Briefly

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Palliative care redux: Reinstatement of a Canadian strategy for palliative care (which ended in 2006) and extension of compassionate care benefits under the employment insurance program from six weeks to six months are among measures urged by Liberal Senator Sharon Carstairs in her third update in a decade on the state of palliative care services in the country. The report, *Raising the Bar: a Roadmap for the Future of Palliative Care in Canada*, also urges that the federal government set aside a minimum $20 million over five years to establish a "Canadian Palliative Care Capacity Building Fund" (http://sen.parl.gc.ca/scarstairs/PalliativeCare/Raising%20the%20Bar%20June%202010%20(2).pdf). — Wayne Kondro, *CMAJ*

Time to play: Skeptics of the proposition that a night at the opera yields social, psychological and physical dividends will be dismayed at the findings of a Canadian Index of Wellbeing report which concludes that Canadians need more time for leisure and cultural activities. "Canadians are increasingly sacrificing satisfying and meaningful relaxation and leisure time in order to attend to the more pressing demands of work, childcare and looking after dependent seniors," states the report, *Caught in the Time Crunch: Time Use, Leisure and Culture in Canada*. Foremost among its recommendations is a call to ensure that Canadians have time to play, particularly those working excessive or nonstandard work hours. To that end, the report says there is a need to "upgrade and effectively enforce employment standards to ensure all workers have access to basic labour rights, including those in precarious circumstances facing demands for flexible and non-standard employment" (www.ciw.ca/Libraries/Documents/Caught_in_the_Time_Crunch.sflb.ashx). — Wayne Kondro, *CMAJ*

The cost of medical mishaps: The Canadian Patient Safety Institute has launched a study on the financial costs of medical mishaps. The institute, along with 3M Health Care and Baxter Corporation, will provide $116 000 to a study led by Dr. Edward Etchells, associate director of the centre for patient safety at the University of Toronto in Ontario, and Dr. Nicole Mittmann of the Sunnybrook Health Sciences Centre in Toronto. Expected to be completed in June 2011, the findings will assist the institute "in providing health organizations with an estimate and magnitude of the economic costs they bear as a result of current patient safety practices/adverse events," institute CEO Hugh MacLeod said in a news release (www.patientsafetyinstitute.ca/English/news/newsReleases/Documents/How%20much%20do%20adverse%20events%20cost.pdf). — Wayne Kondro, *CMAJ*

Isotope update: Atomic Energy of Canada Ltd. says it has completed repairs of the troubled National Research Universal (NRU) reactor in Chalk River, Ontario, and hopes to have the medical isotope producing system ready for restart "by the end of July." The agency added in its update that "the first medical isotopes will begin to be removed from the NRU for processing and distribution within 10 days of the reactor being returned to service" (www.aecl.ca/NewsRoom/Community_Bulletins/100616.htm). Meanwhile, a Canadian Institute of Health Information report indicates that there was a 21.8% reduction in the number of cardiac, bone and lung diagnostic tests through October 2009, compared with the previous year (http://secure.cihi.ca/cihiweb/products/medical_isotope_survey_presentation_en.pdf). — Wayne Kondro, *CMAJ*

Water woes: Canadian management of water resources is incoherent and outdated, according to a report from the National Round Table on the Environment and the Economy. "Canada needs to put in place a national framework for integrated water governance and management and should do so before water availability is constrained," states the report, *Changing Currents: Water Sustainability and the Future of Canada's Natural Resource Sector* (www.nrtee-trnee.com/eng/publications/changing-currents/changing-currents-water-report-eng.pdf). The prescription must start with governance reforms as "governance at the national level is not currently positioned to respond to expected increasing pressure on our water resources. This is largely due to jurisdictional complexity, inconsistent approaches across the country, policy fragmentation, a lack of resources, and insufficient technical, scientific, and policy capacity." — Wayne Kondro, *CMAJ*

Children's formulary: The World Health Organization has issued its first guidance on the use of 240 essential medicines for children to better inform doctors about potential adverse reactions, or possible interactions with other medications (www.who.int/selection_medicines/list/WMFc_2010.pdf). "To be effective, medicines must be carefully chosen and the dose adjusted to suit the age, weight and needs of children," Dr. Hans Hogerzeil, WHO director of essential medicines and pharmaceutical policies, said in a press release. "Without a global guide, many health-care professionals have had to prescribe medicines based on very limited evidence." — Wayne Kondro, *CMAJ*

New polio plan: The Global Polio Eradication Initiative says it needs to raise $US1.3 billion, or roughly half its planned budget, if it is to properly implement its 2010–2012 strategic plan to curb outbreaks of polio, which currently remain endemic in four nations: Afghanistan, India, Nigeria, and Pak-

istan (www.polioeradication.org/content/meetings/strat.plan.launch.2010/FinancingPresentation.pdf). The coalition of international agencies and governments says it is already cutting surveillance and vaccination programs because governments around the world have been scaling back their level of contribution to the initiative. — Wayne Kondro, *CMAJ*

