

Briefly

DNA-based tuberculosis testing: The World Health Organization has approved a new test to diagnose tuberculosis that “could revolutionize TB care and control by providing an accurate diagnosis for many patients in about 100 minutes, compared to current tests that can take up to three months to have results.” Based on the results of 18 months of field trials, the nucleic acid amplification test, which checks for bacterial genes, could result in a three-fold increase in the diagnosis of patients with drug-resistant TB and a doubling in the diagnosis of patients with HIV-associated TB, as compared with sputum smear microscopy, the WHO said in a press release (www.who.int/media/centre/news/releases/2010/tb_test_2010_1208/en/index.html). The Switzerland-based Foundation for Innovative and New Diagnostics said the test will be sold for about US\$17 and the required machine for about US\$17 000. Traditional TB tests cost nearly US\$70. — Wayne Kondro, *CMAJ*

Never too late to talk transformation: The Canadian Medical Association has invited Canadians to join in a national dialogue on health care transformation via an interactive website and town hall meetings to be held across the country. “Four million Canadians don’t have access to doctors, they wait in emergency departments, they have their surgeries cancelled, they have problems accessing diagnostics and they have problems getting into longterm care,” said CMA president Dr. Jeff Turnbull at a press conference on Dec. 13, 2010. “Canada’s physicians believe Canadians deserve better.” The new website www.HealthCareTransformation.ca allows Canadians to create an account and post their opinion on topics such as broadening the Canada Health Care Act to include things like pharmacare and longterm care, “good value” for health care, and Canadians’ responsibilities, now and in the future, for their health. “We don’t have a system that’s

accountable to Canadians,” Turnbull said. “The closer we get to 2014, the more likely it is we won’t have a meaningful conversation that shapes the health care system of the future.” Turnbull is “very concerned” that the current federal government will scale back its current health funding commitments to the provinces when the Canada Health Accord is reopened in 2014, should the discussions be kept off the national agenda. “It’s not too late. We should be having that conversation today.” — Lauren Vogel, *CMAJ*

Health and environment blog: The Canadian Association of Physicians for the Environment and the David Suzuki Foundation have launched a new “Docs Talk” blog about human health and environmental issues. The first blog, penned by Dr. Kapil Khatter, association president and family physician in Ottawa, Ont., urges Canadian doctors to launch a letter-writing campaign to Prime Minister Stephen Harper to ban the mining and export of asbestos (www.davidsuzuki.org/blogs/docs-talk/2010/12/whos-keeping-the-canadian-asbestos-industry-alive/). Future topics will include “the health hazards of coal-fired electricity, how to make hospitals more enviro-friendly, healthy eating, nuclear power and health, healthy homes, health impacts of air pollution, greenbelts and eco-system services,” says Gideon Forman, executive director of the association. — Wayne Kondro, *CMAJ*

Spinal cord injuries: More than 85 000 Canadians are living with spinal cord injuries, at an economic cost of \$3.6 billion a year to the economy, according a report from the Rick Hansen Institute and the Urban Futures Institute. The report, *The Incidence and Prevalence of Spinal Cord Injury in Canada: Overview and Estimates Based on Current Evidence*, found there are approximately 4259 new spinal cord injuries annually and projects that by 2030 there will be 121 000

Canadians with spinal cord injuries (<http://rickhanseninstitute.org/images/stories/sci-in-canada-13dec10.pdf>). An estimated 51% of the injuries have traumatic causes (such as blows or falls), while 49% are nontraumatic (caused by diseases or health conditions), the report adds. — Timothy Legault, Ottawa, Ont.

Toilets and sunlight: Canada’s prisons should not be serving as “hospitals by default,” according to a House of Commons committee report that recommends federal government ramp up support for mentally ill and drug-addicted inmates. Opposition members of the public safety committee made 71 recommendations in the Dec. 14, 2010, report, *Mental Health and Drug Addiction in the Federal Correctional System*, urging the Harper government to establish a comprehensive mental health system to promote preventive care, early detection and treatment and, as appropriate, community reintegration of inmates with mental health problems (www2.parl.gc.ca/Content/HOC/Committee/403/SECU/Reports/RP4864852/403_SECU_Rpt04_PDF/403_SECU_Rpt04-e.pdf). Some 80% of offenders serving prison sentence of two years or more in Canada have drug or alcohol problems. An estimated one in 10 male inmates (12%) and one in five female inmates (21%), suffer from serious mental disorders upon admission to federal correctional institutions. The report confirms the long-acknowledged fact that Corrections Service Canada, which is responsible for the custody of all offenders sentenced to two years or more, is “unable to cope” with the growing mental health and addiction needs of federal inmates (www.cmaj.ca/cgi/doi/10.1503/cmaj.109-3722). Among its recommendations, the report calls for an “immediate allocation of additional financial resources,” better training for police officers to recognize mental health problems, the addition of substance abuse counsellors and psychiatric nurses to every institution and

