

## CMAJ's new deputy editor, news and humanities

Every organization invariably has, and needs, a few of those employees who have that remarkable capacity to juggle a dozen files and duties simultaneously and somehow get the many jobs done.

Good corporate etiquette, in turn, requires employers to test the limits of such a capacity — purely in the interest of personal growth, to be sure — and to that end, CMAJ Editor-in-Chief Paul Hébert has appointed now-former news editor Barbara Sibbald to the newly-minted position of Deputy Editor, News and Humanities.

The award-winning journalist and author assumed the senior editorial position Mar. 19 and is responsible for all non-peer-reviewed content in the journal, including News, The Left Atrium and other sections to be developed as Hébert puts his imprimatur on the publication.

“Barbara is an outstanding addition to CMAJ's leadership team. She brings experience, a unique skill set, a gifted imagination, a strong work ethic and dedication to the new position,” Hébert said. “She does everything with unique charm, wit and style.”

For her part, Sibbald, a reporter and editor in the CMAJ's news section for the past 9 years, appeared elated to be given the opportunity to juggle even more files.

“I'm excited to be part of the editorial team at a time when the CMAJ is growing and moving in new directions, while ensuring its place amongst the foremost journals in the world,” Sibbald said. “We want to develop the news section further by including more investigative reports and focusing more on news that is of direct interest to physicians, including beefing up coverage of medical-legal issues and other subjects pertinent to daily practice.”

Sibbald added that refinements to The Left Atrium will be guided by recommendations that emerge from a forthcoming CMAJ readership survey. “My feeling, at this time, is that physicians want this section to be fun and informative. They want arts and humani-



Sasa Misak, Zagreb Photos

Sibbald (left) “does everything with unique charm, wit and style,” says CMAJ editor Paul Hébert.

ties articles that they can relate to. And we want all sections to be lively and thought-provoking, even inspirational.”

Sibbald brings 23 years of journalistic experience to her new position, including stints with publications ranging from *Canadian Nurse* to *This Country Canada*. She has freelanced articles for most of Canada's leading media outlets, including *The Globe & Mail*, *Toronto Star*, *Ottawa Citizen* and *CBC's fifth estate*. Her numerous laurels include 2 nominations for the prestigious Michener Award for meritorious public service in journalism, a 2004 Kenneth R. Wilson memorial award gold medal for best news story and a Canadian Association of Journalists investigative journalism award.

While juggling those many journalistic duties and earning those honours, Sibbald has also found time to author or co-author several works of non-fiction, including the best-selling *The Back 40: farm life in the Ottawa Valley* and *Don't Touch that Keyboard! How to Prevent Repetitive Strain Injury*, while editing others, including Dr. John Dossetor's *The God Squad: The Rise of Medical Ethics*.

Sibbald has also dabbled in fiction over the course of the past 2 decades and recently published her first novel, the widely-praised *Regarding Wanda*. Her colleagues now fear they are just grist for the character mill of forthcoming novels. — Wayne Kondro, CMAJ

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## New Centres program remains in flux

Oversight and management of the recently minted Centres of Excellence in Commercialization and Research program remains in flux.

The federal government hasn't yet determined which agency will administer the program, although nearly a month has passed since the \$350 million initiative was unveiled in Finance minister Jim Flaherty's Mar. 19 budget.

“No decision has been taken” as to who will oversee the program, said Jean-Claude Gavrel, director of the existing 15-year-old tri-council Networks of Centres of Excellence program, which Finance officials said would likely be vested with responsibility for administering the new pool of research monies.

Under the initiative, some \$195 million was set aside for a competition next year to create an unspecified number of centres in unspecified areas, although the government indicated it wanted the monies invested in fields in which “Canada has the potential to be a world leader, such as energy, environmental technologies and health sciences.”

But in a move designed to establish what government officials called “proof of concept,” Flaherty provided \$15 million apiece to 7 existing institutes to help them ramp up operations, develop critical mass and devise research plans that bolstered their chances of success in the forthcoming competition (see editorial, page 1389).

The 7 recipients, selected by Finance and Industry officials, were the Brain Research Centre at the University of British Columbia, the Canada School of Sustainable Energy at the universities of Alberta, Calgary and Lethbridge, the Li Ka Shing Knowledge Institute at the University of Toronto's St. Michael's Hospital, the Heart and Stroke Foundation Centre for Stroke Recovery affiliated with the universities of Toronto and Ottawa, the Montreal Neurological Institute at McGill University, the National Optics Institute in Quebec City and the Life Science Research Institute affiliated with Dalhousie University in Halifax.

