

## News @ a glance

**Moratorium lifted:** The United States Food and Drug Administration announced last month that it endorses the marketing of milk and meats from cloned animals and their offspring, without requirements for special labelling. Although the US Congress was weighing legislation that would block FDA approval of cloned food, agency scientists published a report saying that studies “indicate that the composition of meat and milk from clones is within the compositional ranges of meat and milk consumed in the US.”

**Queue-jumping:** In the wake of nationally publicized comments from Canadian Medical Association President Dr. Brian Day that it’s common for the well-heeled and well-connected to pull strings to get quicker medical treatment, the Ottawa Hospital removed the “VIP” box on its admission forms because of concerns it created the impression that terribly important people got some form of preferential treatment.

**Donor prohibitions:** Health Canada has issued a regulatory prohibition against organ donation by any man



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Convicts are among several groups that will be banned from donating organs under new Health Canada regulations.

who has had sex with another man in the previous 5 years, injection drug users, recent recipients of tattoos or body piercings and all inmates of correctional facilities. Health Canada spokesperson Carole Saindon said the prohibition wasn’t based on lifestyle choices but rather because there was a “higher risk of disease transmission” from such groups.

**Pharmaceutical facts:** The United States pharmaceutical industry spends nearly twice as much annually on drug promotion than it does on research and development, according to a new study by York University researchers Marc-André Gagnon and Joel Lexchin (*PLoS Med* 5[1]:e1). The industry spent US\$57.5 billion in 2004, or roughly \$61 000 per physician, or 24% of their sales dollars, on promotion. By comparison, just 13.4% or \$31.5 billion of the industry’s US domestic sales of \$235.4 billion were invested in research. — Wayne Kondro, *CMAJ*

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## DISPATCH FROM THE MEDICAL FRONT

### Pyrrhic victories

I recently returned from eastern Democratic Republic of Congo, where I was working for Médecins Sans Frontières. And everyone asks, what was it like?

It’s hard to describe the experience properly. I was 1 of 6 doctors (the other 5 were Congolese) in a community “reference” hospital. It’s in an isolated town in hot, humid jungle. We provided general medical and surgical care under basic conditions: no x-ray, no biochemistry, basic bloodwork and microscopy. Living conditions were also basic: no running water, minimal electricity. There were a total of about 10 foreigners in town (we constituted half). Strangely, cellphone service has recently been installed.

I could tell a thousand stories. There are a few victories, occasional comedy, many tragedies. And, also, moral lessons, personal discoveries, political drama.

Aviva was 18 months old, struggling to breathe. Respiratory rate: 50–60, pronounced indrawing. We put her on ampicillin and gentamycin. I worried that she would die that night. I told the nurse on duty to keep a close eye on her, although there was little to be done if her condition did deteriorate. Our hospital had no oxygen.

Aviva looked marginally better the next day, and quite a bit better after that. She smiled at me when I rounded. Her mother helped her shake my hand as I said, “Jambo!” (Hello.) The rest of our interaction was in French–Swahili translation. Her fever had resolved, but she still had some fearsome indrawing and an elevated respiratory rate. After her first course of antibiotics, I started her on ceftriaxone but suspected tuberculosis (TB).

Diagnosing TB in kids is hard; we use the (not well-validated) Keith-Edwards score. Aviva was transferred to the Malnutrition/TB/HIV Pediatrics ward, and

over the following weeks, she gained weight, completed the intensive phase of TB treatment, and was discharged.

I thought it a story of victory. But I later learned from local nurses that Aviva had failed to attend ambulatory TB treatment after being discharged. A week after leaving hospital, she was dead, of causes unknown. I was surprised and all the more saddened. — Wendy Lai MD, Toronto, Ont.

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*CMAJ* invites contributions to Dispatches from the medical front, in which physicians and other health care providers offer 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