Box 1: What does a nurse practitioner do?

- Diagnose and treat common illnesses and disorders, such as colds, ear infections and the flu.
- Do follow-up care for patients with chronic problems, such as asthma, hypertension and cardiac care.
- Order and interpret the results of relevant screening and diagnostic lab tests, such as ultrasounds or mammograms.
- Prescribe (as defined by their jurisdiction's legislation) certain drugs, such as antibiotics for an ear infection.
- Focus on health promotion, disease prevention and involvement of the patient and family in their care.

Nurse practitioners can work autonomously, from initiating the care process to monitoring health outcomes, in collaboration with other health-care professionals.

Source: Canadian Nurse Practitioners Initiative.

When NP Sandra Hooper approached Dr. Mary Gordon about setting up a 6-month pilot program at the Sexual Health Clinic run by the City of Ottawa, she met no resistance. "She was actually quite receptive to the idea. She had worked in the past with NPs and enjoyed their roles."

Staff were concerned about "role ambiguity" midway through the pilot so Hooper worked with staff to clarify the scope of practice for NPs. Hooper now works at the clinic and its satellite clinics in high schools full-time.

Her advice to others considering setting up a collaborative practice is to clarify roles and scope of practice. "We're not trying to be mini-doctors," she says. "We do have expectations of regular consultations. Anything outside our scope of practice, we have to consult."

NPs are covered under liability insurance from either the CNA or their own regulatory body. The Canadian Medical Protective Association and Canadian Nurses Protective Society have signed a joint statement about liability. — Janis Hass, Ottawa

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For-profit clinic founder is CMA's new president-elect

BC physicians have elected the medical director of a private, for-profit clinic as the president-elect of the CMA.

Pending ratification at the CMA General Council in August, Dr. Brian Day, founder of the Cambie Surgery Centre in Vancouver, will serve as CMA president 2007–2008. The CMA presidency rotates among all the provinces, and members of each provincial medical association vote on the position when their turn arrives.

In 1996, Day, an orthopedic surgeon, founded the Cambie Centre, which treats patients willing to pay out-of-pocket, or those who are covered by third-party insurance or government plans, such as the Workers' Compensation Board or the RCMP. Those organizations pay for the clinic's services to avoid waits in the public system.

Day ran on a platform that included the need for doctors to have a greater say in reforming the health care system, and chastised governments for their "bullying" behaviour.

"We and our patients have suffered at the hand of governments. For 20 years they have tried to fix the system and failed. Now it is our turn," Day states on his Web site (www.brianday.ca). "The exclusion of market forces has allowed increased demands for services to coincide with decreased practice revenue for physicians."

Day has previously stated that private health care should complement, but not replace, the public system. But Day was not a one-issue candidate, he told *CMAJ* in an interview.

"I think people voted for me because they support change. There's a lot of discontent with the way the government has allowed the massive shortage of family doctors to occur," he said.

The president of the BC Medical Association was one of 6 candidates who ran in the CMA election. Dr. Michael Golbey says he believes the surgeon won the election because "it just reflects the frustration that doctors in BC have in getting care for their patients."

"He comes along with a different way of looking at things and people just latched on to that," says Golbey.

Day is a well-respected figure in the medical profession who has spoken to audiences around the world and has been "extremely persuasive," says Golbey.

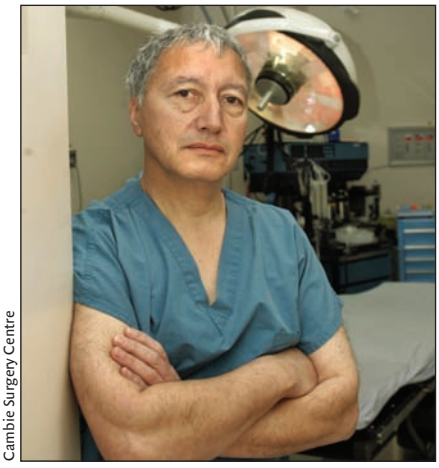
Day's position is "different" from what CMA's General Council has said over the years, and the president of the CMA is bound by what's decided at General Council, Golbey pointed out.

"He will absolutely bring a different perspective to the CMA."

However, "Dr. Day's solutions will not provide the relief that the Canadian public seeks," stated Dr. Sacha Bhatia, spokesperson for the New Health Professionals Network (NHPN), which represented 25 000 new health professionals. "On the contrary, they will only serve to make profits for some health care entepreneurs and bring some richer patients to the front of the line while decreasing access to health care for the majority of Canadians."

The fact that Day got only 17% of the total vote in BC "suggests that his ideological message does not have overwhelming resonance," stated the NHPN.

Day says that given Quebec's white paper calling for private health insurance for elective surgeries, Alberta's plan to introduce a "Third Way" and the BC Throne Speech calling for an update to the Canada Health Act,



Cambie Surgery Centre

Day: "[W]e have the potential to design the best health system in the world."