An eighth institute, the Perimeter Institute for Theoretical Physics in Waterloo, received \$50 million, although its research program was peer reviewed and received glowing recommendations from an international panel, which urged that its original \$25 million/5 year federal award be renewed.

Critics, including Dr. Ronald Worton, chair of the new advocacy group Research Canada: An Alliance for Health Discovery, and CEO and scientific director of the Ottawa Health Research Institute, charged that the awarding of funds to the 7 institutes without benefit of scientific input and peer review constituted a “dangerous” precedent.

Other details of the new program remain sparse. Federal officials have indicated that applicants in the forthcoming competition will have to meet a matching dollar requirement to be eligible for funding. That requirement will apparently be stiffer for centres that focus on commercialization than for those which focus on research. But the scope of that difference has yet to be established— Wayne Kondro, *CMAJ*

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## A call to unite: Physicians must help children in areas of conflict

Canadian physicians should throw their considerable political weight behind international efforts to protect children’s rights and help heal children who’ve been affected by war and conflict, former Canadian senator Langdon Pearson pleaded in a keynote address to the Physicians for Global Survival (Canada) on Mar. 30 in Ottawa.

“You cannot underestimate the impact you all can have when you get together and communicate a message,” the former president and chair of the Canadian Council on Children and Youth (1984–90) said in her address, entitled “Conflict and Health: the imperative for response and prevention.”

Protection of children’s rights

should be a key component of Canada’s foreign policy, Pearson argued. “We need to put pressure on the government to put children back on the agenda — credible groups like you can help do this.”



ICRCT, Gassman

This child from south Sudan puts a face to the 6 million children who have been seriously wounded in conflict.

The Physicians for Global Survival say that more than 2 million children have been killed in armed conflicts since the 1989 UN Convention of the Rights of the Child was adopted. Three times as many have been seriously injured or permanently disabled, while countless others witnessed or participated in acts of violence.

“But just as many children die of malnutrition heightened by conflict,” Pearson said. “The most vulnerable are under 5 years old.”

International efforts must focus on preventing child soldier recruitment and child prostitution; protecting refugee children, helping families to reunify, and providing access to education, reproduction education, health care, physical and psycho-social help, and more, Pearson added.

Pearson also argued that physicians have a “responsibility to look after the world’s children.”— Jennifer Gearey, Ottawa

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## News @ a glance

**All aboard:** The nation’s 13 provinces and territories quickly clambered onto the Patient Wait Time Guarantee incentive train to qualify for a per capita share of a new \$612 million wait time fund unveiled in Finance Minister Jim Flaherty’s Mar. 19 budget (*CMAJ* 2007;176:1071). To qualify, and as a lure, provinces were given until Mar. 31 to “publicly” outline a plan for a guarantee in at least 1 of 5 designated priority areas: cancer treatment, heart procedures, diagnostic imaging, joint replacement and sight restoration. The tactic proved effective. Quebec had already qualified for \$126.6 million with its commitment to establish hip, knee and cataract surgery guarantees. Nova Scotia, New Brunswick, Manitoba, PEI and BC established guarantees for cancer radiation therapy, qualifying for respective \$24.2 million, \$21.3 million, \$27.9 million, \$12.1 million and \$76.4 million stakes. Ontario garnered \$205 million with a cataract surgery guarantee. Saskatchewan earned \$24.8 million by establishing a coronary artery bypass graft surgery guarantee. Yukon garnered \$4.5 million for a mammography guarantee, the Northwest Territories, \$4.6 million for a “primary health care” guarantee and Nunavut, \$4.5 million for a diagnostic imaging guarantee. Health Canada said agreements with Alberta and Newfoundland had also been reached but details were not released.

**Xbox surgery:** According to a small study (*Arch Surg* 2007;142:181–6), there may be a correlation between competency in laparoscopic procedures and game-playing skills. Surgeons who play video games 3 times a week commit 32% fewer errors and are 24% faster than nonplayers. The correlation is even higher for those who played at least 3 hours weekly (37% and 27%, respectively). The authors say “training curricula that include video games may help thin the technical interface between surgeons and screen-mediated applications, such as laparoscopic surgery.” — Compiled by Wayne Kondro, *CMAJ*

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