

Briefly

Midwifery crisis: Nova Scotia's department of health has found potentially critical problems with the province's publicly funded midwifery program. According to an Aug. 10 report, there are too few midwives participating in the program to meet the increasing requests for midwifery care, provide services safely and effectively, and attend to the administrative activities required of a newly regulated profession (www.gov.ns.ca/health/reports/pubs/Midwifery-in-Nova-Scotia-Report.pdf). "In our view midwifery in NS cannot long survive in its present state," the report states. "If nothing is done, the profession will collapse and the benefits of regulation will not be realized." Regulated midwifery was introduced in the province in 2009. — Lauren Vogel, *CMAJ*

HIV spike: Cases of HIV in Ottawa, Ontario, have increased by about 50% over the past year, according to the city's health board. There have been 46 reported HIV infections in 2011 compared to 32 at the same time last year, the board revealed in an Aug. 10 communicable disease report (www.ottawa.ca/calendar/ottawa/citycouncil/obh/2011/08-15/Report%201%20Health%20Status.htm). The report also shows a decade-high prevalence of HIV among men 20–29 years old. — Lauren Vogel, *CMAJ*

Liquor labels: The Alcohol Education and Rehabilitation Foundation in Australia has unveiled health warning labels for alcohol and is urging the country's government to make them mandatory in a new position paper (www.aerf.com.au/showcase/AER%20Policy%20Paper_FINAL.pdf). The labels contain messages about possible dangers from alcohol misuse, such as an increased risk of cancer and potential harm to unborn children when consumed by pregnant women. The foundation, an independent charity that has invested more than \$115

million in research and projects to address the impacts of alcohol misuse, suggests that alcohol is not an ordinary commodity, but rather a product with the potential to lead to health and social harms. "Consumers should be armed with clear information on the harms that result from alcohol misuse," the foundation's chief executive officer, Michael Thorn, stated in a press release (www.aerf.com.au/showcase/MediaReleases/2011/Media%20Release%20-%20Make%20alcohol%20warning%20labels%20mandatory%20say%20experts.pdf). "International research on health warning labels tells us that they are effective in both raising awareness of health risks and changing people's health behavior. We need warnings as part of a comprehensive approach — but proper warnings, not feeble warnings that suit the drinks industry's interests." — Roger Collier, *CMAJ*

Pakistan a "polio reservoir": Pakistan's growing number of polio cases is a threat to the global eradication of the disease, UNICEF reports (www.unicef.org/pakistan/media_7183.htm). With 63 new polio cases so far this year compared to 36 cases at the same time last year, UNICEF says Pakistan may be the last polio reservoir worldwide. The organization is calling for urgent measures to improve the country's polio response, including vaccination outreach and management, and strengthened accountability for results. — Lauren Vogel, *CMAJ*

More quitters: The number of United Kingdom smokers who have attempted to quit smoking through National Health Service (NHS) programs has more than tripled in the past decade, according to new statistics from the NHS Information Centre (www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/Statistics%20on%20Smoking%202011/Statistics_on_Smoking_2011.pdf). In 2010–11, some 788 000 smokers set quit dates with

the NHS Stop Smoking Services, up from 227 000 in 2001–02. For pregnant women, the increase was even greater, rising more than fivefold, from 4000 to 22 000. But the overall rate of successful attempts, at 49% the past two years, is lower than it was 10 years ago, when it was 53%. "But while a bigger number of quit dates are being set with the service and the number of attempts to successfully kick the habit have also risen, overall the success rate is hovering at just below half," the centre's chief executive, Tim Staughan, stated in a press release (www.ic.nhs.uk/news-and-events/news/number-of-attempts-to-quit-smoking-with-nhs-help-in-england-more-than-trebles-on-a-decade-ago-says-nhs-information-centre). "This suggests that while there may be a greater resolve within our society to quit smoking with the NHS, it is still the case that about half of all attempts are not successful." — Roger Collier, *CMAJ*

