

Briefly

The hockey vote: A re-elected Conservative government would spend \$10 million over four years, commencing in 2012–13, to help place defibrillators in every hockey arena that doesn't have one and train arena attendants on how to use the equipment. The measure, which extends only to hockey arenas but not other recreational facilities, will be undertaken in partnership “with the Heart and Stroke Foundation, provincial governments and other stakeholders,” the Conservatives said in a press release (www.conservative.ca/press/news_releases/harper_announces_investment_in_life-saving_defibrillators). The Conservatives estimated that roughly 3000 defibrillators have been purchased for hockey arenas and other facilities over the past five years, at an average cost of \$1500–\$2000. — Wayne Kondro, *CMAJ*

The value of sports: The next Canadian government must place more value on the health benefits of participating in sport, athletes and sport administrators argue. In calling on parties to put sport and physical activity on the political agenda, Andrea Grantham, executive director of Physical and Health Education Canada, urged in a news release that a “properly-resourced” national strategy be developed (www.itsmorethanagame.ca/en/home). Jean R. Dupré, CEO and secretary general of the Canadian Olympic Committee added that sport has societal as well as health benefits. “The Vancouver Olympic and Paralympic Games demonstrated that Canada can be a great sporting nation and that this can have hugely beneficial consequences for fostering pride, national unity, and building dreams in our young athletes. We have to remember that every Canadian that stepped foot on a podium started out on a playground. We need a system that continues to give our athletes and coaches the tools to compete and succeed.” — Wayne Kondro, *CMAJ*

Accountability measures needed in next health accord: Just because Canada's federal political parties have promised to maintain increases in health funding when they renegotiate the country's health accord with the provinces in 2014, doesn't mean that it would be money well spent, Ontario doctors and researchers argued on their policy website, Healthydebate.ca (www.healthydebate.ca/2011/04/topic/cost-of-care/part-2-lessons-from-the-2004-health-accord-for-2014). They called upon federal politicians to explain what new accountability measures they will attach to a renewed Canada Health Transfer to avoid repeating the mistakes of the 2004 Accord, which failed to include any mechanism for holding the provinces and territories accountable for how federal monies were spent. Healthydebate.ca is led by a core team of physicians, policy advisors and researchers based at the Li Ka Shing Knowledge Institute of St. Michael's Hospital in Toronto, Ontario. — Lauren Vogel, *CMAJ*

Medically assisted death: The British Columbia Civil Liberties Association, along with plaintiffs Lee Carter and Hollis Johnson, have filed a notice of civil claim in the Supreme Court of British Columbia challenging the constitutional validity of a Criminal Code prohibition against physician-assisted death. The claim asserts that a number of rights are violated under the Canadian Charter of Rights and Freedoms (www.bccla.org/pressreleases/11Notice_of_civil_claim.pdf). “The right to life is engaged and infringed by state-imposed restrictions that deprive an individual of the right to make and carry out the decision to end one's own life. The right to liberty is engaged and infringed by state interference with the right of the individual to a protected sphere of autonomy over decisions of fundamental personal importance. The choice to live or die, and to control the when and how of one's death, are deci-

sions of profound and fundamental personal importance. The right to security of the person is engaged and infringed by state-imposed restrictions on the right and ability of an individual to make and act upon decisions concerning his or her own body, to exercise control over matters fundamental to his or her physical, emotional and psychological integrity, and by the resultant impairment to his or her human dignity.” — Wayne Kondro, *CMAJ*

Alzheimer redefinition: The United States National Institute of Aging and the Alzheimer's Association have unveiled new guidelines for the early diagnosis of the distinct stages — pre-clinical, mild cognitive impairment and Alzheimer dementia — of Alzheimer disease. The diagnosis guidelines, *Toward defining the preclinical stages of Alzheimer's disease: Recommendations from the National Institute on Aging and the Alzheimer's Association Workgroup* significantly broaden the definition of Alzheimer disease and should aid in earlier diagnosis, the associations argued (www.alzheimersanddementia.com/article/PIIS1552526011000999/fulltext). — Wayne Kondro, *CMAJ*