Canada is at a "pivotal moment" with respect to medicare.

"There is no question that reform is coming and we have the potential to design the best health system in the world," he says. "It's not a question of debating the pros and cons. It's more about taking the best from what we can learn about systems that work and also learning from the mistakes that other people have made."

Doctors should not only be at the table for that discussion, "we should be at the head of the table," Day adds. "Governments need more help from doctors than they've asked for or have taken in the past."

In a submission to Senator Michael Kirby's committee on health care in 2001, Day recommended repealing the Canada Health Act. "The Canada Health Act achieves the reverse of what it was set out to do. In fact, the people from lower social economic groups, people who do not have the ability to pick up the telephone and make a phone call, people who do not know how to wheel their way around the system are the ones who suffer in a system like this," he said at the time.

Asked if he still supports that view, Day responded that while there is nothing in the Act that is bad, "it has to be updated." — Laura Eggertson, *CMAJ*

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STIs a "hidden epidemic": SOGC

The Society of Obstetricians and Gynaecologists of Canada (SOGC) is calling for a national strategy to combat rising rates of sexually transmitted infections (STIs), which they say have risen so much they constitute a "hidden epidemic."

Cases of chlamydia rose by 74% from 1997 to 2004, states the SOGC, which analyzed data provided by the Public Health Agency of Canada. The incidence rate was 191.4 per 100 000 people in 2004, up from 109.9 per 100 000 in 1997.

Gonorrheal infections increased by 81%, with an incidence rate of 26 per 100 000 in 2004 compared with 14.3 in 1997.

Syphilis rose by 908% over the same period, with an incidence rate of 3.9 per 100 000 in 2004, from 0.4 per 100 000 in 1997. (The 2004 figures were calculated by projecting current case rates as of June 2004 to 12 months.)

Chlamydia was most common in people aged 15–24 and gonorrhea was most prevalent among women 15–24, and men 20–29. Cases of syphilis occurred primarily in men aged 30 and older.

"What we need to have is a national strategy," says SOGC Associate Executive Vice-President Dr. Vyta Senikas.

A multimillion-dollar strategy, consisting of a broad-based public education campaign, should come from "the top," and include Health Canada and the Public Health Agency of Canada as "active partners," as well as non-governmental organizations such as the SOGC, Planned Parenthood, family physicians, nurses and rural physicians, Senikas says.

Physicians believe the infection rates are increasing, in part, because young people are engaging in more unprotected sex and because they believe oral sex is safer than it is, says Senikas.

The Society, which plans to lobby the new Health Minister on this issue, doesn't know how much the campaign would cost.

However, "the consequences of these diseases, the burden of these diseases on the public is enormous," says Senikas. — Laura Eggertson, *CMAJ*

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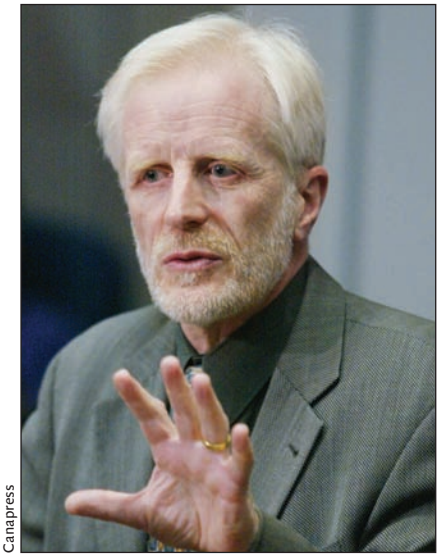
Canadian helps WHO with pandemic

Canada's deputy chief public health officer is heading to Geneva on a 2-year secondment to help the WHO prepare for a possible influenza pandemic.

In April, Dr. Paul Gully will begin working with Dr. Margaret Chan, WHO's pandemic point person and deputy director-general for prevention of communicable diseases. Gully's specific responsibilities had not been defined at press time, although he may be working in the area of rapid response and containment in countries where a pandemic strain of influenza is first detected.



Canapress

Improving surveillance will be critical, says Gully.

WHO, which has a long-standing working relationship with Canada, asked for Gully specifically, in an arrangement that will also benefit the Public Health Agency, Gully told *CMAJ*.

"We think that enabling their capacity is very important," says the former senior director general of population and public health at Health Canada. "It's also good for Canada to have someone who knows the Canadian system and is well-versed in the situation here, to be there."

In January, donor countries pledged almost US$2 billion toward eradicating the H5N1 virus infecting poultry flocks in Asia and Europe. The H5N1 virus is considered the leading pandemic candidate.

"It will be very important to ensure that the funds are spent in the best way to ensure that the strategies, both from the animal side and from the human health side, are able to be worked on," Gully says. Improving identification and surveillance infrastructure in many countries will be critical, he added. — Laura Eggertson, *CMAJ*

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