

Briefly

E-health payments: The Australian government has acceded to physician demands to be compensated for time spent filling out e-health records for patients. Such electronic work will be considered part of the normal consultation process with a patient, Minister for Health Tanya Plibersek said while announcing that doctors can bill up to A\$100 for working on e-health records under the existing Medicare program. That includes “reviewing a patient’s clinical history, in the patient’s file and/or the PCEHR [Personally Controlled Electronic Health Record], and preparing or updating a Shared Health Summary where it involves the exercise of clinical judgement about what aspects of the clinical history are relevant to inform ongoing management of the patient’s care by other providers; or Preparing an Event Summary for the episode of care” (<http://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&qt=ItemID&q=36>). — Wayne Kondro, *CMAJ*

Staff vaccinations: Physicians and health care workers in publicly funded health facilities in British Columbia will be compelled to get flu vaccinations this year, or wear masks when in contact with patients during the flu season. The requirements were introduced as part of infection control measures recommended by Dr. Perry Kendall, the province’s health officer, in light of vaccination coverage rates among health care workers of less than 50%. “This policy will protect patients,” Kendall stated in a press release (www.gov.bc.ca/health/attachments/aug23_nrbg_hcw_immunization.pdf). “Health-care workers and the health-care system have an ethical and professional responsibility to protect vulnerable patients from transmissible diseases,” added Dr. Bonnie Henry, director of communicable disease prevention at the BC Centre for Disease Control. “Patients should not have to worry that they could get sick

from their care provider.” — Wayne Kondro, *CMAJ*

Physician burnout: Almost one out of every two American physicians say they’re suffering from a symptom of burnout, according to a survey funded by the American Medical Association and by the Mayo Clinic Department of Medicine Program on Physician Well-Being. The survey of 7288 physicians, using the 22-item questionnaire known as the Maslach Burnout Inventory, which includes such subscales as “emotional exhaustion, depersonalization, and low personal accomplishment,” indicated that 45.8% had at least one symptom of burnout. “Substantial differences in burnout were observed by specialty, with the highest rates among physicians at the front line of care access (family medicine, general internal medicine, and emergency medicine). Compared with a probability-based sample of 3442 working US adults, physicians were more likely to have symptoms of burnout (37.9% vs 27.8%) and to be dissatisfied with work-life balance (40.2% vs 23.2%) ($P < .001$ for both). Highest level of education completed also related to burnout in a pooled multivariate analysis adjusted for age, sex, relationship status, and hours worked per week. Compared with high school graduates, individuals with an MD or DO degree were at increased risk for burnout (odds ratio [OR], 1.36; $P < .001$), whereas individuals with a bachelor’s degree (OR, 0.80; $P = .048$), master’s degree (OR, 0.71; $P = .01$), or professional or doctoral degree other than an MD or DO degree (OR, 0.64; $P = .04$) were at lower risk for burnout,” states the study (<http://archinte.jamanetwork.com/article.aspx?articleid=1351351>). — Wayne Kondro, *CMAJ*

Infant circumcision: While the health benefits of infant male circumcision outweigh the risks, they’re not so com-

PELLING AS TO MAKE IT A recommended procedure for all newborns, according to the American Academy of Pediatrics. “Benefits include significant reductions in the risk of urinary tract infection in the first year of life and, subsequently, in the risk of heterosexual acquisition of HIV and the transmission of other sexually transmitted infections,” the academy states in an updated circumcision policy statement (<http://pediatrics.aapublications.org/content/early/2012/08/22/peds.2012-1989.full.pdf+html>). “The procedure is well tolerated when performed by trained professionals under sterile conditions with appropriate pain management. Complications are infrequent; most are minor, and severe complications are rare. Male circumcision performed during the newborn period has considerably lower complication rates than when performed later in life. Although health benefits are not great enough to recommend routine circumcision for all male newborns, the benefits of circumcision are sufficient to justify access to this procedure for families choosing it and to warrant third-party payment for circumcision of male newborns.” The decision is best left in the hands of parents, Dr. Susan Blank, chair of the task force that crafted the policy statement, stated in a press release (www.aap.org/en-us/about-the-aap/aap-press-room/Pages/New-Benefits-Point-to-Greater-Benefits-of-Infant-Circumcision-But-Final-Say-is-Still-Up-to-parents-Says-AAP.aspx). “Parents are entitled to medically accurate and non-biased information about circumcision, and they should weigh this medical information in the context of their own religious, ethical and cultural beliefs.” — Wayne Kondro, *CMAJ*

New York crackdown: Mandatory electronic prescribing of all controlled substances, tighter regulation of hydrocodone and a comprehensive registry of prescription drugs are among measures to be introduced in the state

of New York as a part of a legislative crackdown on prescription drug abuse. The state Department of Health will upgrade its prescription monitoring program registry to “include information about dispensed controlled substances reported by pharmacies on a ‘real time’ basis, to effectively stop doctor shopping and combat the circulation of illegally-obtained prescription drugs” as part of the crackdown. Hydrocodone, the most heavily prescribed drug in the state and a drug whose use prompted more than 86 000 visits to emergency departments in 2009, will be placed in a regulatory category that precludes automatic refills and limits the amount prescribed or dispensed to a maximum 30-day supply. “Too many families in New York State have suffered the loss of a teenager or youth as a result of prescription drug abuse,” New York Governor Andrew M. Cuomo stated in a press release (www.ag.ny.gov/press-release/governor-cuomo-signs-legislation-help-new-york-state-fight-prescription-drug-abuse). “With this new law, New York State is tackling this problem head-on, and giving law enforcement and medical professionals the tools they need to stop abuse before it occurs and crack down on offenders. — Wayne Kondro, *CMAJ*