Research training: The National Institute of General Medical Sciences, which is considered by many to be the United States National Institutes of Health's primary “training institute,” has unveiled a strategic plan to bolster the country's production of research scientists. Among the measures advocated in *The Strategic Plan for Biomedical and Behavioral Research* is that the institute will “reconsider how it allocates training funds in order to meet its priorities, mission and obligations, and to promote a better integration of research training within institutions. These strategies aim to increase responsiveness to changing needs in the biomedical workforce; avert duplication of effort; and also enhance efficiencies in

recruitment, retention, diversity and mentorship” (http://publications.nigms.nih.gov/trainingstrategicplan/Strategic_Training_Plan.pdf). — Wayne Kondro, *CMAJ*

Births in Canada: The number of babies born in Canada rose for the sixth consecutive year in 2008, although not as quickly as in the previous two years, Statistics Canada says. Although 377 886 babies were born, the 2.7% increase fell short of the 3.7% and 3.6% increases in 2007 and 2006, the agency reported (www.statcan.gc.ca/daily-quotidien/110427/dq110427a-eng.htm). The annual fertility rate in 2008 was 1.68 children per woman on average, which falls short of the generational replacement level of 2.1 needed to replace the population in the absence of migration. — Wayne Kondro, *CMAJ*

Irrational use of medicines: Less than 40% of patients treated in the public sector, and less than 30% in the private sector, in developing and transitional countries are treated “in accordance with standard treatment guidelines, according to a World Health Organization report. “Antibiotics are misused and over-used in all regions. In Europe, some countries are using three times the amount of antibiotics per head of population compared to other countries with similar disease profiles,” states the “Rational Uses of Medicine” chapter of *The World Medicines Situation Report 2011* (www.who.int/medicines/areas/policy/world_medicines_situation/WMS_ch14_wRational.pdf). “Harmful consequences of irrational use of medicines include unnecessary adverse medicines events, rapidly increasing antimicrobial resistance (due to over-use of antibiotics) and the spread of blood-borne infections such as HIV and hepatitis B/C (due to unsterile injections) all of which cause serious morbidity and mortality and cost billions of dollars per year.” — Wayne Kondro, *CMAJ*

Patient safety portal: The Canadian Patient Safety Institute has formally launched a public Web-based search centre to make it easier for Canadians to access patient safety data from around the world (www.improving

caresearchcentre.com/English/Improving-CareAlliance/Crosswalk/Pages/Browse-Alphabetically.aspx). The centre will provide users with “access to patient safety advisories, alerts, communities, interventions, tools and resources and provide a direct link to patient safety and quality focused organizations,” the institute says in a news release (www.patientsafetyinstitute.ca/English/news/newsReleases/Documents/Changing%20the%20way%20patient%20safety%20information%20is%20shared.pdf). — Wayne Kondro, *CMAJ*

Road safety: Governments around the world will release strategic plans to improve road safety as part of a global bid to save five million lives and prevent 50 million serious injuries over the next 10 years. The national strategies were scheduled to be unveiled May 11 to mark the official launch of the UN Decade of Action for Road Safety 2011-2020. They are also considered to be integral components of a framework *Global Plan for the Decade of Action for Road Safety 2011-2020* (www.decadeofaction.org/documents/global_plan_en.pdf) which was prepared by the UN Road Safety Collaboration. Almost 1.3 million people die annually on the world’s roads, and that toll is projected to increase to 1.9 million by the end of the decade. The global plan notes that vulnerable groups, such as pedestrians, cyclists and motorcyclists, need more protection. Among its recommendations are building more bicycle paths, foot paths and separate motorcycle lanes. The plan also calls for increased road safety legislation worldwide as only 15% of countries have laws that address all road safety factors, including helmet enforcement, seat belt use and speeding. — Erin Walkinshaw, Ottawa, Ont.

