

should move quickly and aggressively to control fertility preservation.

“If we’re concerned about women becoming infertile, why are we not looking at the essential reasons that women can’t have babies and men are not producing good sperm. Let’s deal with the social problems first before turning to fertility treatments.”

Health Canada is currently reviewing the freezing of eggs and is developing regulations to control the technology under the Assisted Human Reproduction Act.

Michael welcomes federal regulation but would oppose any effort to dictate eligibility criteria. “If we can offer it to cancer patients, why can’t we offer it to healthy women as well?” he asks. — Dan Lett, Winnipeg

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Dalhousie helps address mental health crisis

The need was and is extensive: more people in this South American country suffer from a mental health condition than HIV/AIDS, tuberculosis and malaria combined. Yet, Guyana may now be among the world’s most progressive

nations in treating mental health problems, under a 3-year program developed in conjunction with the Dalhousie University Department of Psychiatry.

The seeds for the partnership were sown in 2005 when the Pan American Health Organization asked Dr. Stan Kutcher and his colleagues to assist in the aftermath of floods that were devastating the country. “It became apparent the issue wasn’t mental health issues arising out of the floods they were having but that there was no mental health policy or infrastructure,” says Kutcher, professor of psychiatry at Dalhousie Medical School and project co-leader.

There is today. As a result of the initiative, Guyana now has a mental health policy and a national mental health plan is nearing completion. Training has been provided to Medexes, who provide frontline health services, and primary care physicians.

As well, says Kutcher, “we’re just starting to apply a very innovative model based on integrating mental health care into every aspect of health care.”

“Interestingly,” the director of the World Health Organization Collaborating Centre in Mental Health Training and Policy Development adds, “it could move mental health care ahead of where we are [in Canada].” — Donalee Moulton, Halifax

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Mercury disposal sole health concern with fluorescent lights

The mythology is certainly pervasive: fluorescent lighting variously causes carcinomas, breast cancer, high blood pressure and other cardiovascular diseases, headaches, eye strain, fatigue, depression and even sexual dysfunction. Break a compact fluorescent light bulb and you might as well be mainlining mercury or, at a minimum, should be calling in experts in white suits and helmets to clean up the toxic waste zone that once was your bedroom.

Yet, health and lighting experts say that there’s no valid scientific evidence to support any of the above propositions and that there are few, if any, health consequences that will result from government moves to outlaw incandescent light bulbs. In the interest of energy efficiency and reducing greenhouse gas emissions, the province of Ontario has announced it will ban bulbs by 2012, following the lead of Australia and Nunavut.

“As far as health goes, outside of the remote possibility of some sub-populations that we haven’t identified, I’d say there aren’t any consequences,” says Dr. Jennifer Veitch, senior research officer in the Indoor Environment Research Program at the National Research Council Institute for Research in Construction.

Even clean-up and disposal of broken fluorescent bulbs shouldn’t pose an immediate health risk, provided that recommended clean-up procedures (see Box 1) are followed, says Rennselaer Polytechnic Institute Lighting Research Centre Senior Research Scientist Dr. John Bullough. “You don’t want to run over and sniff it up.”

The average compact fluorescent bulb contains 5 milligrams of mercury, as compared with 500 in older household thermometers. “It’s true that if you break a fluorescent lamp, you don’t want to be breathing the elemental mercury. It’s not desirable. However, there’s a lot less mercury in a fluorescent lamp today than there used to be,”



Dr. Stan Kutcher

A 3-year program to develop a national mental health plan for Guyana is nearing completion with the aid of the Dalhousie University Department of Psychiatry.