Innovation scorecards: The United Kingdom’s National Health Service will be compelled to comply with National Institute for Health and Clinical Excellence (NICE) guidelines for drugs and treatments or explain to patients why there is a delay, the UK Department of Health has announced. The new regime will feature the creation of an “innovation scorecard” which will articulate how quickly NICE-approved drugs and treatments are being made available to patients. “The NHS will have no excuse not to provide the latest NICE-approved drugs and treatments,” the department statement stated in a press release (<http://mediacentre.dh.gov.uk/2012/08/28/patients-get-latest-drugs-treatments-more-quickly/>). “They will be automatically added onto lists of what drugs are available in local areas, which will be published for all to see. This means new drugs and treatments will be automatically made available for doctors to prescribe across the NHS.” Minister of

Health Paul Burstow added that “this new regime will be a catalyst for change — we are determined to eradicate variation and drive up standards for everyone.” — Wayne Kondro, *CMAJ*

The Republican way: Repeal of the Affordable Care Act, outlawing abortion, euthanasia and assisted suicide, and restrictions on access to contraception services, are among measures contained in the Republican Party’s platform, approved in late August as the blueprint for presidential candidate Mitt Romney’s bid for the White House. United States President Barack Obama’s legislative reform “was never really about healthcare, though its impact upon the nation’s health is disastrous. From its start, it was about power, the expansion of government control over one sixth of our economy, and resulted in an attack on our Constitution, by requiring that U.S. citizens purchase health insurance,” the Republicans state in their platform, *We Believe in America* (<http://whitehouse12.com/republican-party-platform/>). The Republicans also vow changes to Medicare and Medicaid, which cover health services for the elderly and the poor. “The first step is to move the two programs away from their current unsustainable defined-benefit entitlement model to a fiscally sound defined-contribution model. This is the only way to limit costs and restore consumer choice for patients and introduce competition; for in healthcare, as in any other sector of the economy, genuine competition is the best guarantee of better care at lower cost. It is also the best guard against the fraud and abuse that have plagued Medicare in its isolation from free market forces, which in turn costs the taxpayers billions of dollars every year,” the Republicans vow. — Wayne Kondro, *CMAJ*

Democratic lines in the sand: The contrast with the Republicans could not have been starker as United States President Barack Obama unveiled the Democratic Party election platform, vowing to “adamantly oppose any efforts to privatize or voucherize Medicare,” which provides health coverage to seniors, while backing abor-

tion rights and promising to enhance, rather than axe, health care reforms introduced through the Affordable Care Act. “As a result of our efforts, today, young Americans entering the workforce can stay on their parents’ plans. Insurers can no longer refuse to cover kids with pre-existing medical conditions. Insurance companies will no longer be able to arbitrarily cap and cancel coverage, or charge women more simply because of their gender. People with private insurance are getting preventive services like cancer screenings, annual well-woman visits, and FDA-approved contraception with no out-of-pocket costs,” the Democrats state in their platform, *Moving America Forward* (<http://assets.dstatic.org/dnc-platform/2012-National-Platform.pdf>). “We remain committed to eliminating disparities in health and will continue to make sure families have access to mental health and substance abuse services. We will strengthen Medicaid and oppose efforts to block grant the program, slash its funding, and leave millions more without health insurance. We will continue to invest in our public health infrastructure – ensuring that we are able to respond to emergencies and support community-based efforts to prevent disease. The Recovery Act and the health reform law made historic investments in Community Health Centers, and Democrats will continue to support these valuable institutions. We Democrats have increased overall funding to combat HIV/AIDS to record levels and will continue our nation’s fight against HIV/AIDS.” — Wayne Kondro, *CMAJ*

Year of pain: The International Association for the Study of Pain will launch the Global Year against Visceral Pain on Oct. 22, newly elected President Dr. Fernando Cervero of Montréal, Quebec has announced. The 12-month campaign will feature dissemination of fact sheets prepared by a multidisciplinary task force about various types of visceral pain “including chronic chest pain, chronic pelvic pain, functional abdominal pain, bladder pain, and bowel pain,” the association stated in a press release (<http://www.iasp-pain.org/AM/AMTemplate.cfm>

?Section=Home&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=16092&SECTION=Home). “Visceral pain is an exquisitely common human experience. Sixty to 80% of patients

are motivated to enter the health care system because of pain, and visceral pain is the largest part of that — all of our internal organs — if they don’t work quite right, pain is almost always

a result,” stated Dr. Timothy Ness, an anesthesiologist in Birmingham, Alabama. — Wayne Kondro, *CMAJ*

CMAJ 2012. DOI:10.1503/cmaj.109-4294