

## FOR THE RECORD

## Salt down under

In Canada, broadcasters would declare it a national crisis. Such is the apoplectic state that has ensued in Australia after a national preventative health task force floated the proposition that Vegemite — a paste comprised of brewer's yeast, salt and other additives that is typically spread on toast — be banned as part of a bid to reduce national salt intake.

Even acting Prime Minister Julia Gillard weighed in, telling reporters that Vegemite would retain its place on breakfast tables as long as she has any kind of influence. "Vegemite is part of being Australian, part of our history, part of our future — and I'll be continuing to wake up in the morning and having it on my toast."

Said to be immune to spoilage because of its high salt content (8%–10%), Vegemite is a milder version of the British staple Marmite.

Australia's National Preventative Health Taskforce was charged with developing strategies to improve health and combat obesity, which is estimated to



Photos.com

The Australian division of World Action on Salt and Health estimates that, on average, Australian adults consume 9000 mg of salt daily. A 2004 Statistics Canada study indicated average Canadian intake was 3092 mg. The US Institute of Medicine recommends a maximum intake of 2300 mg.

have cost the national health system A\$8.3 billion (Can\$6.9 billion) in 2008.

The task force issued a draft report last year proposing a national strategy aimed at making Australia the world's healthiest nation by 2020 ([www.preventativehealth.org.au](http://www.preventativehealth.org.au)).

Targets included a reversal of obesity trends, a reduction in the preva-

lence of daily smoking to less than 9%, a 30% decrease in alcohol consumption, and measures aimed at eliminating the 17-year life expectancy gap between indigenous and nonindigenous peoples. The taskforce's final report is due in June. — Wayne Kondro, *CMAJ*

DOI:10.1503/cmaj.090068

## Briefly

**Drug network:** Federal Health Minister Leona Aglukkaq says the government will pump \$31 million over 4 years into ongoing development of a national Drug Safety and Effectiveness Network that aims to link researchers into a new virtual network and coordinate a national research strategy regarding the safety and effectiveness of pharmaceuticals in the marketplace. Having earlier shelled out \$1 million for the initiative, the government has now committed \$32 million and vows to fund the venture at an annual \$10 million level once it becomes fully operational in 5 years.

**Isotope production:** The United States National Academy of Sciences says it is feasible to eliminate the use of highly enriched uranium in medical isotope production and shift to production methods that use low enriched ura-

nium. But the move will require more R&D and "tens of millions of dollars" in new investment, the academy adds in its report ([www.nap.edu](http://www.nap.edu)). Such an approach may promote domestic isotope production, a development urged late last year by the highly respected *Bulletin of Atomic Scientists* ([www.the-bulletin.org](http://www.the-bulletin.org)). US calls for domestic isotope production have escalated as a result of the extended outage of Atomic Energy of Canada Ltd.'s National Research Universal reactor in late 2007, (*CMAJ* 2008;178[5]:536-8 and *CMAJ* 2008;178[6]:668).

**Lung transplants:** The rate of lung transplants in Canada rose more than 3 times faster than that of solid organ transplants over a 10-year period ending in 2006, according to a report by the Canadian Institute of Health Information ([www.cihi.ca](http://www.cihi.ca)). Lung transplants increased by more than 84% from 1997

to 2006, as compared to 29% for solid organs. That was primarily a function of advances in treatment since the world's first successful lung transplant was performed in Canada in 1983. Between 1997 and 2006, the 3-year survival rate for lung transplant recipients rose to 80% from 60%, but demand for lung transplants — 252 people in 2006, compared with 119 in 1997 — has lengthened wait times, while nearly 300 people died awaiting transplants.

**Fit notes:** The Department for Work and Pensions has announced that paper-based "sick notes" will be replaced in the United Kingdom in 2010 with electronic "fit notes" in a bid to keep people with disabilities or long-term medical conditions working rather than on extended sick leave. Instead of filling out notes for sick leave, which Work and Pensions Secretary James Purnell estimated costs the British economy

£100 billion (Can\$176 billion) annually, National Health Service doctors will be asked to pen notes that articulate what tasks an ill worker can and cannot perform ([www.dwp.gov.uk](http://www.dwp.gov.uk)).

