Briefly

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Ontario's diabetes burden: The financial impact of diabetes in Ontario will be $4.9 billion in 2010 and unless the province refines its diabetes prevention strategies, that will rise to $7 billion per year by 2020, according to the Canadian Diabetes Association. In its second provincial cost model report, the association says that 1.2 million Ontarians, or 8.3% of the population, now have diabetes (www.diabetes.ca/documents/about-diabetes/ODCM.pdf). That total will increase to 1.9 million (11.9%) by 2020. Using a econometric model that seeks to project both the economic burden of direct costs like hospitalization and indirect costs such as lost productivity as a result of disability and illness, the association says that diabetes will cost the system $483 million in direct hospitalization costs in 2010, $58 million in "net" cardiovascular disease hospitalization, $128 million in visits to general practitioners, $151 million in visits to specialists, $254 million for drugs, $2.8 billion in "net mortality," and $998 million in long-term disability costs (www.diabetes.ca/documents/get-involved/cost-of-diabetes-ontario.pdf). Robin Somerville, president of quantitative economic decisions for the Milton, Ontario-based Centre for Spatial Economics says that "net" measures, such as the one for cardiovascular disease hospitalization, "subtracts the use of these medical services by the population without diabetes from their use by the diabetes prevalent population. In this way, we capture the portion of medical system use that can be attributed just to the presence of the disease. The gross measure is relevant if the cost is only applicable to persons with diabetes: i.e. direct hospitalization and medications for diabetes."

Patient fees: Canadians should be obliged to pay a fee per health visit to constrain excessive use of the health care system, the Organisation for Economic Co-operation and Development (OECD) says its 2010 assessment of Canada's economy. "Revenues could be raised and excess demand curbed by implementing some sort of capped patient co-payments and deductibles, which are totally absent at present," the OECD says in its report, *Economic Survey of Canada 2010* (www.oecd.org/dataoecd/23/38/45950025.pdf). Equity concerns could be dealt with by levying such charges progressively through the income tax system. The level of the deductible could be varied in order to prioritise or discourage various services according to their costs and benefits." Other recommendations include one that doctors fees "be negotiated at the regional or institutional levels where there can be clearer accountability for performance and possibly less politicization. A portion of these fees should be based on capitation to reduce fee-for-service incentives to over-treat, with strengthened gate-keeping incentive on GPs [general practitioners] to reduce capitation inducements to over-refer."

Global hunger: The number of undernourished people in the world will decline by 98 million to 925 million in 2010 as a result of economic growth and lower food prices, according the Food and Agricultural Organization. It will mark the first decrease in hunger rates in 15 years. The report by the United Nations affiliate indicates that two-thirds of undernourished people live in seven countries: Bangladesh, China, the Democratic Republic of Congo, Ethiopia, India, Indonesia and Pakistan. Despite the decline, there is "no cause for complacency," Food and Agricultural Organization Director-General Jacques Diouf stated in a release (www.fao.org/docrep/012/al390e/al390e00.pdf). "At close to one billion, hunger is and remains unacceptable. A child dying every six seconds because of undernourishment related problems is the world's largest tragedy and scandal."

Maternal deaths: There was a 34% decline in the number of maternal deaths in 2008, as compared with 1990 (to 358 000 from 546 000), according to a new World Health Organization report, *Trends in maternal mortality*. The report indicates that pregnant women still die primarily from four causes: severe bleeding after childbirth, infections, hypertensive disorders, and unsafe abortion (http://whqlibdoc.who.int/publications/2010/9789241500265_eng.pdf). Roughly 65% of the deaths occur in 11 countries: Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, India, Indonesia, Kenya, Nigeria, Pakistan, Sudan and the United Republic of Tanzania. The 34% decline translates into an average annual decline of 2.3%, or roughly half of what is needed to reach the Millennium Development Goal of reducing the maternal mortality ratio by 75% between 1990 and 2015. "To achieve our global goal of improving maternal health and to save women's lives we need to do more to reach those who are most at risk," said Anthony Lake, executive director of UNICEF in a press release (www.who.int/mediacentre/news/releases/2010/maternal_mortality_20100915/en/index.html). "That means reaching women in rural areas and poorer households, women from ethnic minorities and indigenous groups, and women living with HIV and in conflict zones."

