

that, together with the spectre of the much-predicted lethal influenza pandemic, should help ensure that recommendations from the SARS reports will be acted on.

SARS reports have generated “lots of advice and a lot of work has been created,” Minister of Health George Smitherman told *CMAJ*. But he says the province has taken the advice to heart, citing the planned creation of a new Ontario Agency for Health Protection and Promotion, as well as initiatives to mandate the availability of highly protective N95 masks for hospital staff faced with serious respiratory outbreaks.

The proposed new agency, dubbed CDC North after the famous US Centre for Disease Control, was included in an omnibus bill introduced in the provincial legislation last December and Smitherman vowed that enabling legislation will pass before the next provincial election.

“One of the most important decisions in public health” will be who will head up the new agency, says Dr. Donald Low, the chief microbiologist at Toronto’s Mount Sinai Hospital who played an important role during the SARS outbreak.

It is vital that the head of the agency be an academic researcher with a strong scientific record, added Dr. John Frank, scientific director of the Institute of Population and Public Health of the Canadian Institutes for Health Research. He predicted, however, that staffing the agency will at first present problems given the shortage of public health professionals in Canada.

Low, who is now also the medical director of the provincial health laboratories, plans to bring the laboratories “into the 21st century” and, in addition to referred work, have the labs devote 30% of their efforts towards applied research. But the laboratories, serving a population of 11 million, have only 1 medical microbiologist on staff.

“My biggest challenge is finding people,” says Low. “We have to go out and convince people that this is an exciting career, with a great potential for contributing.” — Ann Silversides, Toronto

## New Ontario college for traditional Chinese medicine

**T**raditional Chinese medicine (TCM) and acupuncture are now officially recognized as a health profession in Ontario under new legislation that will allow practitioners of the ancient holistic therapy operate under their own regulatory college — and potentially earn the right to use the appellation “doctor.”

Bill 50, which received royal assent at Queen’s Park Dec. 20, legally recognizes the 3000-year-old traditions and paved the way for the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario, which is expected to be operating in 2 to 3 years. This is the second college of its kind in Canada. In 1999, BC became the first to set up a college for TCM and acupuncture (*CMAJ* 1999;161:1435-6), while Alberta and Quebec have since established regulatory colleges for acupuncture. An estimated 48 US states also boast some form of regulation of TCM and/or acupuncture.

TCM, a holistic method of health care commonly practiced in China, is predicated on the belief that illness and disease is caused by blockages in a person’s *qi*, a life force found in all living things. Therapies to rebalance *qi* include acupuncture, exercise, herbal therapy, tui na massage, cupping (placing heated cups on the skin to draw out stagnant

blood) and moxibustion (the burning of herbs above specific points on the body).

Ontario’s Minister of Health, George Smitherman, hailed the move as a “milestone.” “Regulating traditional Chinese medicine will help ensure that Ontarians are receiving safe, quality care from practitioners who have achieved a certain level of skill and training,” he stated.

The government estimates there are between 3000 to 4000 practitioners of TCM and acupuncture in the province, yet no uniformly accepted standards of practice in what is believed to be a multi-million dollar industry. Currently, if a person has a complaint about a TCM practitioner they must file a civil suit, which is often costly and time consuming. In addition to a disciplinary process, the college will set qualifications for practitioners of TCM or acupuncture. Those who don’t meet the standards will have to undergo training — likely a 2-year accreditation program. The college will also establish different classes of TCM practitioners, to allow for basic practitioners and those with more advanced education who would earn the title “Doctor of Chinese Medicine.”

The news was welcomed by Cedric Cheung, president of the Chinese Medicine and Acupuncture Association of Canada, who has lobbied for more than 2 decades for regulation.

“We are very, very pleased,” he said, from his office in London, Ont. The college, he says, is important “for the safety and protection of the general public.”



Digital Stock

Ontario practitioners of acupuncture will soon have to meet College-set qualifications.

"Although it is a centuries-old medicine, it's just like any other medicine; the people who are practicing it have to be well trained and qualified." Cheung, who has been using TCM for 40 years to treat everything from infertility to hypertension and prostate cancer, says the legislation also goes a long way to help validate his profession.

And that's exactly what Dr. Lloyd Oppel fears. An emergency department physician and a co-founder of Canadians for Rational Health Policy, the Vancouver doctor is concerned that the college will push what he calls "a baseless alternative medicine" into the mainstream.