Safety-engineered needles: New Ontario regulations will require doctors and dentists to equip their offices with safety-engineered, rather than hollow-bored, needles to diminish the risk of health care workers or patients from being infected with diseases like HIV or hepatitis viruses. Doctors' and dentists' offices, community health centres, family health teams and independent health facilities will have to commence using the safety-engineered needles as of July 1 under Ontario Regulation 474/07 (www.osach.ca/products/ffacts_c/Requirement.for.Physicans.to.Use.Safety-Engineered.Needles.Fast.Fact.pdf). The needles, which retract into the syringe or have blunt tips or sliding shields to cover their point, have been mandatory in the United States since the year 2000. There are an estimated 33 000 injuries from needle sticks in Ontario each year, and more than 69 000 across Canada. — Wayne Kondro, *CMAJ*

Alpha radiation exposure: Concern over whether workers at Atomic Energy of Canada Ltd. and Ontario Power Generation facilities were exposed to alpha radiation have prompted the Canadian Nuclear Safety Commission to demand the agencies "enhance" their radiation protection programs and launch probes into the extent of employee exposure. In letters to the agencies, Peter Elder, director general of the commission, asks the agencies to "perform a risk identification and characterization survey with respect to the presence of alpha hazards" and to "perform a gap analyses on current work controls used to mitigate potential alpha exposures and implement any identified program improvements" (www.nuclearsafety.gc.ca/eng/lawsregs/regulatoryaction/index.cfm). The actions must be taken by July 30. — Wayne Kondro, *CMAJ*

Industry-funded CME: The University of Michigan Medical School in Ann Arbor says it will disavow industry funding of all its continuing medical education (CME) programming as of January 2011 to "dispel the risk or appearance of conflict of interest." The move was recommended by the university's conflict of interest group and "based on a review of literature about the influence on clinical faculty of industry-funded CME," state Dean Dr. James O. Woolliscroft and Associate Dean for Regulatory Affairs Dr. Raymond J. Hutchinson in a letter announcing the new policy (www.med.umich.edu/news/newsroom/cme.htm). "The methods, vehicles, venues and funding models may change, but as an academic medical center, it is our responsibility to hold ourselves accountable and fulfill our educational mission to our physician colleagues' continuing professional development." The move furthers a bid by the Association of American Medical Colleges to enforce a zero-tolerance approach to industry handouts within the United States' teaching hospitals and 129 medical schools (www.cmaj.ca/cgi/doi/10.1503/cmaj.090780). — Wayne Kondro, *CMAJ*

HHR shortages: An arm's length "national observatory on health human resources," a program to repatriate as many as 300 Canadian physicians working abroad and improved data collection for health human resources planning "for all federal client groups, including: First Nations and Inuit; RCMP; veterans, members of the Canadian Forces; immigrants and refugees; and federal inmates" are among recommendations from a year-long study by the House of Commons standing committee on health. The committee's final report, *Promoting Innovative Solutions to Health Human Resource Challenges*, also argues that a $100-million, five-year federal initiative to train more Aboriginal health services providers was inadequate and that the federal government should "provide secure and stable funding for Aboriginal Human Health Resources, including support for programs and initiatives such as: bridging, mentoring and outreach programs; scholarships; organizations providing leadership in this area; and initiatives supporting the recruitment and retention of a broad range of health professionals including: midwives, community health representatives, traditional healers, health promotion experts, and addiction counselors" (www2.parl.gc.ca/Content/HOC/Committee/403/HESA/Reports/RP4631326/403_HESA_Rpt06_PDF/403_HESA_Rpt06-e.pdf). — Wayne Kondro, *CMAJ*

No traffic lights: The European Parliament has rejected continent-wide "traffic light" colour coding of foods that would have required food producers to put red labels on products that were deemed too high in fat, sugar and salt. Instead, food producers will be eventually required to have front-of-pack labelling, using a "Guideline Daily Amounts" system, that will specify the energy, fat, saturated fat, carbohydrate, salt and sugar content, expressed per 100ml, per 100mg or per portion. The new rules may also make it necessary for producers to have country-of-origin labelling for meat, poultry, fish, dairy produce, fruit and vegetables. Polls indicated that consumers would have preferred a traffic light system, which has been voluntarily used in Great Britain but has had modest effect (www.cmaj.ca/cgi/doi/10.1503/cmaj.081755). The new regulations are expected to take effect within three to five years. — Wayne Kondro, *CMAJ*

Medical ghostwriting: The United States Senate Committee on Finance has issued a staff report calling on the National Institutes of Health to adopt policies to ensure full disclosure of ghostwritten articles in medical journals. Committee research indicated that 3 of 10 leading US medical schools lacked policies prohibiting ghostwriting, while eight leading medical journals had disclosure policies but did not vigilantly follow-up to ensure that authors made accurate and honest disclosure. The report, *Ghostwriting in Medical Literature*, says that a study presented to an international meeting of journal editors in 2009 indicated that 26% of articles in six major journals had honorary authorship, 8% had ghost authorship and 2% had both (http