Physician-assisted suicide: Roughly 7 in 10 members of the Canadian Association of Retired Persons believe that physician-assisted suicide should be available for terminally-ill or end-of-life patients, according an online poll by the lobby group for the elderly. Some 37% of respondents "strongly support" the notion, while 34% "support" it. About 10% did not support the concept. The remainder took no posi-

tion (www1.carp.ca/PDF/end%20of%20life%20report(2).pdf). "Members are strongly in favour of palliative end-of-life care, and are in favour of government support for a better "quality of death" in Canada, but they also strongly support physician-assisted suicide, a decision they believe should be made between a patient and his or her doctor. They expect palliative and end-of-life care to be funded by the government," states the end-of-life care report.

Defensive medicine: Doctors who order unnecessary tests and procedures to escape malpractice liability cost the United States health care system US$45.6 billion annually, a new study claims. Settlements and court judgements costs US$5.72 billion annually, while legal fees and other administrative costs rack up US$4.1 billion, says the study, *National Costs Of The Medical Liability System* (*Health Aff* 2010; 29[9]:1569-77). The authors estimate that the medical liability system costs US$55.6 billion annually — roughly 2.4% of all health care spending in the US — but stress that the tally is problematic because the quality of the evidence about costs is uneven.

Britain cuts IT program: United Kingdom Health Minister Simon Burns has announced that the government will scrap the £12 billion National Programme for IT (information technology) in favour of a decentralized purchasing system in which National Health Services trusts will be free to make their purchases locally. The move will save money, Burns said in a statement announcing the cut (www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_119293). "Improving IT is essential to delivering a patient-centred NHS. But the nationally imposed system is neither necessary nor appropriate to deliver this. We will allow hospitals to use and develop the IT they already have and add to their environment either by integrating systems purchased through the existing national contracts or elsewhere. This makes practical sense. It also makes financial sense. Moving IT systems closer to the frontline will release £700 million extra in savings. Every penny saved through productivity gains will be reinvested to improve patient care."

Global dementia price tag: The estimated worldwide cost of dementia in 2010 will be US$604 billion, according to a report by the London, England-based consumer group Alzheimer's Disease International. Direct medical costs for treating the globe's nearly 36 million patients with dementia will be US$96.4 billion, while nursing home and other residential care costs will be US$255.7 billion, and informal care provided in the home by family members will tally US$251.9 billion, says the report, *World Alzheimer Report 2010: Global economic impact of dementia*, (www.alz.co.uk/research/files/WorldAlzheimerReport2010.pdf). "Low income countries accounted for just under 1% of total worldwide costs (but 14% of the prevalence), middle income countries for 10% of the costs (but 40% of the prevalence) and high income countries for 89% of the costs (but 46% of the prevalence). About 70% of the global costs occurred in just two regions: Western Europe and North America."

Rising fees: Tuition at Canada's medical schools rose 4.4% for undergraduate medical students in the 2010–11 academic year, to $10 244 from $9815, Statistics Canada reports. The tuition fee trails that of dentistry (which rose 5.6% to $14 701). Tuition fees to pharmacy rose 5.3% to $9250, while those for veterinary medicine rose 4.7% to $5611 and those for nursing rose 2.7% to $4679 (www.statcan.gc.ca/daily-quotidien/100916/dq100916a-eng.htm). Dentistry, medicine and pharmacy remain the disciplines with the highest average undergraduate fees in Canadian universities.

Plea agreement: Forest Pharmaceuticals Inc. has entered into a plea agreement with the United States Department of Justice under which the firm will plead guilty to three criminal charges for distribution of an unapproved drug (levothyroxine sodium tablets), distribution of a misbranded drug (citalopram) and obstruction of a Food and Drug Administration Investigation. The firm agreed to pay a criminal penalty of US$164 million, as well as US$149 million to settle a civil action, while forfeiting an additional US$14 million in assets (www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm225890.htm). Forest Pharmaceuticals essentially ignored a 2003 warning letter (www.fda.gov/ICECI/EnforcementActions/WarningLetters/2003/ucm147641.htm) to stop the manufacture and distribution of levothyroxine. It also flogged off-label use of citalopram, a selective serotonin reuptake inhibitor used to treat adult depression. — Wayne Kondro, *CMAJ*

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