

News @ a glance

Aboriginal health: A study of 4000 Quebec Aboriginal people in 23 native communities and 3 cities reveals that the majority smoke tobacco and are overweight or obese. The interview-based study, carried out in 2002 by the First Nations of Quebec and Labrador Health and Social Services Committee, was released in September. It found that the rates of overweight and obesity were 52% among children, 42% for adolescents, 67% for adults and 71% for elders (people over 55). One-third of elders have diabetes. Parents reported that 47% of children had health problems. In addition, 51% of adolescents and 55% of adults smoke cigarettes, a 7% improvement between 1997 and 2002.

Legionnaires: Contaminated water in a 250-bed unit at the Queen Elizabeth II Health Sciences Centre in Halifax has been confirmed as the cause of Legionnaires disease in 2 patients in 2005. Both patients died. According to Capital Health, an investigative team has concluded there is nothing that can be done to completely eliminate the *Legionella* bacterium from the water supply. Patients in that section of the hospital must drink bottled water and are bathed using a waterless system. A \$70 000 pilot project will begin in November to try treating the water with chloramines. Results will be evaluated in January. — Donalee Mouton, Halifax

Breast cancer diagnosis falls: After steadily climbing since the 1980s, the breast cancer diagnosis rate started to fall in 2003 in the US. New data from the National Cancer Institute indicate the rate of breast cancer diagnosis fell from 137.3 per 100 000 women in 2001 to 124.2 in 2003. Institute spokesperson Brenda Edward said the decline is likely a result of several factors, including a peak in the use of mammography; stabilization in the number of women delaying childbearing; and a drastic decrease in the use of hormones after menopause. — Compiled by Barbara Sibbald, *CMAJ*

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CMA's direction on the public-private interface

"Mixed messages." That was the media's mantra in its coverage of the CMA General Council debate in August. During the sessions on "It's about Access: the Funding & Delivery of Health Care" seemingly contradictory resolutions were approved by the 248 delegates. Here are some of the resolutions that will direct CMA in the next year.

Support for the publicly funded system (change from within)

- Advocate for a publicly funded "safety valve" so patients who wait too long can get treatment elsewhere (97% in favour)
- Establish "pan-Canadian medically determined wait-time benchmarks for all major diagnostic, therapeutic, surgical and emergency services by Dec. 31, 2007" (88% in favour)
- Develop recommendations that acknowledge the strengths in the system and identify needed reforms (69% in favour)
- Call on the Canadian Institute for Health Information to report on the comparability of Canadian's access to medically necessary health services across the provinces and territories (98% in favour)
- Promote awareness and adoption of the wait time code as set out in the final report of the Wait Time Alliance (97% in favour)

Support for more private funding

- Ensure that "any increase in private delivery and/or funding of health care will maintain the quality and availability of training experiences and placements for medical trainees" (96% in favour)
- Encourage "governments to include public-private delivery mechanisms to expand system capacity, with regulation to evaluate quality and cost-effectiveness" (91% in favour)
- Advocate to remove "existing bans that prevent physicians from practising in both the private and public sectors where such a restriction exists" (80% in favour)
- Advocate that "any proposals that introduce a private funding option for the delivery of publicly insured services allow for flexible practice arrangements (89% in favour)
- "Urge governments to allow physicians to have choice with respect to their practice environments, including the right to opt out of the public health care insurance program, provided that patient access to publicly funded care is not compromised" (87% in favour)
- Urge governments and health authorities that enter into public-private partnerships, to do so in an open and transparent tendering process (95% in favour)
- Develop a code of conduct for doctors providing services that are "publicly and privately delivered and/or funded, balancing professional autonomy and social responsibility" (87% in favour)

Support both public and private

- Advocate for "timely access to the comprehensive spectrum of medically necessary care" by developing a policy framework that includes a "national human resources plan, national wait-time benchmarks, a patient wait-time guarantee supported by a publicly funded safety valve; and a regulatory regime to best support the public-private interface" (97% in favour)
- Advocate for using the "CMA's 10 Principles for the Future of Health Care" as a framework to assess proposals intended to enhance timely access" (5 of these principles include public-private funding) (97% in favour)
- Work with student organizations to organize tours of medical faculties to discuss with students the private-public interface, health care funding and delivery issues (77% in favour)

Defeated motions

- "Urge governments to recognize that parallel private health insurance for medically necessary physician and hospital services is inconsistent with the principle that access to medical care must be based on need and not ability to pay" (38%–61%)
- "Re-examine the establishment of health insurance services in Canada that could lead to the provision of private, parallel, regulated, non-for-profit health care in Canada" (36%–63%) — Compiled by Barbara Sibbald, *CMAJ*

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