://grassley.senate.gov/about/upload/Senator-Grassley-Report.pdf). Journals have oft been accused of pandering the pharmaceutical industry, including a blind eye to ghostwriting, so they can publish clinical trial results (www.cmaj.ca/cgi/doi/10.1503/cmaj.109-3036). — Wayne Kondro, *CMAJ*

More perks please: A survey of 590 United States physicians and medical students indicates that the vast majority (72.2%) favour free industry lunches, while 25.4% find "large gifts appropriate." The study also indicates that there are major differences in attitudes toward industry handouts across specialties, with surgeons have the most "favourable" opinion about interactions with industry. "Furthermore, official policies differ substantially among the specialties; the American Board of Internal Medicine has adopted an extremely restrictive policy toward physician interactions with industry, which acknowledges that 'the acceptance of even small gifts can affect clinical judgment and heighten the perception and/or reality of a conflict of interest,' whereas policies of surgical societies are less restrictive. The American College of Surgeons welcomes industry support for continuing medical education without mention of the potential for conflict of interest, explaining that 'collaboration between the medical industry and surgeons and surgical organizations has benefited health care delivery in North America for years.' Recently updated guidelines from the American College of Obstetricians and Gynecologists, the American Association of Orthopedic Surgeons, and the American Urological Association caution about potential conflicts of interest in industry relationships but do not ban any types of interactions," states the study (*Arch Surg* 2010;145[6]:570-77). — Wayne Kondro, *CMAJ*

Clinical trials inspections: The United States Food and Drug Administration should expand its oversight of foreign clinical trials by developing inspectional agreements with foreign regulatory bodies, inspecting more trials in more countries and looking at new oversight models "such as a quality risk management approach," according a report by Department of Health and Human Services Inspector General Daniel R. Levinson. The report, *Challenges to FDA's Ability to Monitor and Inspect Foreign Clinical Trials*, also urges that the FDA require trial sponsors to submit electronic clinical trial data and then maintain that in an internal database (http://oig.hhs.gov/oei/reports/oei-01-08-00510.pdf). The report also noted that 80% of drug and biologics approved in the US in 2008 contained data from foreign clinical trials, with over half of subjects and sites located outside the US. Clinical trials in Central and South America had the highest average number of subjects per site. It also notes that FDA inspected only 1.2% of domestic trial sites and 0.7% of foreign trial sites. — Wayne Kondro, *CMAJ*

The social mission: Graduates of public or historically black medical schools in the United States are more likely to practice primary care or work in underserviced communities than those who emerge from elite, private medical institutions such as Johns Hopkins or Vanderbilt, which put more emphasis on specialized medicine and research, according to a new study that uses "social criteria" to measure American medical education. The study, which tracked 6000 students who graduated between 1999 and 2001, found that "the contribution of medical schools to the social mission of medical education varied substantially. Three historically black colleges had the highest social mission rankings. Public and community-based medical schools had higher social mission scores than private and non–community-based schools. National Institutes of Health funding was inversely associated with social mission scores. Medical schools in the northeastern United States and in more urban areas were less likely to produce primary care physicians and physicians who practice in underserved areas" (*Ann Intern Med* 2010;152[12]:804-11). — Wayne Kondro, *CMAJ*

Value for dollars: Canada ranked second to last in the Commonwealth Fund's annual assessment of the health care performance of seven industrialized nations. Only the United States drew a less favourable rating in the fund's 2010 survey of national health system performance using such measures as quality care (effective, safe, coordinated, patient-centred), access (cost-related problems, timeliness), efficiency, equity and long healthy and productive lives (www.commonwealthfund.org/~/media/Files/Publications/Fund%20Report/2010/Jun/1400_Davis_Mirror_Mirror_on_the_wall_2010.pdf). Netherlands was pegged as having the best health care system, followed by the United Kingdom, Australia, Germany and New Zealand. The survey also indicated there is a vast discrepancy in value for health care dollars. The Netherlands, for example, spent US$3837 per capita in 2007, while the US spent US$7290 in 2007. — Emily Panetta, Ottawa, Ont.

Inuit health: The Inuit Circumpolar Council will create an Inuit health action plan over the next four years in a bid to reduce the staggering toll taken by health and social problems ranging from lung cancer and tuberculosis to suicide and substance abuse in Canada, the United States, Russia and Greenland. The action plan is expected to be presented at the next general assembly, which will be held in Canada in 2014. The final communiqué issuing from the 11th general assembly in Nuuk, Greenland, also directs the council to "advance Inuit health and well-being by implementing the 2010–2014 Circumpolar Inuit Health Strategy by promoting strategic initiatives throughout the Inuit world focusing on the well-being of Inuit families and other Inuit health priorities in partnership with national, circumpolar, and international partners," (www.inuit.org/index.php?id=409). — Wayne Kondro, *CMAJ*

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