

News @ a glance

Too many sergeants: It cost an average \$8600 per year to provide health care for each of Canada's 63 500 military personnel, nearly double the \$4500 per person that is spent to provide health care for other Canadians, according to Auditor-General of Canada Sheila Fraser. In a report on military health care, Fraser says the Department of National Defence often pays "in excess of provincial averages to hire civilian physicians" and has 4 times more physicians per 1000 population served than civilian systems. But 40% of military physicians are employed to perform "administrative or other functions" rather than to provide patient care. Fraser's audit also found an array of financial improprieties, including double-billing, as well as instances in which physicians were paid to work at closed clinics or for periods of time in which they were absent or for more hours than they worked. There were also cases in which a physician was paid simultaneously through a third party provider and through National Defence. In response, the department said it is tightening financial controls.

TB epidemic: Overcrowded and substandard housing is fuelling a tuberculosis epidemic among First Nations people, according to a report of the Canadian Tuberculosis Committee to the Public Health Agency of Canada. The incidence of TB among First Nations people rose to 25 per 100 000 in 2005 from a rate of 22 per 100 000 in 2003. By contrast, the incidence within the non-Aboriginal, Canadian-born population is just 0.9 per 100 000, while the incidence among immigrant groups is 14.8 per 100 000.

Docs demographics: There were 62 307 practising physicians in Canada in 2006, a 4.9% increase over the previous 5 years, according to the Canadian Institute for Health Information's latest report on the supply, distribution and migration of physicians. The report also indicates that the average age of Canadian doctors is now 49, an increase of 1.5 years, while 1 in 5 physicians is now over 60. Women constitute 33% of the



Debbie Grisdale

Physicians for Global Survival launched the Canadian component of their new International Campaign to Abolish Nuclear Weapons at a reception on Parliament Hill. Addressing the launch was Mrs. Setsuko Thurlow, Hiroshima survivor and recent recipient of the Order of Canada for her anti-nuclear work.

physician workforce and 49% of the workforce under age 40.

Less than a teaspoon: A national coalition of 17 health groups, including the Canadian Medical Association, has urged the federal government to adopt graduated targets to reduce the average intake of sodium to 1200–1500 mg by 2020 from a current national average of 3100 mg daily. They estimate that would reduce the incidence of stroke and heart disease by as much as 30%. In response, federal Health Minister Tony Clement appointed a Sodium Working Group and tasked it with developing a long-term salt reduction strategy.

Pharmacare light: The first proposed provincial pharmacare program was buried along with New Democrat Premier of Saskatchewan Lorne Calvert's 16-year-old government as the Saskatchewan Party swept to victory in the fall election. Calvert had proposed to introduce a universal drug plan under which no resident would pay more than \$15 per prescription for any medication covered under the province's drug plan. But newly minted Premier

Brad Wall proposed that the \$15 limit be extended only to prescriptions for children or seniors.

New year, new advice: Federal Industry Minister Jim Prentice has announced that 7 captains of industry, 4 university or college presidents, 3 federal deputy ministers and 3 academic chair holders will join chairman, chemist and former Royal Society of Canada president Howard Alper on the federal government's new advisory body, the Science, Technology and Innovation Council. Biographies of the heavy hitters are available at www.stic-csti.ca

Per capita saloon ratios: Dalhousie University tops the list of the 10 best international institutions at which to work within academia, according to *The Scientist's* 2007 ratings. The University of Alberta also made the list, at fifth. But after 3 years atop the international heap, Canada slid to third in the ranking of the best countries in which to conduct research. Now topping that list is Belgium. Top American institution at which to work? Boston's Massachusetts General Hospital.

Athletic protection: Urgent or emergent medical care provided to athletes at major professional sporting events in Canada will qualify for Canadian Medical Protective Association coverage as a result of revisions announced last fall. But coverage will not be extended to major league North America pro leagues like the National Hockey League, National Basketball Association,

National Football League and major league baseball. Urgent or emergent care will not include fitness-to-play or return-to-play decisions, except for those occurring immediately on the field of play. Team physicians for Olympic or national teams will be eligible for coverage, except when the team consists “largely of” pro athletes from North American-based pro teams.

Elected: Queen’s University Professor of Family Medicine Dr. Ruth Wilson has been appointed the new President of the College of Family Physicians of Canada. A long-time advocate of primary care reform, Wilson was chair of the Ontario Family Health Network from 2001 to 2004. — Wayne Kondro, *CMAJ*

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DISPATCH FROM THE MEDICAL FRONT

No fixed address

We turned the furnace on last week. Still, as I wake up, I feel winter creeping in. I button up my wool coat before settling into the streetcar with my newspaper and coffee.

At the Addiction Medicine Clinic, I find myself in a small room with John, my nose filled with the raw smell of the street, and the human body. Both seep out of John’s dirty sweater and jeans. I wonder if my cleanliness is somehow offensive to him.

Black letters near the beginning of the last note — NFA.

“How long have you been without a home?” I ask, not able to begin to imagine that reality.

“Three months now doc,” he answers. Above his beard, his dark eyes dart around the room. His leg swings like a metronome and his hands tremble.

“I think I really messed myself up last night, doc.”

I ask him what he had.

“A mickey of rye and 2 bottles of cooking wine from China Town,” he murmurs. “Now I can’t stop shaking.”

He doesn’t seem to mind talking. He tells me his father lost his family to alcohol. He tells me his mother would lock herself in her room and cry all day. He tells me about his own depression and how he started drinking — when he was 14.

We sometimes tell patients that predisposition doesn’t mean predestination. But I can’t help thinking — did this poor guy ever really have a chance?



The Addiction Medicine Clinic is located at the Centre for Addiction and Mental Health, a Toronto teaching hospital providing a range of clinical, support and rehabilitation services for people with mental illness or addiction problems.

Near the end of the interview, I ask him casually if he has ever thought of killing himself.

“Sometimes.”

I ask him how he would do it.

He answers.

I scribble down — no active plan. Verbal contract to go to ER if suicidal — and I am satisfied.

John stays at the clinic for a few hours then, refusing further help, heads back to the street. As he leaves, he says “thank-you” — genuinely grateful for those hours of peace.

Leaves swirl around the streetcar on my ride home. I listen to my iPod and try to decide what type of wine to pick

up for the dinner party we are hosting. — Scott Smith, Toronto, Ont.

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CMAJ invites contributions to Dispatches from the medical front, in which physicians and other health care providers can provide eyewitness glimpses of medical frontiers, whether defined by location or intervention. The frequency of the section will be conditional on submissions, which must run a maximum 350 words or be subject to our ruthless editorial pencils. Forward submissions to: Wayne.Kondro@cma.ca