Aboriginal maternal and child health: A "fractured" landscape continues to plague Aboriginal maternal and child health programs in Canada, the Health Council of Canada says. "While many federal programs are paving the way for success, the perception on the ground is that there is no comprehensive, long-term, coordinated and concerted approach to service delivery, which is needed to fill gaps remaining in many First Nations and Inuit communities or to address gaps faced by Métis people," the council states in its report on the findings of seven regional meetings held to ascertain the necessary components of good-quality health care for expectant mothers and young children. Other reasons for the fractured programming include excessive complexity and the failure to adopt "culturally relevant" approaches to health care, states the report, *Understanding and Improving Aboriginal Maternal and Child Health in Canada: Conversations about Promising Practices across Canada* (www.health

councilcanada.ca/docs/rpts/2011/abhealth/HCC_AboriginalHealth_FINAL1.pdf). — Wayne Kondro, *CMAJ*

British liability claims rise: Great Britain shelled out £863 million in the fiscal year 2010/11 to settle 5398 medical liability claims resulting from physician or nurse errors, an increase of about £76 million over the previous fiscal year, the National Health Service says. A sizable chunk of those damages, or about £200 million, was paid to complaint lawyers. The annual report of the National Health Service Litigation Authority also indicates that there was a staggering 31.6% increase in the number of clinical claims made in 2010/11, to 8655 from 6652, and a 7.8% increase in the number of non-clinical claims, to 4346 from 4074 (www.nhs.uk/NR/rdonlyres/3F5DF A84-2463-468B-890C-42C0FC16D4D6/0/NHSLAAnnualReportandAccounts2011.pdf). — Wayne Kondro, *CMAJ*

Risk–benefit calculations: The United States Food and Drug Administration has unveiled draft guidelines for determining how “benefit–risk” calculations will be made in assessing whether new medical devices are safe for the market. “There are many factors that go into weighing the probable benefit of a device versus its probable risk. These factors include, among others, whether the device is a first-of-a-kind treatment or diagnostic, whether the device provides significant improvement in diagnosis and patient management of a serious disease, how known risks of the device

can be mitigated, reliability of the study, whether there are multiple studies and the strength of those studies, what amount of risk the target population will tolerate in light of the condition being treated or diagnosed and the probable benefit of the device, and whether there are alternate treatments or diagnostic techniques available,” the FDA states in the draft guidance (www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM267872.pdf). — Wayne Kondro, *CMAJ*

Mandatory flu shots: Just 63.5% of American health care workers received influenza vaccinations during the 2010–11 flu season, despite recommendations from the United States Center for Disease Control (CDC) advisory committees, a new survey indicates. The CDC survey indicated that vaccination rates were highest (98.1%) among the 13% of health care workers whose employers required them to obtain a flu shot (www.cdc.gov/mmwr/preview/mmwrhtml/mm6032a1.htm). Coverage rates were dramatically lower where employers did not require staff to be vaccinated at 58.3%. The rates increased when facilities offered onsite vaccination, when employees got personal reminders to be vaccinated (69.9%), when vaccines were available at no cost (67.9%), and when vaccinations were available on more than one day (68.8%). — Erin Walkinshaw, Ottawa, Ont.

Toss it into the scrap pile: The United Kingdom’s Department of Health has

so botched its effort to establish an individual electronic care record for all National Health Service patients that the initiative should be jettisoned before more money is wasted, the UK’s Public Accounts Committee says. Roughly £2.7 billion has been spent to date on the £7 billion electronic medical records plan. But the ambitious notion “has proved beyond the capacity of the Department to deliver and the department is no longer delivering a universal system. Implementation of alternative up-to-date IT systems has fallen significantly behind schedule and costs have escalated. The Department could have avoided some of the pitfalls and waste if they had consulted at the start of the process with health professionals,” the committee says in 45th report, *The National Programme for IT in the NHS: an update on the delivery of detailed care records systems* (www.publications.parliament.uk/pa/cm201012/cmselect/cmpublicacc/1070/107002.htm). Among the deficiencies identified by the committee were “weak” program management, overpayment of suppliers and inadequate financial oversight. “The Department has accepted it is unable to deliver its original vision of a standardised care records system with an electronic record for every NHS patient. It is now relying on individual NHS Trusts to develop systems compatible with those in the Programme, which means that different parts of the country will have different systems.” — Wayne Kondro, *CMAJ*

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