

were false negative. Retests were undertaken for 105 of the 176 breast cancer patients who received hormone negative results since 1997. Some 36 were found to be false negative.

A breast cancer patient's hormone receptor status helps an oncologist determine treatment options. If a patient is hormone positive she may be offered an anti-hormonal treatment such as Tamoxifen or an Aromatase Inhibitor. The drugs have risks but have been shown to increase survival rates for breast cancer patients.

Details of the debacle began emerging when Eastern Health filed documents in response to the proposed class-action suit. They indicated that the health authority hadn't publicly revealed the extent of the problem. Last December, it reported that treatment for 117 patients changed after it received all the results of the retests by Mount Sinai, but it didn't reveal that more than 300 tests were false negatives, or that at least 36 patients who received false-negative results have since died.

Opposition members in the provincial legislature pounced and after days of raucous debate, Health Minister Ross Wiseman relented and announced the judicial inquiry.

"Government recognizes it is of the utmost importance for those directly involved and the general public to understand what happened to ensure that this situation does not reoccur," said Wiseman. "Through an independent review, we will endeavour to get those answers. It is critical that patients and their families are assured that government takes this matter very seriously and that any questions they have are addressed in an open and transparent manner."

In the wake of the controversy, Premier Danny Williams also appointed a task force to examine government management of adverse events in the health system. Dates have not been set to start the judicial inquiry or the class-action suit. The commissioner's report for the judicial inquiry is expected to include recommendations about how to improve accuracy at Eastern Health's laboratory. — Mark Quinn, St. John's

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Secret locker room game causing concussions

There's a dangerous new game being played out in the locker rooms of hockey rinks and arenas across North America. Although most coaches, parents and certainly most doctors have never heard of "Helmets and Gloves" (also called locker boxing and buckets), they are quickly becoming more familiar with the cuts, bruises and concussions that are ensuing from the game.



Art Explosion

Locker room goonery takes toll on youngsters.

Dalhousie University Associate Professor of Pediatrics Dr. Kevin Gordon learned of the game and consequences while treating injured athletes at the IWK (Izaak Walton Killam) Health Centre in Halifax.

A bit of Internet investigation soon led Gordon to videos of matches posted on *YouTube* and other sites popular with young people. The game, seen as a test of "manhood," has few rules and even less equipment. Participants, wearing only gloves and helmets, knock one another about the head until someone falls to the ground or a helmet flies off. While shoulder dislocation, cuts from skate blades, and even toe amputation are among reported injuries, the primary concern is concussion.

In particular, "it's the concussion upon the concussion that is the big worry," Gordon notes. "If you play while concussed, you are more likely to get concussed again. You get a cumulative effect."

In regulated sports, a team member would not be able to play for a specified period of time after suffering a concus-

sion. "[But] these are concussions that aren't even going on anyone's radar," says Gordon, who now includes questions about Helmets and Gloves on every concussion history he takes.

In many cases, kids do not even consider the blackout they suffer or the head injury they receive as a result of the locker room game to be an actual concussion because it was never diagnosed as such, Gordon says. — Donalee Moulton, Halifax

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News @ a glance

User fee minuet: Claude Castonguay, former provincial Liberal cabinet minister, so-called father of Quebec medicare and recent advocate of user fees, has been appointed by Quebec's minority government to head a 3 person task force to examine the "sustainability" of the province's health-care system. Quebec Finance Minister Monique Jérôme-Forget mandated the task force to examine all manner of options, including the expansion of private clinics and the introduction of federally-prohibited user fees as a potential new source of revenue for the health system. Imposing user fees would require amendments to the Canada Health Act, but Jérôme-Forget argued that the provinces may need such flexibility if they are to absorb spiraling health care costs. The task force is also mandated to "define the role the private sector can play to improve access and reduce wait times."

Training flap: British Medical Association Chair James Johnson resigned last month after 4 years at the helm when tempers flared over a letter he wrote to a newspaper defending the controversial Medical Training Application Service, which is used to match junior doctors to specialist posts. Trainee doctors argue the appointment system, under which over 34 000 graduates are chasing 18 500 training posts, is flawed and unfair because of poorly designed forms, technical failures with online applications and the shortage of avail-

able posts. British Medical Association Treasurer Dr. David Pickersgill said that while Johnson's letter "reflected the Association's agreed position of working towards a pragmatic solution for this year, its tone failed to reflect the anger being currently expressed by members of the Association, particularly junior doctors. It was felt to be insufficiently sensitive and has led to a loss of confidence in the chairman."