the provision of “toilets and windows in every cell with access to sunlight and fresh air where possible.” Conservative members of the committee released a dissenting report asserting that the government has already taken significant steps by committing \$55 million over five years for a Mental Health Commission and \$21.5 million over two years to improve Corrections Service Canada’s response to mental health issues in prisons. — Lauren Vogel, *CMAJ*

First Nations health task group renewed: A national task group to improve First Nations health services has received the green light to continue its work for another 16 months. “The renewal of the Task Group mandate will reinforce the foundation we have already built to improve health services for First Nations,” federal Minister of Health Leona Aglukkaq said at a Dec. 15, 2010, Assembly of First Nations Special Chiefs Assembly in Gatineau, Quebec (www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2010/2010_227-eng.php). The group, which brings together Health Canada, the Public Health Agency of Canada and the Assembly of First Nations, will address some of the social determinants of health, promote activity and sports, conduct cost analyses of health programming and review continuing mental health and addictions needs among First Nations people. “When we talk about health, we must talk about education, economic opportunities, culture and language, good housing, good government and the ability for individuals, communities and nations to feel in control of their lives and futures,” Assembly of First Nations National Chief Shawn Atleo told delegates. The task group assisted in Canada’s response to the pandemic (H1N1) 2009 outbreak and helped develop a pilot project to reduce wait times for diabetes screening and prenatal care. — Lauren Vogel, *CMAJ*

Health impact of Alberta’s oil sands: The current level of environmental contaminants caused by Alberta’s oil sands development is unlikely to cause major health impacts, such as cancer, in the population of downstream communities, according to a report by the Royal Society of Canada. But public health

consequences may accrue from socio-economic pressures related to oil sands development, such as housing shortages, price inflation, family stress, alcohol abuse, crime, and inadequate municipal and health services, says the report, *Environmental and Health Impacts of Canada’s Oil Sands Industry* (www.rsc-src.ca/documents/expert/RSC%20report%20complete%20secured%209Mb.pdf). The report also asserts that the current process for assessing the environmental impacts of projects fails to adequately measure potential health and socio-economic consequences by focusing predominantly on “predicting environmental contaminant exposures” and improperly evaluating associated health issues, including technological disasters and occupational health. — Tim Legault, Ottawa, Ont.

Battle over: After 30 years of debate and delay, the Royal College of Physicians and Surgeons of Canada has agreed to recognize general internal medicine as a subspecialty of internal medicine, thereby green lighting accreditation of an optional two-year postgraduate training program. Heated opposition to the change, fueled by widespread misunderstanding of what it would accomplish, as well as conflicts with the vested interests of existing subspecialty groups, stalled a verdict earlier in 2010 (www.cmaj.ca/cgi/doi/10.1503/cmaj.109-3306). Now, general internal medicine will progress toward becoming a distinct two-year curriculum leading to subspecialty certification. The college will establish a group to set standards for program approval, curriculum and examination. The four-year internal medicine stream will continue as a route to practice. — Lauren Vogel, *CMAJ*

Assisted Human Reproduction Act unconstitutional: The federal government has the right to ban human cloning and hybrids, but overstepped itself in regulating in vitro fertilization, a divided Supreme Court of Canada ruled on Dec. 22, 2010, (scc.lexum.umontreal.ca/en/2010/2010scc61/2010scc61.html). The court issued a split opinion that upheld a 2008 Quebec Court of Appeal decision that Ottawa infringed on provincial jurisdiction over health care by asserting

its right to regulate the use of human sperm, eggs and embryos under the federal Assisted Human Reproduction Act. Ottawa argued the purpose of the act was to protect the “health, safety and public morals of Canadians,” and maintained it had the right to make criminal law. Four justices, including Chief Justice Beverly McLachlin, backed the federal law. However, the majority ruled that although assisted human reproduction raises complex “moral and ethical questions,” the federal law upset the “constitutional balance of powers in the field of health.” While not legally binding, the decision will guide government in re-evaluating laws and regulations governing fertility. — Lauren Vogel, *CMAJ*

