

to cover both the healthy and the sick, without discriminatory rates.

At the same time, however, some employers began shifting more of their health insurance costs to employees in anticipation of the new requirements.

Many people saw premiums shoot up, after being told by Obama that costs would moderate or go down.

The new federal plan for the medically uninsurable was expected to have 375 000 enrollees this year. Only 8000 have signed up. The coverage has proved costly — US\$600 a month or more for many enrollees, with steep deductibles. The government said earlier this month that it will cut premiums 20% next year.

The progression to nearly universal coverage is spread out over years, with the main subsidies and insurance protections to come. Most people already have job-based insurance and have yet to see dividends of the highly complex law.

“It affects Americans in different ways — there’s no coherent sense to it,” Oberlander says. “This is an iden-

tity crisis. When people think about health reform, they don’t think about the good things. Even if people are benefiting from it, it is not visible.”

When Republicans take over the House, they will run the committees that shape the budgets of federal departments and conduct foot-dragging investigations. They promise to use those powers vigorously. The Internal Revenue Service, which will be responsible for fining people who don’t get insurance, is expected to be in for especially rough treatment.

Obama has signalled willingness to negotiate changes at the margins, but his emboldened opponents want much more. They particularly despise the individual insurance mandate, which they consider the prime example of overbearing government.

That provision is at the very core of the reforms. It was the grand political bargain of the year-long debate. In return for being forced to cover the ill and the underemployed, and for paying medical

bills no matter how high they go, insurers were to see millions more paying customers flood into the risk pool.

That bargain sits atop a mountain of innovation incorporated into the law and backed with federal dollars for public health programs, biotech advances, electronic recordkeeping, comparative effectiveness research and more. Letting citizens and businesses off the hook from the requirements would upend much else in the new order.

That’s fine with many Republicans. In the heady aftermath of the election, they are the ones doing the celebrating as they prepare to ring in 2011 with toasts of their own.

Obama, meanwhile, must wait to see whether his opponents overplay their hand. He learned back in the season of cherry blossoms that breaking out the champagne may not be the end of the story. — Cal Woodward, Washington DC

DOI:10.1503/cmaj.109-3725

## Unregulated hyperbaric oxygen therapy clinics assailed

Previously published at [www.cmaj.ca](http://www.cmaj.ca)

**P**ivate, often unregulated, clinics are offering hyperbaric oxygen therapy for non-indicated conditions in Canada, according to several doctors in public hyperbaric facilities.

The therapy, in which patients breathe in 100% oxygen in a pressurized tank, is covered by provincial health systems to treat 13 specific conditions for which the treatment has been deemed beneficial by the international Undersea and Hyperbaric Medical Society (UHMS). Those 13, often rare, approved conditions are: air or gas embolisms, decompression sickness, gas gangrene, carbon monoxide poisoning, acute trauma that causes blood flow to be reduced or cut off (such as with frostbite or crush injury), foot ulcers and other wounds related to diabetes, exceptional blood loss, intracranial abscess, necrotizing soft tissue infections, bone infection, delayed radiation injury, thermal burns and poorly healing skin grafts and flaps.



Reuters/Jason Cohn

Hyperbaric oxygen chambers have been approved for use to treat 13 conditions but many are using it to treat non-indicated conditions such as Parkinson disease, autism and even HIV/AIDS. Injured athletes have claimed that the chambers helped them recover from injuries by inducing large amounts of oxygen into the blood stream.

But unencumbered by the same rules as public facilities, the private clinics are also offering pressurized oxygen to those with non-indicated conditions such as Parkinson disease, autism and even HIV/AIDS.

“Some practitioners will not refer their patients to us because they think we are snake oil vendors,” says Dr. David Harrison, medical director of Vancouver General Hospital’s hyperbaric clinic in British Columbia. “When there are people out there prescribing hyperbaric oxygen as an anti-aging tonic, I don’t blame them.”

In August, the College of Physicians and Surgeons of British Columbia, petitioned BC’s health department to introduce standards for private hyperbaric clinics.

Currently, provincial regulatory agencies such as the Alberta Boilers Safety Association make sure that the tanks are up to snuff when they’re installed in private clinics, but no agency actually oversees operations to ensure that the equipment is used safely. The federal government says responsibility falls outside their purview. According to Health Canada, the clinical safety of the private centres comes under provincial jurisdiction.

Harrison isn’t opposed to using hyperbaric oxygen for nonapproved conditions “provided that the safeguards are there and the patient is fully informed that this is an experimental treatment.”

But the problem, he says, is that many private clinics don’t have a doctor on hand, patients are given misleading information about the efficacy of the treatment, and there are health risks. Middle ear barotrauma can occur in about 2% of patients and in much rarer instances, seizures or flash pulmonary edema can result.

Tasreen Alibhai, a naturopathic doctor at the private Canadian Hyperbaric Institute in Vancouver agrees that regulation is needed. “Sometimes the people running these clinics are not medically trained, they’re businessmen,” she says. “How are they screening patients?”

But Humphrey Killam, director of HOC Hyperbaric Care Center, a private centre in Victoria, BC, argues that 9-1-1 paramedics are sufficient if a seizure or other adverse medical reaction occurs.

“What’s a doctor going to do?” he asks.

Other concerns have been raised about the frequency of inspections and the cost of sessions. A single session at the private Ontario Hyperbaric Oxygen Therapy Centre, which specializes in treating children with autism, costs \$180. Between 20 and 40 sessions are recommended.

Although it’s unclear exactly how many private clinics are operating in Canada, an online search suggests there are at least 10.

Alibhai argues that the list of covered treatments should be expanded to take into account emerging evidence that hyperbaric therapy is helpful for neuro-

logical and other disorders. Harrison agrees that the therapy’s ability to deliver oxygen to poorly supplied tissues, promote the recovery of damaged capillary areas and decrease inflammation suggest it could be useful beyond the UHMS-approved conditions.

But whatever indications it’s ultimately approved for, Harrison wants provincial governments to shut down unregulated private clinics. There’s always going to be a safety issue, he says. “There’s nothing natural about breathing 100% oxygen.” — Wendy Glauser, Toronto, Ont.

DOI:10.1503/cmaj.109-3709

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DOI:10.1503/cmaj.109-3734