"By bringing in these regulatory bodies you are essentially allowing them to run cover behind a smoke-and-mirrors show, or what appears to be quality control but is not."

Oppel says that the general public interprets the news of Bill 60 as the government giving its "stamp of approval" for TCM, when "it's really more like an application for a business licence to make sure that your books are in order."

He insists that TCM and other alternative medicines should have to provide scientific proof of efficacy and safety before being officially recognised.

"There should be some kind of quality check that goes on, in the same that you would check the consistency of concrete blocks if you were building a bridge, or light bulbs if you were hoping to light a building."

While there is significant evidence supporting the use of acupuncture, particularly for pain relief (*CMAJ* 2006;176:179-83), the literature has little to offer regarding the efficacy of TCM as a system of medicine. To date studies have investigated only specific TCM herbs.

Cheung, meanwhile is not surprised by the lack of trust of some members of the medical community.

"There are always skeptics everywhere," he says. "This medicine has around for at least 5000 years — and maybe longer. You have to accept that as a stamp of approval.... How long has Western medicine been around? Maybe 200 years? And don't forget, in its initial stages Western medicine was regarded as witchcraft." — Brad Mackay, Ottawa

## News @ a glance

**More trial info:** Pharmaceutical companies in the US are now disclosing more information about their clinical trials. The number of trials with incomplete information on the National Institutes of Health's registration Website ([clinicaltrials.gov](http://clinicaltrials.gov)) dropped from 26% on Jan. 1, 2006, to 8% by November 2006 (*NEJM* 2007;356:184-5). In 2005, medical journal editors under the auspices of the International Committee of Medical Editors (*CMAJ* 2005;172:1700-2), began rejecting articles about trial results if the studies were not registered in a public database.

**Gastro outbreak:** Nearly 3 dozen health-care institutions in Quebec and New Brunswick were battling outbreaks of viral gastroenteritis in early January. In the Montréal area alone, 29 institutions reported viral outbreaks in December and early January that infected staff and patients, triggered quarantine measures and forced postponement of some elective procedures. In New Brunswick, several hospitals closed their doors to control the spread of the virus. Infectious disease experts suspect the outbreaks are due to a more contagious and possibly more virulent form of Norwalk virus. Similar outbreaks have occurred in Europe, Japan and the US.

**Crisis averted:** Eleven of the 14 emergency department physicians who tendered their resignations at the Saint John Regional Hospital, have agreed to stay on after the province offered more money and recruitment incentives. The province will pay a quarterly bonus for over time (emergency physicians now earn about \$138 an hour). It will also offer new emergency physicians a \$50 000 signing bonus, double the existing one, and these new recruits will only be required to stay 3 years instead of the current 5. The province is expected to announce a \$25-million ED expansion later this month. The ED opened in 1982 with a capacity for 25 000 patient-visits annually, but in 2005-06, saw 63 309 patients. The 14 ED doctors tendered their resignations last fall. The 11 who have agreed to stay will maintain services with the help of other

health care professionals until new doctors can be recruited. Discussions with the remaining 3 physicians continue. — Bobbi-Jean MacKinnon, Saint John, NB

**Wait times pilot:** The federal government is investing \$2.6 million in a 15-month long Wait Time Guarantee pilot project for pediatric surgery. The pilot includes the first pan-Canadian wait times information system for children who wait longer than they should according to guidelines from the National Child and Youth Health Coalition. The project, to be conducted in partnership with the 16 pediatric academic health science centres, will initially focus on 6 surgical areas: cardiac, cancer, neurology, sight, spinal deformity and dental treatment requiring anesthesia.



**No free lunch:** The International Federation of Pharmaceutical Manufacturers and Associations has barred its member associations in more than 60 countries (including Canada) from distributing gifts or money that could influence doctors' choice of drugs or devices they prescribe. The federation's revised Code of Pharmaceutical Marketing Practices limits members to distributing gifts that are related to work and of modest value (e.g., stethoscopes). In addition, the code stipulates that medical and scientific meetings should not be held in "renowned or extravagant venues" and the cost of hospitality should not exceed what doctors would normally be willing to pay for themselves. IFPMA Director General Dr. Harvey E. Bale stated that the new code reflects "the industry's concern to underscore that its life-saving products are promoted in an ethical manner." — Compiled by Barbara Sibbald, *CMAJ*