**Acquittal:** The first person to face a jury trial in Quebec on charges of assisting suicide has been acquitted. Stephan Dufour, 30, was found not guilty of aiding or abetting his disabled uncle, Chantal Maltais, who had polio, to commit suicide. In September 2006, Dufour put rope and a choke chain in his uncle's bedroom. Maltais later used the equipment to kill himself. The defence argued Dufour's limited intellectual capacities

made him unable to resist pressure from his verbally abusive uncle.

**MEDNIK:** Scientists have discovered a rare disease characterized by mental retardation, enteropathy, deafness, peripheral neuropathy, ichthyosis and keratodermia that afflicts 4 French Canadian families in the eastern Quebec region of Bas-St-Laurent. The syndrome, caused by a mutation in the *APISI* gene (*PLoS Genet* 4[12]: e1000296), was traced to common ancestors who had emigrated from France between 1608 and 1759.

**Judicial prejudice:** A Barrie, Ontario, judge who demanded that an

HIV-positive witness don a mask before testifying because "the HIV virus will live in a dried state for year after year after year and only needs moisture to reactivate itself," has been found by the Ontario Judicial Council to have behaved "inappropriately" ([www.aidslaw.ca](http://www.aidslaw.ca)). But Justice Jon-Jo Douglas of the Ontario Court of Justice, against whom complaints were laid by the Canadian HIV/AIDS Legal Network and HALCO, the HIV & AIDS Legal Clinic (Ontario), was not censured as he had acknowledged his misconduct and apologized. — David Manly, Ottawa, Ont., and Wayne Kondro, *CMAJ*

DOI:10.1503/cmaj.090069

## DISPATCH FROM THE MEDICAL FRONT

### Drifting sand, hiking tours and nice tans

**O**n a rainy September afternoon in Vancouver, under the cold fluorescent lights of a lecture theatre, a summer trip to Honduras was an easy commitment to make.

We'd just been given a slide show about building a partnership between our medical school and a Honduran nongovernmental organization to do "sustainable work to improve the health and living conditions of women and children in rural Honduras."

We didn't know exactly what that meant, but it sounded good, and the volunteers in the pictures had big smiles and nice tans.

Four of us — Carina Perel-Panar, Sean McLean, Jeremy Saunier and myself — signed up.

We prepared for almost a year. We wrote grant proposals and scholarship applications. We raised money for our own travel. We worked with faculty to prepare 3 exciting research projects. We even took Spanish classes together on Wednesdays.

Like good medical students, we had all the details covered. We were ready to fly in to Honduras, set up camp and do some good.

On the morning of the second day, a



Honduras is considered one of the poorest countries in the Western hemisphere, with one of the sharpest disparities among socioeconomic groups. According to the World Health Organization, life expectancy for men is 67 years, and for women 73, while per capita income is roughly \$3400.

trailer load of sand we'd purchased for building cement floors was delivered in a ditch by the side of the road. After breakfast, Oscar, our local guide, asked us if we would help him shovel it out of the ditch, 10 feet over.

"Ridiculous," we said. "That would take us all day!"

So we left it where it lay.

That afternoon, a storm rolled in and water began to rise in the ditch, carrying away our precious sand! We scrambled to save most of it, but some — maybe enough for a kitchen floor — was lost.

Knowing how important the project

was, we expected a scolding from Oscar.

Instead, we got a smile, a wave of his hand, and an invitation to go on a hiking tour of his cropland.

And that was how the rest of the trip went. We'd make lame attempts at "aid," mess those up, and wait for the locals to come to the rescue. When it came to their world, regardless of our education, we knew less and they knew more.

There was no way we could solve their diarrhea epidemic, or their contraception problems, or any other systemic issue in their community in 2 weeks. But we could build some bridges, and ask some questions, and maybe lay a couple of cement floors to keep the bugs out.

And that was enough. That and pictures of our big smiles and nice tans to lure next year's group. — Trevor Hartl, Vancouver, BC

DOI:10.1503/cmaj.090070

*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. Submissions, which must run a maximum 400 words, should be forwarded to: [wayne.kondro@cmaj.ca](mailto:wayne.kondro@cmaj.ca)