The Obama scorecard: United States President Barack Obama’s health care reform legislation suffered its first legal setback, after two victories, when US District Judge Henry E. Hudson of the state of Virginia struck down the law as unconstitutional because it requires people to buy health insurance or pay a penalty (<http://docs.justia.com/cases/federal/district-courts/virginia/vaedce/3:2010cv00188/252045/161/>). “An individual’s personal decision to purchase — or decline to purchase — health insurance from a private provider is beyond the historical reach of the Commerce Clause,” said Hudson, who was appointed to the bench in 2002 by ex-President George W. Bush. Judges in Michigan and Virginia had previously upheld the legislation, which is being challenged in several US jurisdictions as an intrusion on state rights (www.cmaj.ca/cgi/doi/10.1503/cmaj.109-3223). — Wayne Kondro, *CMAJ*

Funding to speed recognition of foreign credentials: The federal government will provide \$2.5 million in funding to four projects that help foreign-trained health care professionals find jobs in their area of training. “We recognize the importance of helping foreign-trained health care professionals get jobs doing what they were trained to do,” Ed Komarmick, parliamentary secretary to the Minister of Human Resources and Skills Development and to the Minister of Labor, announced Dec. 13, 2010, (news.gc.ca/web/article-eng.do;jsessionid

=ac1b105330d704750f758fa846308208acbc9bb64c72.e38RbhaLb3qNe38TaxuMah0Ka40?m=/news-nouvelles&nid=579619&nwsb=reg&nwsb=reg). The National Alliance of Respiratory Therapy Regulatory Bodies, the Canadian Society of Respiratory Therapists, the Canadian Counselling and Psychotherapy Association and the Centre for Canadian Language Benchmarks will receive support through the Foreign Credential Recognition Program to improve the assessment and recognition of foreign qualifications within the health care sector. — Lauren Vogel, *CMAJ*

Boomers aren't ready for dementia onslaught: Canadian baby boomers have a worrying lack of awareness about Alzheimer disease, according to a survey commissioned by the Alzheimer Society of Canada. Some 23% of boomers polled were unable to name any of the early stages of the disease, while less than half were familiar with later-stage changes, such as hallucinations and total dependency on others for care (www.alzheimer.ca/testyourknowledge/tyk%20pdf_eng/Survey-En-FINAL.pdf). For the first boomers

turning 65 in 2011, their risk of developing Alzheimer disease will double every five years, so it's essential they become "their own best detectors" of its signs and symptoms, said Mary Schulz, national director of education at the society, in a press release (www.alzheimer.ca/testyourknowledge/tyk%20pdf_eng/PR-E-FINAL.pdf). "Sudden changes in mood, misplacing common household items ... or difficulty with everyday tasks like getting dressed can all be warning signs that need to be discussed with a doctor." In 2010, the society called for a pan-Canadian strategy to allay the effects of the forthcoming epidemic that will see the number of Canadians living with Alzheimer disease and other forms of dementia leap to 1.125 million in 2038 from 500 000 in 2008 (www.cmaj.ca/cgi/doi/10.1503/cmaj.109-3158). — Lauren Vogel, *CMAJ*

Supervisor of troubled hospital named: Ontario Deputy Health Minister Ken Deane assumed control of Windsor's Hotel-Dieu Grace hospital on Dec. 22, 2010, in a bid to resolve conflict between the facility's management, staff and board. Deane, the former CEO of

Hotel-Dieu Grace, will take on full powers of the hospital's board and report directly to Health Minister Deb Matthews. The hospital became the focus of a provincial investigation last year after major errors in pathology and surgery led to two women receiving unnecessary mastectomies (www.cmaj.ca/cgi/doi/10.1503/cmaj.109-3347). — Lauren Vogel, *CMAJ*

Spiritual experiences: Under the slogan "Blessed condom, which takes away the AIDS of the world," the youth wing of Spain's ruling Socialist Workers' Party has unveiled a campaign to raise awareness about AIDS. Launched simultaneously in eight provinces of the Spanish Autonomous Community of Andalusia, the campaign features the distribution of condoms and a promotional video that shows a pair of hands first holding a communion wafer and then holding a condom alongside the words "use it." Catholic organizations have criticized the campaign as an affront to religious feelings. — Tiago Villanueva MD, Lisbon, Portugal

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