

should be licensed and trained to recognize gambling addicts and refuse to sell scratch-and-win and online tickets to customers they think should not buy them. Loto-Quebec said this would be difficult, given that there are 10 000 vendors across the province, many with more than one person selling tickets. Loto-Quebec already has a hotline for compulsive gamblers (866 767-5389).

Milk banks: The coordinator of Canada's only breast milk bank is calling for other regions to establish similar banks. "With the increased research on the benefits of human milk, there's greater demand," says Frances Jones at BC Women's Hospital in Vancouver. Its bank supplied 63 recipients in 2000 and 255 recipients in 2004. She believes more people would take advantage of the service if they were aware of it. About 100-120 donors supply the bank with milk, which is screened for infections, pasteurized and shipped to infants who need it, based on medical priority. Groups in Ontario, Montreal and Saskatchewan are considering setting up similar banks. Without milk banks, women often go to friends or even buy breast milk from strangers they contact over the Internet, says Jones. "The recipients often, especially if it's over the Internet, have no knowledge of the donor's health or history and they don't actually know for sure if they are getting human milk," she says. — Laura Eggertson, CMAJ

Reddoch case: The Yukon Medical Council has apologized to CMA past president Dr. Allon Reddoch for the loss of files that were stolen while in the Council's keeping. The files pertained to Reddoch's appeal of a YMC finding of "unprofessional conduct" after the death of a teenage girl under his care in

1995. In a letter dated Dec. 7, 2005, YMC chair Dr. Bruce Beaton apologized for the loss the files in March 2000 and acknowledged the "personal and professional distress" this caused Reddoch. The Yukon Court of Appeal eventually dismissed the charge of unprofessional conduct in late 2001. Reddoch says he's "pleased" with the apology. — Compiled by Barbara Sibbald, *CMAJ*

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PULSE

Do richer provinces have shorter waiting times to see specialists?

According to the 2004 National Physician Survey Database, provinces with the greatest gross domestic product (GDP) per capita (Alberta, Ontario, Saskatchewan and British Columbia) had among the longest wait times for urgent referrals to a specialist, in particular Alberta (Fig. 1). Prince Edward Island and Quebec had the shortest wait times, despite having lower GDPs.

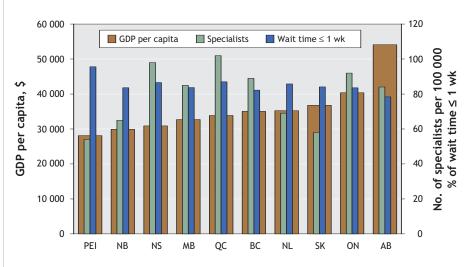
Aside from Quebec, which had among the shortest wait times for ur-

gent referrals and the greatest number of specialists per 100 000 population, there was no clear pattern between wait times and the number of specialists per capita. For example, Ontario and BC respectively had the third and fourth largest number of specialists per 100 000 population, yet they had longer than average wait times. Multiple regression analysis showed a statistically significant negative relation between the percentage of wait times from referral to consultation that were I week or less and the provincial GDP (p =0.04) and a nonsignificant relation between such wait times and the number of specialists (p = 0.43).

Although PEI had the shortest wait times for urgent referrals, these results may not be comparable to those of other provinces because of the relatively small number of specialists in the province.

These survey results suggest that, first, there are factors affecting the efficiency of our provincial health care systems other than the number of specialists per capita and, second, the richer provinces (in terms of GDP per capita) are not performing the best in this measure of health care efficiency and access. — Mark O. Baerlocher and Allan S. Detsky, Toronto

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Source: Statistics Canada and 2004 National Physician Survey.

Fig. 1: Provincial wealth (in terms of gross domestic product [GDP] per capita), number of specialists per 100 000 population, and percentage of wait times that were 1 week or less from referral to consultation with specialist.