More vaccines: Ontario will become the first jurisdiction in Canada to publicly fund the rotavirus vaccine in a bid to protect infants and children from a disease that causes severe diarrhea, vomiting and dehydration. The provincial government also announced that it will make a whooping cough vaccine available for all adults aged 19 to 64, commencing this August (<http://news>

.ontario.ca/mohlte/en/2011/05/ontarios-immunization-program-getting-a-boost.html). As well, the vaccine for varicella will be amalgamated with others to create a measles–mumps–rubella–varicella (MMRV) vaccine and thereby reduce the number of vaccines that children will require. A second childhood dose of varicella will also be offered to increase protection from chicken pox. The government projected that the changes would save Ontario families \$350 per person. — Erin Walkinshaw, Ottawa, Ont.

Test cleared: The United States Food and Drug Administration has cleared a blood culture test for identifying, within a five-hour period, whether *Staphylococcus aureus* infections are methicillin resistant or susceptible. “This not only saves time in diagnosing potentially life-threatening infections but also allows health care professionals to optimize treatment and start appropriate contact precautions to prevent the spread of the organism,” Alberto Gutierrez, director of the Office of In Vitro Diagnostic Device Evaluation and Safety in the FDA’s Center for Devices and Radiological Health said in a news release (www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm254512.htm). An FDA clinical study of the test, involving 1116 blood samples culled from four US hospital centres, found it to be 98.9% accurate in identifying methicillin resistance and 99.4% accurate in identifying methicillin susceptibility. — Wayne Kondro, *CMAJ*

Water prices: More private service providers should be allowed to operate municipal water and wastewater utilities, and “full-cost pricing of drinking water and sewage treatment” should be introduced so that those private operators can “provide the full benefits that they are capable of delivering,” a right-wing policy think tank argues. Canadians should be obliged to dig deeper into the pockets to pay for water and sewage treatment, and municipalities should get out the water and sewage business, the C.D. Howe Institute says in a report, *A Bridge Over Troubled Waters: Alternative Financing and Delivery of Water and Wastewater Services* (www.cdhowe

.org/pdf/Commentary_330.pdf). “Municipalities often lack the resources to correct current failings and address future challenges. They lack the professional capacity to plan infrastructure improvements, and the capital to finance them. Increasingly, they lack the skilled labour to operate infrastructure. Worse still, they lack the political will to overcome their deficiencies. Few municipalities are willing to set water and wastewater rates that are high enough to pay for sustainable systems,” the commentary states. — Wayne Kondro, *CMAJ*

Practice in Ontario: International medical graduates now constitute about a quarter of the Ontario physician workforce as, for the seventh year in a row in 2010, the College of Physicians and Surgeons issued more certificates of registration to graduates of foreign medical schools than to graduates of the province’s six medical schools. That’s a function of such factors as increased

Ministry of Health support for IMG residency training positions, says the *Registering Success 2010* report from the college (www.cpso.on.ca/uploadedFiles/downloads/cpsodocuments/registration/Registering_Success_09.pdf). Some 378 IMGs were issued an independent practice certificate in 2010. India trained the most (94), followed by Pakistan (51), United Kingdom (51), Egypt (34), Iran (29), Ireland (28), South Africa (27) and Libya (24). About half of those issued a practice certificate had previously held a postgraduate education certificate. The report indicates that there were 29 350 physicians practising in Ontario in 2009, an increase of 768 over 2008. — Wayne Kondro, *CMAJ*

Transformation research: The Conference Board of Canada has launched a multi-million dollar, five-year exercise to research the necessary “policies, strategies and practices” that will be required to transform the Canadian

health care system yet keep it financially sustainable. The Canadian Alliance for Sustainable Health Care initiative will seek to “better understand the conditions for a sustainable health-care system, which includes dimensions of: Financial sustainability: current and future health-care spending, fiscal balances, and public and private investment and expenditures; Firm-level performance: the relationship among health-related costs, workforce health and firm performance; (and) Institutional factors: ways in which the health-care system can be improved, while addressing quality of care,” the Conference Board states in a press release (www.conferenceboard.ca/press/newsrelease/11-05-13/Canadian_Alliance_For_Sustainable_Health_Care_Launched_To_Tackle_The_Full_Spectrum_Of_Canadian_Health.aspx). — Wayne Kondro, *CMAJ*

CMAJ 2011. DOI:10.1503/cmaj.109-3901