

PULSE

Fertility rates and gross national incomes per capita

Recently the World Health Organization reported 2005 fertility rates per woman and gross national incomes per capita from its 193 member countries.¹ Figure 1 shows these data for the 20 countries with the highest and lowest fertility rates for which gross national income data were available and for the G7 countries (Canada, United States, France, United Kingdom, Germany, Italy, Japan) for comparison.

Countries with the highest fertility rates per woman tended to have a much lower gross national income per capita than countries with the lowest fertility rates. They also tended to be or to have recently been politically unstable. (The fertility rates per woman for Timor-Leste and Afghanistan were 7.8 and 7.3 respectively but are not included in Figure 1 because data for their gross national income were not available.)

A fertility rate per woman of just over 2.0–2.1 is recognized as being necessary to maintain a country's population size. Countries with a rate below this, which included most of the G7 countries, must rely on immigration if this is their intent. — Mark O. Baerlocher MD, Toronto, Ont.

REFERENCE

1. *World health statistics 2007*. Geneva: World Health Organization; 2007. Available: www.who.int/whosis/en/

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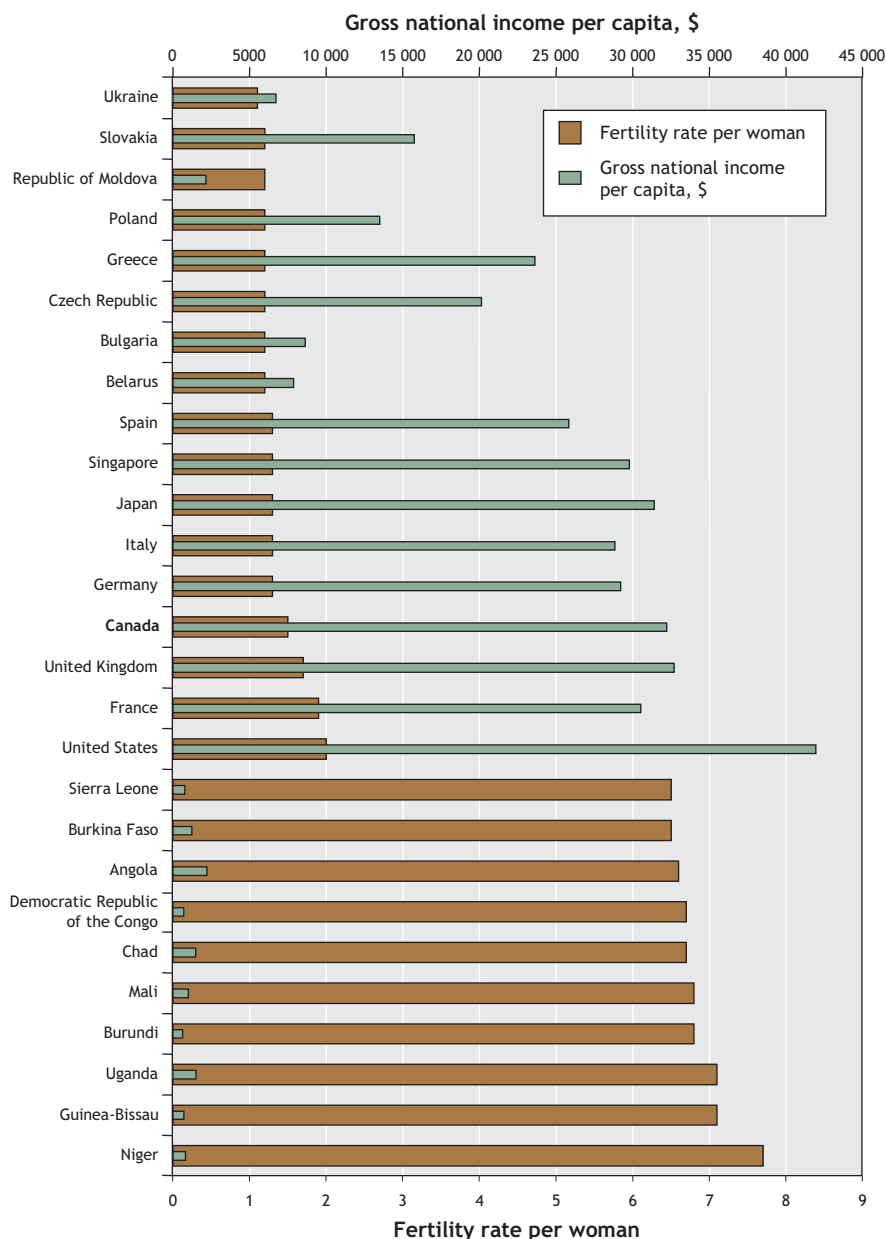


