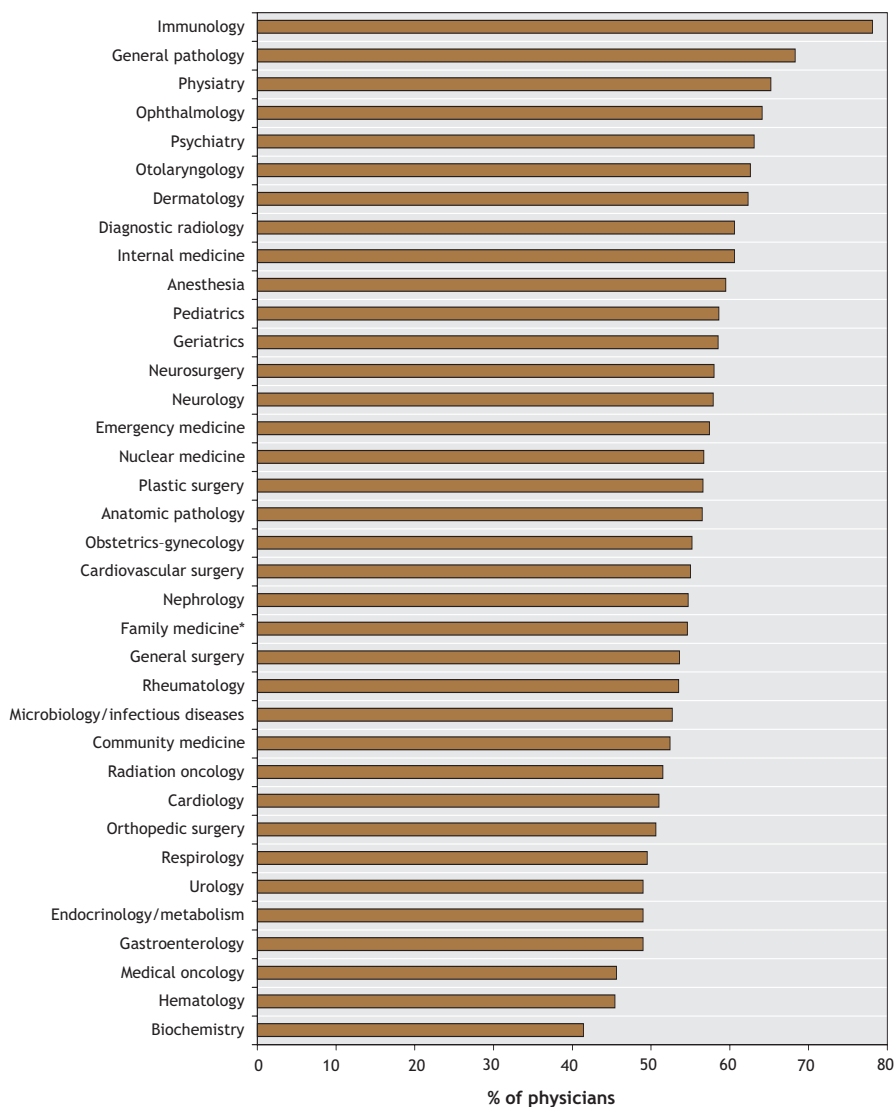


Fig. 1: Proportion of physicians who were somewhat or very satisfied with the balance between their personal and professional commitments, by specialty. Source: 2004 CFPC/CMA/RCPC National Physician Survey. *Includes CCFP and non-CCFP family physicians.