

The announcement gives provincial governments another 2 years to set out their targets for implementing the guidelines. CMA President Dr. Ruth Collins-Nakai and spokesperson for the Wait Time Alliance (WTA) of Canada, said this deadline needs “revisiting.” In June 2004, the Supreme Court of Canada struck down a Quebec law prohibiting private health insurance coverage (the Chaoulli decision) for procedures the public system offers. A stay on that ruling will be lifted in June, and new wait times, says Collins-Nakai, must be in place to avoid re-opening the debate.

The WTA, which was set up by the CMA and 6 specialists’ organizations, released benchmarks in August 2005 that are more ambitious in some areas than the new federal guidelines. For example, the WTA included a wait of no more than 10 days for cancer radiation therapy and stipulated a maximum wait time of 30 days for MRIs and CAT scans. Both of these diagnostic procedures were left out of the new federal guidelines, leaving a big hole, according to Normand Laberge, president of the Canadian Association of Radiologists, who points out that you can’t have treatment without a diagnosis.

Collins-Nakai acknowledges that “Challenges certainly remain in some specific areas in the big 5, primarily in diagnostic imaging and certain aspects of sight restoration and cardiac services.”

Still she praised the federal and provincial governments “for working together for the sake of patients,” and said the benchmarks represent “a fundamental change to a patient-centred approach.” — Pauline Comeau, Ottawa

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## News @ a glance

**SSRI growth:** The number of SSRI prescriptions dispensed in Canada jumped from under 9 million in 1999 to 15.6 million in 2003, reveals a new study. Two-thirds of users are women, says the study’s author, health-policy researcher Janet Currie. “One has to ask — is there a reason why depression rates have soared so dramatically in the last 15 to 20 years at exactly the same

time as SSRIs came onto the market and have been aggressively promoted by drug companies?” she asks. The study, *Marketization of Depression: Prescribing SSRI Antidepressants to Women*, comes from the working group Women and Health Protection, which is funded through the Women’s Health Contribution Program, Health Canada.

**Death and taxes:** Spending on health care in Canada increased by 7.7% from 2004 to 2005. An estimated \$142 billion was spent in 2005, according to *National Health Expenditure Trends 1975-2005*, a December release from the Canadian Institute for Health Information. CIHI also reports that in 2005 health expenditure accounted for 10.4% of the national GDP, its highest-ever share. The top 3 spending categories were hospitals, drugs and physician spending, with totals of \$42.4 billion, \$24.8 billion, and \$18.2 billion respectively. In 2001, expenditures on physician services totalled \$14 billion. While expenses in the public sector reached \$98.8 billion, costs in the private sector grew at a faster rate, seen by the 8.7% increase over last year, compared to a 7.3% raise in the public-sector. With an estimated per capita average health care cost of \$4411. — Andréa Ventimiglia, Ottawa

**Green goals:** Canadian premiers and municipal leaders from the US, Europe and Australia have signed a declaration to combat global warming and promised to meet or exceed the original Kyoto Protocol targets of reducing greenhouse gas emissions by 20% by 2010. During the UN Climate Change Conference in Montréal, Dec. 6, 190 elected officials at municipal, state and provincial levels agreed to aim for a reduction of 30% by 2020. One of the conference’s main goals was to move beyond the targets set in the Protocol, which expires in 2012. To date, 157

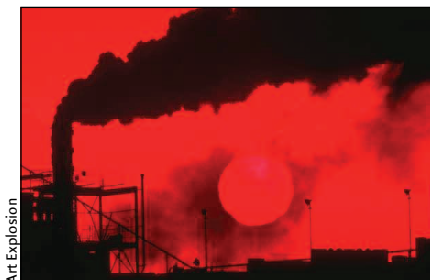
countries have ratified the Protocol; conference attendees tried to persuade others, notably Australia and the US, to sign on. — Andréa Ventimiglia, Ottawa

**Here’s to life:** A new study from the US National Center for Health Statistics puts American life expectancy at an all-time high of 77.6 years. In comparison, the latest data from Statistics Canada (2002) shows an average Canadian life expectancy of 79.7 years. Statistics Canada reports that Canada had the second highest rate of population growth among the G8 countries between 1994 and 2004. The Canadian population grew at a rate approaching 1% during that time; the US rate was 1.1%. — Andréa Ventimiglia, Ottawa

**Public v. private:** Now that the federal election is over, Quebecers should soon see a White Paper outlining policy for the purchase of private medical insurance, as promised by the provincial government. The paper, which is sure to revive the debate over a 2-tier health care system, comes as a result of a June 2005 Supreme Court ruling (the Chaoulli decision) striking down Quebec’s ban on buying private insurance for public health care services. Provincial officials say the government delayed release of the paper until after the federal election because it did not want it to become an election issue. But provincial opposition parties say there is now less time for Quebecers to challenge the paper’s contents before legislation can be implemented by the Supreme Court’s June 9 deadline. — Andréa Ventimiglia, Ottawa

**Leprosy treatment:** Novartis AG is donating free treatment for leprosy until 2010 through the auspices of the WHO. The company’s previous donation between 2000 and 2005 led to the cure of about 4 million patients. Last year, 286 000 cases of leprosy were treated, a fall of 38% from the start of 2004. Leprosy remains a problem in 9 countries: Angola, Central African Republic, Democratic Republic of the Congo, Madagascar, Mozambique, Tanzania, India, Nepal and Brazil. — Compiled by Barbara Sibbald, CMAJ

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