Marijuana profiteering: Auditor-General Sheila Fraser has announced that her office is "in the early stages of an audit of certain user fees" associated with Health Canada's medicinal marijuana program. But Fraser cautioned in a letter to New Democrat Member of Parliament Libby Davies that her auditors are not necessarily investigating specific allegations that Health Canada is charging patients marijuana fees that are 15 times higher than

the department pays for the weed. Davies had requested an audit while accusing Health Canada of "bankrupting" people with chronic pain. The audit also followed the launch of a court challenge from the Vancouver Island Compassion Society alleging that the medicinal marijuana program is failing to meet the constitutional rights of critically and chronically ill Canadians.

DISPATCH

Canadian dispatches from medical fronts: Fort McMurray

In the minds of many, being a boomtown translates into a run on gold faucets and lineups at luxury car dealerships. Nothing could further from the truth, as oilsands capital Fort McMurray is discovering as it attempts to cope with explosive growth, an exorbitantly expensive rental market and acute labour shortages.

Nowhere is the strain more heavily felt than on the health front, which now annually turns over 40% of hospital and public health staff and now has a 20% vacancy rate for posted positions.

Officially, 30% of the population has no family doctor, roughly double the national average. Unofficially, that excludes the ever-present construction workforce, so the true rate probably approaches 44%. Only 2 of 14 family physicians serving 82 000 people in the 64 000 square kilometre surrounding area still accept patients.

The ratio of 0.17 family physicians per 1000 population is one-sixth that of Edmonton, 435 kilometres to the south.

The local emergency room, the third busiest in the province, can't functionally accommodate more than 1 physician at a time. A record 156 patients were recently seen during a 12-hour shift.

In January, family physicians gave notice that they would no longer stretch themselves to cover the "Doc of the Day" schedule for hospitalized patients without family doctors, so the government implemented a \$1200 daily fee-for-service (plus fee) temporary rotation of out-of-town doctors.

Patients, though, have been left with nowhere to go when discharged, and continuity of care has been compromised. Local family doctors interested in providing some coverage found themselves unilaterally excluded from the plan, fueling a sense of alienation. Still, in response, the government has appointed a transition team, so there is hope of restitution and restoration. — Michel Sauve MD MSc, Fort McMurray

CMAJ is pleased to launch a new section "Canadian dispatches from medical fronts," in which physicians and other health care providers can provide eyewitness glimpses of the medical front, whether defined by location or intervention. Without intending to restrict options, the front can be defined as any unique confluence of time and event, whether in developing countries, war zones, inner-city clinics, in the North, or with a novel surgical technique or intervention. The frequency of the section will be conditional on submissions, which must run to a maximum 350 words or be subject to our ruthless editorial pencils. Forward submissions to: Wayne.Kondro@cmaj.ca

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Opposition politicians say the federal government bankrupts marijuana users.

Global deaths: Mortality rates for communicable, maternal, perinatal and nutritional causes will decline over the next few decades, except for HIV/AIDS, according to the World Health Organization's annual World Health Statistics report. Noncommunicable conditions are projected to cause 70% of all deaths by 2030, during which the 4 leading causes of death globally are expected to be ischaemic heart disease, stroke, HIV/AIDS and chronic obstructive pulmonary disease. World Health Statistics 2007 is available at <http://www.who.int/whosis>

It's a wrap: The World Health Assembly wrapped up its 60th session by adopting a resolution requiring the World Health Organization and its 193 member states to establish an international stockpile of vaccines for H5N1 and influenza viruses that might result in pandemics. The resolution also binds the World Health Organization to "formulate mechanisms and guidelines aimed at ensuring fair and equitable distribution of pandemic-influenza vaccines at affordable prices in the event of a pandemic." The Assembly also approved a nearly US\$900 million increase, to \$4.2 billion, in the World Health Organization's budget for 2008/09. — Wayne Kondro, *CMAJ*

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