Figure 1: Fertility rates per woman and corresponding gross national incomes per capita in 2005 for the 20 countries with the highest and lowest fertility rates for which gross national income data were available and for the G7 countries. Source: *World health statistics 2007*.¹

News @ a glance

Prexige review: In the wake of a decision by Australian authorities to yank lumiracoxib (Prexige) from the market after reports of liver problems, including 2 deaths and 2 liver transplants, in 8 people who took the drug, Health Canada has announced that it is reviewing the COX-2 inhibitor nonsteroidal

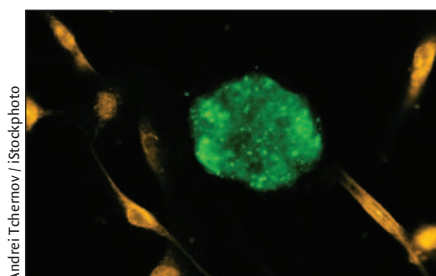
anti-inflammatory to determine whether it's safe for use in the treatment of osteoarthritis. The department says it has requested information about the adverse events from the drug's manufacturer, Novartis Pharmaceuticals Canada Inc.

Research access: The Canadian Institutes of Health Research has adopted a

policy that will require all researchers to make peer reviewed research articles stemming from work funded in whole or in part by the agency (after Jan. 1, 2008) freely available online within 6 months of their publication date. As well, grant recipients will be required to deposit bioinformatics, atomic and molecular coordinate data in public databases.

Landings: The Canadian Health Services Research Foundation has appointed beleaguered former Newfoundland and Labrador Eastern Regional Health Authority president George Tilley as their interim chief executive officer. Tilley resigned from the Newfoundland health authority in the wake of a massive dust-up over inaccurate hormone receptor test results received by hundreds of breast cancer patients within the province (*CMAJ* 2007;177[1]:24-5) and (*CMAJ* 2007;177[5]:449).

Hybrids and chimeras: Britain's Human Fertilization and Embryology Authority has cleared the path for 2 research groups to obtain licences to create cytoplasmic embryos by merging animal eggs with human cells, from which they will extract embryonic stem cells for research into diseases like Alzheimer's and Parkinson's, or conditions like spinal cord injuries. However, the regulatory authority deferred a deci-



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sion on whether to allow embryos created from a human sperm and an animal egg. Such animal-human hybrids are outlawed in Canada under the 2004 Assisted Human Reproduction Act. The British authority argued the potential therapeutic value justifies the creation and use of cytoplasmic hybrids. "This is not a total green light for cytoplasmic hybrid research but recognition that this area of research can, with caution and careful scrutiny, be permitted."

Superbug swatter: The Public Health Agency of Canada will craft a national

plan by January to reduce hospital-acquired infections, now estimated at 220 000 per year in Canada, at a cost of between 8000 and 12 000 lives. Agency officials say the plan is still in its infancy but will include development of a targeted program to curb a specific superbug (or bugs) such as *Clostridium difficile* or methicillin-resistant *Staphylococcus aureus*, as well as obligatory interventions and reporting measures.

Ethics refresher: The World Medical Association has launched a new free, Web-based medical ethics course in conjunction with the Norwegian Medical Association that covers core issues typically faced by physicians in the course of practice, including the patient-physician relationship and beginning- and end-of-life issues. The course is accessible at www.wma.net/e/. — Compiled by Wayne Kondro, *CMAJ*

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