

that “we saw only 50 000 patients in 2006. There were 200 000 or more patients before the ‘war on terror’.” The number of surgeries dropped to 5315 in 2006 from 32 000 in 2001.

Physicians, meanwhile, have joined the exodus.

Two years ago, Dr. Bakht Sarwar, 48, was critically injured when his hospital in Miramshah was hit by a missile. He refused to return to work and is on indefinite leave in Peshawar.

In February 2008, Bajaur Agency surgeon Dr. Abdul Ghani Khan was killed and 3 health department officials were injured in a bomb attack by US forces.

In May, 9 health workers conducting a survey were kidnapped in North Waziristan Agency. They were released after a week.

An acute shortage of medical professionals has now paralyzed the Tribal Area’s 26 hospitals, 8 rural health centres and over 400 community health centres.

Where once it had 66 government-appointed specialists, 435 medical officers, 48 female doctors and 182 nurses apart from nontechnical staff, it is now scrambling for staff.

“Most of them prefer to stay away from their duty places for fear of lack of security there,” says one doctor, insisting on anonymity. “Lady health workers, nurses and doctors in North and South Waziristan, Bajaur and Khyber Agencies have been approaching us to get themselves transferred to the NWFP [North West Frontier Province]. Some of them have either taken long leave of absence or were staying home.”

Health authorities admit that basic health indicators like infant and maternal mortality rates have worsened and question the Pakistan government’s commitment to meet the United Nations Millennium Development Goals by 2015.

For instance, the government was committed to bringing down the infant mortality rate to 44 from the present 116 per 1000 population, and the maternal mortality ratio to 140 from 600 per 100 000 live births in the Federally Administered Tribal Area.

But Zubair Khan says that “compared to the rest of the country, the health indicators for FATA are poor.” By comparison, the infant mortality

rate for all of Pakistan is 103 per 1000 live births and the maternal mortality ratio is 350 per 100 000 live births.

Khan, who has appealed to authorities to improve security for health workers, blames the heightened threat of militancy for the poor health services. “Health workers face problems in North and South Waziristan and Khyber Agencies of FATA. They are told not to wear pants and shirts, not to carry cell phones or shave their beards.” — Ashfaq Yusufzai, Peshawar, Pakistan

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## Briefly

**Conflicts database:** The New York City-based Institute on Medicine as a Profession has launched a publicly accessible database ([www.imapny.org/coi\\_database/](http://www.imapny.org/coi_database/)) identifying the conflict of interest policies of the United States’ 125 academic medical centres in 12 areas, including pharmaceutical industry goodies aimed at influencing medical practice and speaker’s bureaus (*CMAJ* 2008;178[13]:1651-2 and *CMAJ* 2008; 179[3]:225-6). Organizers say the intent isn’t to rank centres but note that among institutions that lack, or have weak, policies are such prestigious centres as Harvard University and the Johns Hopkins School of Medicine.



Johns Hopkins University in Baltimore, Maryland.

**Code down under:** The Australia Medical Council has proposed that the nation’s physicians adopt a new draft code of conduct ([goodmedicalpractice.org.au/](http://goodmedicalpractice.org.au/)) that requires doctors to disclose whether they’ve been convicted of a crime or found lacking by another medical licens-

ing body. The code obliges Australian physicians to “inform any medical authority with whom you are currently registered without delay if, anywhere in the world: you have been charged with or found guilty of a criminal offence; another professional body has made a finding against you or placed conditions on your medical registration.”

**Citus, Altius, Fortius:** A scant 6 athletes tested positive for performance-enhancing drugs at the 2008 Beijing Summer Games, well under the 27 miscreants who were nabbed at the 2004 Games in Athens, Greece (*CMAJ* 2008;179[3]:219-22), or the 30–40 that International Olympic Committee president Jacques Rogge had forecast. Skeptics suggested the battery of tests now lags behind athletes’ means of disguising drug use but World Anti-Doping Agency Director General David Howman surmised that the drop-off was in part a function of tough pre-Games testing, as over 60 athletes were precluded from even foraying to China because they had tested positive for drugs.

**Investigation list:** The United States Food and Drug Administration has moved to meet a legislative obligation to post a list of drugs whose safety is under investigation. The list, ([www.fda.gov/Cder/aers/potential\\_signals/potential\\_signals\\_2008Q1.htm](http://www.fda.gov/Cder/aers/potential_signals/potential_signals_2008Q1.htm)), culled from the agency’s Adverse Event Reporting System, will be updated every 3 months. The FDA said that listing of a drug means only that it has “identified a potential safety issue, but does not mean that FDA has identified a causal relationship between the drug and the listed risk.”

**Pay hike:** The province of Ontario has reached a tentative 4-year agreement ([www.oma.org](http://www.oma.org)) with its physicians that will see doctors earn a 12.25% increase in fees, including 3%, 2%, 3% and 4.25% hikes in each of the next 4 fiscal years. By the fourth, the increases will result in Ontario doctors receiving \$9 billion annually, more than \$1 billion over the existing fee arrangement. — Wayne Kondro, *CMAJ*

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