

FOR THE RECORD

Published at www.cmaj.ca from Feb. 23 to Mar. 4

HIV vaccine manufacturing facility kiboshed

The Canadian government and the Bill & Melinda Gates Foundation have announced that they are renegeing on their commitment to construct a pilot-scale manufacturing facility to develop small amounts of HIV vaccine for clinical trials.

None of the four not-for-profit corporations who were selected as finalists in a competition to build and operate the facility “were found to be successful in meeting the pre-established criteria,” the government said in announcing the decision on the website of the Canadian HIV Vaccine Initiative (www.chvi-icvv.gc.ca/index-eng.html).

“A thorough, evidence-based review of all applications was completed,” the statement said. “This included an internal review and external review by an international expert panel.”

“As part of the due diligence process, a study commissioned by the Gates Foundation to analyse current vaccine manufacturing capacity concluded that there is currently sufficient vaccine manufacturing capacity in North America and Europe to meet research needs,” it added.

“After weighing all of the evidence, the Government of Canada and the Gates Foundation have decided not to proceed with the pilot-scale vaccine manufacturing facility. Other CHVI programs are unaffected by this decision and will continue to move forward. As with any initiative, we need to ensure that proposals meet application criteria and represent value for money for our respective organizations, as well as Canadian taxpayers. Capacity for scientific research is evolving globally and the Government of Canada must invest its resources where they will be most effective in the fight against HIV/AIDS.”

Ottawa had committed \$88 million toward construction of the pilot manufacturing facility, which was to have been the centerpiece of Canada’s \$111-million contribution to the Global HIV Vaccine Enterprise, a five-year joint initiative with the Gates Foundation, which had anted-up \$28 million toward accelerated development of a globally accessible HIV vaccine. — Wayne Kondro, *CMAJ*

American physicians working fewer hours

The average number of hours worked per week by physicians in the United States declined to 51 hours from 54.9 hours between 1996 and 2008, while mean physician fees, adjusted for inflation, decreased by 25% between 1995 and 2006, according to a new study.

The decline is equivalent to the loss of 36 000 doctors, concluded a research team headed by Douglas O. Staiger, an economist at Dartmouth College in Hanover, New Hampshire (*JAMA* 2010;303[8]:747-53).

“Our results have implications for how reform efforts and market forces may affect the future physician workforce,” the authors write. “Our findings are consistent with the possibility that economic factors such as lower fees and increased market pressure on physicians may have contributed, at least in part, to the recent decrease in physician hours. Further reductions in fees and increased market pressure on physicians may, therefore, contribute to continued decreases in physician work hours in the future.”

“Whatever the underlying cause, the decrease in mean hours worked among US physicians during the last decade raises implications for physician workforce supply and overall health care policy. A 5.7% decrease in hours worked by nonresident physicians in patient care, out of a workforce of approximately

630 000 in 2007, is equivalent to a loss of approximately 36 000 physicians from the workforce, had hours worked per physician not changed.”

“Although the number of physicians has nearly doubled during the last 30 years, many workforce analysts and professional organizations are concerned about the adequacy of the size of the future physician workforce. This trend toward lower hours, if it continues, will make expanding or maintaining current levels of physician supply more difficult, although increases in the number of practising physicians either through increases in the size of domestic medical school classes or further immigration of international medical graduates would mitigate those concerns. Moreover, if this trend toward lower physician hours continues, it could frustrate stated goals of health reform, which may require an expanded physician workforce to take on new roles and enhanced functions in a reformed delivery system.”

The study, which used data culled from the US Census Bureau, indicated that while the average work week declined for all physicians, that of residents declined the most — 9.8% as compared with 5.7%. Resident hours began decreasing following the introduction of work-hour limits in 2003. — Wayne Kondro, *CMAJ*

Transport agency to examine airline pet travel policies

The Canadian Transportation Agency says people with allergies to household pets can be considered persons with disabilities and may therefore be entitled to air travel without having to share cabin space with dogs, cats and other pets, except for service animals such as seeing-eye dogs.

Such pet allergies constitute a disability under the World Health Organization’s International Classification of Functioning, Disability and Health, the

agency said in a decision favouring applications by Katherine Covell and Sarah Daviau against Air Canada, and by Dr. J. David Spence against Air Canada, Air Canada Jazz and WestJet (www.otc-cta.gc.ca/decision-ruling/drv.php?type=d&no-num=66-AT-A-2010&lang=eng).

The three applicants suffered “activity limitations” as a result of their exposure to cat allergens, the decision stated. “The Agency is of the opinion that, provided the evidence establishes that the applicant experiences an allergic reaction that is significant enough to result in an inherent difficulty in executing a task or action (such as impaired breathing), this is sufficient to demonstrate the existence of an activity limitation. With respect to participation restrictions, the evidence must establish that, as a result of the applicant’s activity limitation (i.e., allergic reactions) when exposed to cats, he/she cannot travel in the same manner as passengers without cat allergies.”

Once an obstacle to the mobility of someone with a disability has been established, “the onus then shifts to the respondent transportation service provider to prove, on a balance of probabilities, that the obstacle is not undue by demonstrating that reasonable accommodation has been provided, meaning up to the point of undue hardship,” the decision added.

To that end, the agency said it will examine airlines’ pet policies to see if they constitute an obstacle to mobility and issue a ruling (*CMAJ* 2009: DOI:

10.1503/cmaj.109-3045 and *CMAJ* 2010. DOI:10.1503/cmaj.100100). The transportation agency’s decision added that “as part of this examination, the Agency will determine appropriate accommodation for the applicants, which will be based on effectiveness of potential solutions. Should the Agency find that an obstacle exists, it will assess whether the obstacle is undue.” — Wayne Kondro, *CMAJ*

Decade of action for road safety

In a bid to reduce the spiraling problem of road traffic death and injury, the UN General Assembly has declared 2011 to 2020 the “Decade of Action for Road Safety” and asked the World Health Organization (WHO) to develop interventions.

WHO estimates that 1.3 million people die and 50 million are injured annually in road traffic collisions. The majority of those occur in low- and middle-income countries and the toll will rise to 2.4 million a year, making road traffic collisions the fifth leading cause of death in the world, unless action is taken, WHO says in a draft action plan proposed in response to the November 2009 global ministerial conference on road safety (www.who.int/roadsafety/Decade_of_action.pdf).

“Road traffic injuries can be prevented,” the draft states. “Experience suggests that an adequately funded

lead agency and a national plan or strategy with measurable targets are crucial components of a sustainable response to road safety. Effective interventions include incorporating road safety features into land-use and transport planning; designing safer roads and requiring independent road safety audits for new construction projects; improving the safety features of vehicles; effective speed management; setting and enforcing laws requiring use of seat-belts, helmets and child restraints; setting and enforcing blood alcohol concentration limits for drivers; and improving post-crash care for victims of road crashes.”

But “political will and funding levels are far from commensurate with the scale of the problem,” the draft plan adds.

The plan advocates a raft of specific measures ranging from stricter speed limits to improved emergency trauma care. The proposals for improved post-crash care include ones calling on countries to “develop prehospital care systems through the implementation of existing guidelines on prehospital care trauma care; develop hospital trauma care systems and evaluate the quality of care through the implementation of guidelines on trauma care systems and quality assurance; and implement appropriate road user insurance systems to finance rehabilitation services for crash victims.” — Wayne Kondro, *CMAJ*

DOI:10.1503/cmaj.109-3206